

Enrolment Form



PH: (07) 49832084

Fax: (07) 49832420

OPEN MONDAY – FRIDAY

7.00AM – 5.30PM

***PROVIDING HIGH QUALITY CARE
FOR YOUR CHILDREN***

Clermont Kindergarten Day Care Centre Association Incorporated

As we are responsible for your child whilst attending the Centre, we would like to know as much as possible about him or her. This information helps us to understand your child and provide individual care.

It is essential that you notify the Centre if any changes to the information contained on this form.

Date of first attendance ____/____/_____ AGE OF FIRST ATTENDENCE _____ Days Attending (Please circle) Mon Tues Wed Thurs Fri

CHILD FIRST NAME _____ MIDDLE NAME _____ SURNAME _____ DATE OF BIRTH ____/____/_____ ADDRESS _____ PHONE _____ CHILD CRN _____ DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT Yes / No GENDER M/F
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MOTHER FIRST NAME _____ MIDDLE NAME _____ SURNAME _____ DATE OF BIRTH ____/____/_____ EMAIL ADDRESS _____ ADDRESS _____ PHONE _____ MOBILE _____ PARENT CRN _____ PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

FATHER FIRST NAME _____ MIDDLE NAME _____ SURNAME _____ DATE OF BIRTH ____/____/_____ EMAIL ADDRESS _____ ADDRESS _____ PHONE _____ MOBILE _____ PARENT CRN _____ PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

EMERGENCY CONTACT INFORMATION & AUTHORISATION TO COLLECT YOUR CHILD

NAME AND ADDRESS OF PERSONS (OTHER THAN PARENTS) TO CALL IN THE EVENT OF AN EMERGENCY (MUST be over 18 years old)

Please note that we will not under any circumstances allow any person other than those on the list to collect your child unless proper notification is received from you in writing on that particular day.

Please advise if there are any court orders affecting the child, either current or pending.

Emergency Contact 1

NAME: _____

PHONE: _____ MOBILE: _____

RELATIONSHIP TO CHILD: _____

AUTHORITY TO COLLECT: YES/NO (Please circle)

Emergency Contact 2

NAME: _____

PHONE: _____ MOBILE: _____

RELATIONSHIP TO CHILD: _____

AUTHORITY TO COLLECT: YES/NO (Please circle)

Emergency Contact 3

NAME: _____

PHONE: _____ MOBILE: _____

RELATIONSHIP TO CHILD: _____

AUTHORITY TO COLLECT: YES/NO (Please circle)

Emergency Contact 4

NAME: _____

PHONE: _____ MOBILE: _____

RELATIONSHIP TO CHILD: _____

AUTHORITY TO COLLECT: YES/NO (Please circle)

Medical Details

NAME OF DOCTOR: _____

SURGERY: _____

ADDRESS: _____

PHONE: _____

In the event of any accident or serious illness I consent for the approved provider, nominated supervisor or an educator to seek—

(i) medical treatment for my child from a registered medical practitioner, hospital or ambulance service; and

(ii) transportation of my child by an ambulance service

I consent to meet any expenses incurred as a result.

In addition I consent for my child to participate in the full program and consent to my child taking part in field trips or excursions under proper supervision. I understand that a separate permission form for each excursion will be presented for me to examine and sign.

Parent Signature _____ **Date** _____

Parent Signature _____ **Date:** _____

Other Medical Details

HAS YOUR CHILD HAD ANY SERIOUS ILLNESS OR HOSPITALISATION? **Y/N**

DETAILS _____

DOES YOUR CHILD HAVE ANY DISABILITY OR ANY OTHER SPECIAL NEEDS? **Y/N**

DETAILS _____

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES? **Y/N**

DETAILS _____

IS YOUR CHILD TAKING ANY MEDICATION? **Y/N**

DETAILS _____

DOES YOUR CHILD HAVE ANY OTHER MEDICAL CONDITIONS THE CENTRE SHOULD KNOW ABOUT?

ADMINISTRATION OF PARACETAMOL

I _____ give permission to the staff at the Clermont Kindergarten Daycare Centre, in the event of my child having a higher than normal temperature to administer one single dose of Paracetamol to my child. I understand that medication is administered only by senior staff at the centre in normal circumstances.

I understand that a single dose of panadol will be given to my child should they have a temperature of 38 degrees or more. The child will be comforted and if the child's temperature has not dropped within 1 hour, I (or another nominated person) may be required to collect my child immediately.

Parent Signature _____ Date _____

ADMINISTRATION OF NAPPY RASH CREAM

I give permission for my child _____ to have nappy rash cream (Sudocrem/Bepanthen) applied when needed or alternatively supply another brand of nappy rash cream.

Parent Signature _____ Date _____

IMMUNISATION RECORDS

Please supply us with a copy of your child's current Immunisation Records

OR

I have chosen to have my child immunised and understand that my child will be excluded for the prescribed period during an outbreak of a vaccine preventable disease within the centre.

Parent Signature _____ Date _____

SUNSCREEN

I _____ give permission for the staff of the Centre to apply Sunscreen (SPF 30+ to my child

Special Considerations: _____

Parent Signature _____ Date _____

INSECT REPELLENT

I _____ give permission for the staff of the Centre to apply Insect Repellent to my child.

Special Considerations _____

Parent Signature _____ Date _____

CONSENT TO USE PHOTOGRAPHS FOR CENTRE WEB PAGE

Clermont Kindy and Day Care Centre have a web page designed to advertise and promote our service. This letter is requesting your permission to use photographs of your child to be displayed on this web page and viewed by the public. If you are willing to give your consent for our service to move forward with this, could you please sign and return this permission form to the Centre's administration.

Parent Signature _____ Date _____

PHOTOGRAPHY RELEASE

The centre regularly reproduces photographs of children in our newsletters, daily boards etc to promote the Centre, and to share their experiences with you. We would like to be able to use photographs of you and your children.

I agree to the Centre using and reproducing photographs of my children and I in the manner explained above.

Parent Signature _____ Date _____

ADDITIONAL INFORMATION FOR BABIES AND TODDLERS

CURRENT FEEDING SCHEDULE _____

MILK FORMULA (IF USED)

ANY SPECIAL FEEDING PROBLEMS? **Y/N**

DETAILS _____

DOES YOUR CHILD USE A DUMMY OR BOTTLE IN BED? **Y/N**

HAS TOILET TRAINING BEEN ATTEMPTED? **Y/N**

HAS YOUR CHILD BEEN AWAY FROM YOU BEFORE? **Y/N**

WHAT TYPE OF CARE HAS BEEN USED PREVIOUSLY? HOW HAS YOUR BABY RESPONDED TO THE SEPERATION?

DETAILS _____

PLEASE USE THIS SPACE TO RECORD ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD.

Family and Child Information Summary

(this page is provided for room staff to gain a better understanding of your child)

My name is: _____ My DOB is: _____

My Parents name are: _____

I have ____ Brothers. Their names are: _____

I have ____ Sisters. Their names are: _____

My family's cultural / ethnic heritage is: _____

A short story about a special relative who is important in my family: _____

My child has just learned to: _____

Over the next 6 months I would like my child to achieve: _____

I would like to see certain behaviours followed up: _____

Does your child have fears (eg storms, clowns, balloons)? _____

Does your child separate easily? _____

Does your child have a comforter or special toy? _____

Does your child have any allergies ? _____

Does your child have any recurring illnesses ? _____

Does your child have any speech problems, hearing difficulties or behavioural issues ? _____

Parent's name: _____ Signature: _____ Date: _____

ENROLMENT AGREEMENT

In consideration of enrolling my child, I the undersigned do hereby agree that:

1. I have visited the centre and discussed with the Nominated Supervisor and Educators the enrolment of my child. I understand the importance of family co-operation and agree to participate as far as possible in the activities of the centre.
2. I understand and accept that fees must be paid fortnightly for permanent bookings 2 weeks in advance. Failure to keep fees paid 2 weeks in advance will forfeit my child's booking. If my child holds a booked place, I agree to pay the required fee if they are absent. By completing and signing this enrolment form I agree to the payment of the annual Membership fee of \$2.00. The centre closes for two weeks over Christmas/New Year period. No fee is payable for this period or Public Holidays. I understand that there is a requirement of two weeks notice in writing if my Child is withdrawn, otherwise I agree to pay two weeks fees in lieu of notice. I understand that if fees are not paid my child's continued enrolment in the centre cannot be guaranteed and legal action may be taken.
3. I agree to keep my child at home or collect my child if he or she is unwell and unable to cope or be accommodated within the group situation due to any medical conditions or illnesses, including infectious diseases. I agree to supply the correct labelling on any prescription medication. The label must contain the following information: Patients name, dose, frequency, name of doctor who prescribed the medication and the date that the medication was commenced. The medication must have been administered for 24 hours before returning to day care. When Educators have been authorised by Parents/Caregivers (in writing) to administer medication/paracetamol they will not be responsible for any reactions.
I further agree to inform the centre if my child is diagnosed with any condition that will affect the child's health or behaviour. I will also inform them of any changes in medication.
4. I Understand that in the case of an accident or sudden illness the approved provider, Nominated Supervisor or an Educator will seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service; and transportation of my child by an ambulance service.
5. I agree to notify the Centre promptly of any absence and the reasons for such absence. I am aware that the centre is required to document infectious diseases, sick days and allowable absences.
6. I will ensure that delivery and collection of my child to and from the centre, is by a responsible adult (**18 years and over**) I have read the centre's handbook and I agree to abide by the centre policies and procedures. I have been well informed of procedures that I am responsible for and have undertaken an orientation with the Nominated Supervisor, which enabled me to ask any questions etc., which I was supplied with.

Signed:

PARENT/GUARDIAN NAME: _____

SIGNATURE _____ DATE: _____

PARENT/GUARDIAN NAME: _____

SIGNATURE _____ DATE _____

Allergy Information Form

Dear Parent/Guardian

In order for us to better provide for the best possible safety to your child, please complete this form to advise if your child has any known allergies:

Child's Name: _____

Date of Birth: _____

Please circle yes or no to indicate if your child has an allergy to that specific item.

- | | |
|----------|--|
| Yes / No | 1. Peanuts, Peanut butter |
| Yes / No | 2. Tree nuts (pecans, walnuts, almonds, cashews, Brazil nuts, filbert/hazelnut, pistachio, macadamia, pine nut, hickory nut) |
| Yes / No | 3. Fish, shellfish |
| Yes / No | 4. Eggs |
| Yes / No | 5. Soybeans |
| Yes / No | 6. Wheat |
| Yes / No | 7. Milk |
| Yes / No | 8. Corn |
| Yes / No | 9. Other |

Please note the reaction and severity:

We will also need the following items to go with Allergy form:

- 1) One small picture of your child. This will be displayed in your Child's file and in their room.
- 2) Emergency Allergy Action Plan signed by you **and** your child's doctor (if life threatening).
- 3) One epinephrine kit (EpiPen or Anakit) if prescribed or other medication to be used if an allergic reaction occurs. It will be kept in your child's classroom.

We will need all of the above to your child's first day of school is as safe and secure as possible.

Angela Perry
Nominated supervisor
Director,
Clermont Kindergarten and Daycare

CLERMONT KINDERGARTEN DAYCARE CENTRE ASSOC. INC.

MEMBERSHIP REGISTER

Child/ren Name: _____

At least one parent/guardian of each child enrolled at this Centre must become a financial member of the Incorporated Association. Membership entitles you to stand for nomination to our Management Committee and to vote at General Meetings

I, (please print name) _____

(address printed) _____

Herby apply for membership of the Clermont Kindergarten Daycare Centre Association Incorporated. I understand that if I do not sign the resignation section below within two weeks of withdrawing my children from the centre, then my resignation from the Clermont Daycare Centre Association Incorporated will be deemed as having been given on my Child/ren's last day of attendance at the Centre.

(Signature of parent/guardian)

(Date)

* Association Membership fees must accompany this form. Membership is re-newed at the beginning of each year.

PROPOSER

I, _____
(Print Name)

As a financial Member of the above association hereby propose that _____
(Print Name of Applicant in Full)

Becomes a financial member of the Clermont Kindergarten Daycare Centre Association Incorporated

(Signature of Proposer)

(Date)

SECONDER

I, _____
(Print Name)

As a financial Member of the above association hereby propose that _____
(Print Name of Applicant in Full)

Becomes a financial member of the Clermont Kindergarten Daycare Centre Association Incorporated

(Signature of Seconder)

(Date)