

Little Diggers Preschool & Child Care Centre Enrolment Form

CHILD DETAILS

Surname:	First Name:
Middle Name:	Nickname <i>(if preferred)</i> :
Other names by which the child is known:	
Former Names (if any):	
Residential Address of Child:	
D.O.B.:	Child's CRN:
Gender: Male / Female (please circle)	School Student: <input type="checkbox"/> YES <input type="checkbox"/> NO
Primary Language Spoken by Child:	
Ethnic and Cultural Identity:	
Please list any information/requirements for the child concerning their religion or cultural background:	
Custody Particulars: Please provide details of any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child.	

PARENT / GUARDIAN (1) DETAILS

Title: Mr / Mrs / Miss / Ms <i>(please circle)</i>	Surname:
First Name:	Middle Name:
Also known as (any other names):	
Address:	
Postal Address:	
Gender: Male / Female (please circle)	D.O.B.:
Parent / Guardian CRN:	Driver's Licence #
Home Ph:	Mobile:
Fax:	Work Ph:
Email:	

General Information Parent / Guardian (1)

Occupation:
Country of Birth:
Ethnicity:
Religion:
First Language:
Second Language:

PARENT / GUARDIAN (2) DETAILS

Title: Mr / Mrs / Miss / Ms <i>(please circle)</i>	Surname:
First Name:	Middle Name:
Also known as (any other names):	
Address:	
Postal Address:	
Gender: Male / Female (please circle)	D.O.B.:
Parent / Guardian CRN:	Driver's Licence #
Home Ph:	Mobile:
Fax:	Work Ph:
Email:	

General Information Parent / Guardian (2)

Occupation:
Country of Birth:
Ethnicity:
Religion:
First Language:
Second Language:

CHILD'S MEDICAL INFORMATION

Name of Surgery:
Doctor's Name:
Doctor / Surgery Phone No.:
Medicare No.:
Private Health Fund <i>(if any)</i> :

AUTHORISED EMERGENCY CONTACT / PICK-UP (1)

Title: Mr / Mrs / Miss / Ms <i>(please circle)</i>	Surname:		
First Name:	Middle Name:		
Address:			
Relationship to child:			
Home Ph:	Mobile:		
Work Phone:	Email:		
Emergency Contact is authorised to:			
Be an Emergency Contact	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consent for medication	<input type="checkbox"/> YES <input type="checkbox"/> NO
Collect child	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consent to ambulance	<input type="checkbox"/> YES <input type="checkbox"/> NO
Consent to medical treatment for the child from a medical practitioner/hospital		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Authorise an Educator to take the child outside of the service premises		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Authorise an Educator to transport or arrange transportation of the child		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>.....</p> <p>Signature of Parent/Guardian</p>			

AUTHORISED EMERGENCY CONTACT / PICK-UP (2)

Title: Mr / Mrs / Miss / Ms <i>(please circle)</i>	Surname:
First Name:	Middle Name:
Address:	
Relationship to child:	
Home Ph:	Mobile:
Work Phone:	Email:
<p>Emergency Contact is authorised to:</p> <p>Be an Emergency Contact <input type="checkbox"/> YES <input type="checkbox"/> NO Consent for medication <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Collect child <input type="checkbox"/> YES <input type="checkbox"/> NO Consent to ambulance <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Consent to medical treatment for the child from a medical practitioner/hospital <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Authorise an Educator to take the child outside of the service premises <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Authorise an Educator to transport or arrange transportation of the child <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">Signature of Parent/Guardian</p>	

AUTHORISED EMERGENCY CONTACT / PICK-UP (3)

Title: Mr / Mrs / Miss / Ms <i>(please circle)</i>	Surname:
First Name:	Middle Name:
Address:	
Relationship to child:	
Home Ph:	Mobile:
Work Phone:	Email:
<p>Emergency Contact is authorised to:</p> <p>Be an Emergency Contact <input type="checkbox"/> YES <input type="checkbox"/> NO Consent for medication <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Collect child <input type="checkbox"/> YES <input type="checkbox"/> NO Consent to ambulance <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Consent to medical treatment for the child from a medical practitioner/hospital <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Authorise an Educator to take the child outside of the service premises <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Authorise an Educator to transport or arrange transportation of the child <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">Signature of Parent/Guardian</p>	

PREFERRED SCHEDULE

- | | | |
|-----------|------------------------------|-----------------------------|
| Monday | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Tuesday | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Wednesday | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Thursday | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Friday | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

MEDICAL INFORMATION

Food / Allergies:

Special Dietary Needs:			
Food Likes:			
Food Dislikes:			
Allergies: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if YES, please complete table below)</i> Should any of the allergies below require medication or medical attention please tick YES under the 'Medical Attention Required' column and then you will need to complete the Allergy Form available from administration.			
Allergic to:	Symptom/Reactions	Necessary Action Required	Medical Attention Required
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Has your child ever suffered from?

Seizures / Convulsions YES NO

Behavioural Disorders YES NO

i.e. ADD; ADHD; Aspersers; Autism

Heart Condition YES NO

Any other medical conditions YES NO

Asthma YES NO

If you answered YES to any of the above you are required to complete a Medical Condition Advice Form available from administration. In the case of your child having Asthma, please complete our centre's Asthma Advice Form *available from administration*.

Immunisation Schedule:

Birth	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> EXEMPT	2 Months	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> EXEMPT
4 Months	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> EXEMPT	6 Months	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> EXEMPT
12 Months	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> EXEMPT	18 Months	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> EXEMPT
4 Years	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> EXEMPT				

Declaration:

I, _____, as parent / guardian of _____ *(child's name)*

Declare that all of the information I have given on this form is true and correct and should any of these details change I will complete the relevant forms to advise the centre of these changes immediately.

Signature:	Date:
Print Name:	

Office Use Only:

Medical Condition Advice Form to be completed YES NO

If yes, completed Medical Condition Advice Form attached YES NO

Allergy Advice Form to be completed YES NO

If yes, completed Allergy Advice Form attached YES NO

Asthma Advice Form to be completed YES NO

If yes, completed Asthma Advice Form attached YES NO

Director Name:		
Director Signature:		Date:

Enrolment Agreement:

Initial:	
	I agree to abide by the centre policies and procedures as this is a condition for my child to maintain their position.
	I give permission for the approved provider, a nominated supervisor or an educator to carry out or seek urgent medical, dental or hospital treatment or arrange ambulance service for my child should the case of sudden illness or an accident occur.
	I give permission for centre staff to apply 30+ SPF Sunscreen to my child's skin during the day.
	I give permission for centre staff to apply insect repellent to my child's skin whenever necessary.
	I give permission for my child to be photographed whilst at the centre, for the purpose of learning and developmental documentation i.e. Day Book, Newsletters, Little Diggers Website, POLD face book page and I understand that photographs may be released to outside agencies.
	I give permission for centre staff to administer one (1) dose of Panadol to my child if required.
	I give permission for my child to consume party food which may be brought to the centre by staff or families (i.e. birthday cake) on special occasions.
	I give permission for my child to participate in face painting activities.
	I understand my child is to be brought to and collected from the centre by a responsible adult who is registered in writing at the centre as an authorised person to collect my / our child.
	I understand my child must NOT attend the centre when suffering from an infectious or contagious illness as detailed in the Parent Handbook.
	I give permission for my child to participate in emergency evacuations including fire drills, lock downs etc. which are held regularly at the centre. I/We understand that he/she will be required to leave the enclosed playground to assemble in the designated area for our centre.
	Fees: I understand that fees must be paid once invoiced within the stated due date and that should fees not be kept up to date my child's place at the centre may be terminated to make space for another child awaiting a place in the centre. The days booked for my / our child are payable at all times including absences, illnesses, holidays and public holidays (unless approved arrangements are made to the contrary). I understand that upon termination of my / our child's enrolment I / we will give two (2) weeks' notice to the centre or pay two (2) weeks fees in lieu of such notice, and full fees will apply if your child's last day at the centre is prior to the stated end date. I understand a late fee may apply if my / our child is collected after the closing time of the centre.

I hereby verify that I have authorised the above enrolment agreement by way of my initials.

Parent / Guardian Name:		
Parent / Guardian Signature:		Date:
Witness / Educator Name:		
Witnessed / Educator Signature:		Date:



All about _____ (child's full name)



I like to be called _____ and I am _____ years old.

My favourite 'inside' game is _____

My favourite book is _____ and when we read it I _____
(eg. Book - I Went Walking and when I read it I sing the words)

When I play outside my favourite game is _____

My favourite colour is _____ and I love the song _____

I love to eat 😊 _____ and _____

I also like to do: (please tick)

- | | | |
|--|---|---|
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Drawing | <input type="checkbox"/> Play Dough |
| <input type="checkbox"/> Reading Stories | <input type="checkbox"/> Collage | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Play on playgrounds | <input type="checkbox"/> Obstacle Courses |
| <input type="checkbox"/> Playing Music | <input type="checkbox"/> Playing in the sandpit | <input type="checkbox"/> Puppet Shows |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Water Play | |

I do not like to eat ☹ _____

My most favourite toy at home is _____

I have _____ brothers and _____ sisters - called _____ year's old

My favourite place to visit with my family is _____

My pets are _____ the _____ and _____ the _____

(eg. Ralph the Dog)

In our backyard I like to _____

Other things you might find helpful in understanding my personality and behaviours

What would you like to get out of your attendance to Little Diggers

For your child _____

For your family _____

