

TINY FEET PRESCHOOL / LONG DAY CARE

24 MATTHEW RD
LIDCOMBE NSW 2141
Phone 9649 2909 or 0405 539 651
A.B.N 22 068 844 664

ENROLMENT FORM

Start Date: _____

CHILD'S DETAILS:	
Centrelink Customer Reference Number (CRN):	
Surname:	Name:
Gender: male / female (please circle one)	Preferred Name:
Address:	
Date of Birth:	Place of Birth:
Nationality:	Primary Language Spoken:
Days Child Will Attend: (please circle) Mon Tues Wed Thurs Fri	
Child Lives With: (please circle one) both parents / mother / father / relative / other	
Birth Certificate / Passport - Copy provided <input type="checkbox"/> (please tick)	

CHILDS MEDICAL AND HEALTH INFORMATION	
Immunisation History Statement - Copy provided <input type="checkbox"/> (please tick)	
Medicare No:	Private Health Fund No:
Family Doctor Name:	Phone:
Doctor's Address:	

PARENT'S DETAILS:	
Centrelink Customer Reference Number (CRN): Mum/ Dad <i>(please circle one)</i>	
Mother's Surname:	Father's Surname:
Name:	Name:
Date of Birth:	Date of Birth:
Address: (if not the same as the child)	Address: (if not the same as the child)
Telephone: Mobile: Home: Work:	Telephone: Mobile: Home: Work:
Email Address:	Email Address:
Employer:	Employer:
Occupation:	Occupation:
Nationality	Nationality
Languages Spoken:	Languages Spoken:
Do you need an interpreter or family / friend to interpret for you? Yes / No	

Priority of Access <i>(please circle)</i>			
Risk of serious abuse or neglect	Single Parent who wants to work / training / study	Disabilities of Child	Disabilities of Parents
F/T Worker	P/T Worker	Student	Other: (Give Details)

CUSTODIAL ORDER <i>If parents are separated/divorced, is there a legal document outlining whom has custody of the child? (please circle one) Yes / No (If yes, please attach a copy of the legal documentation).</i>	
Date of Issue:	Certificate sighted by:
Custodian:	
Comments about access agreements:	

EMERGENCY CONTACTS

Please list family and friends who can be contacted in an emergency, that will be responsible to make a decision about your child if we are unable to contact parent. *(Please keep this list up to date).*

Name	Address	Contact Numbers
		Home: Mobile:
		Home: Mobile:
		Home: Mobile:

AUTHORISED PERSONS TO COLLECT YOUR CHILD FROM THE SERVICE

Please note that only parents /guardians, and persons over 18 years noted in this section may collect your child from Tiny Feet Preschool / Long Day Care. Photo identification, such as a drivers license, passport will be requested to confirm identity. *(Please keep this list up to date).*

Name:	Address	Contact Numbers:
		Home: Mobile:
		Home: Mobile:
		Home: Mobile:
		Home: Mobile:
		Home: Mobile:

How did you find out about us? (Please circle):

Internet search

Yellow pages

White Pages

Friends

The Review Newspaper

Chinese Newspaper

Other: (Please list) _____

INFORMATION ABOUT YOUR CHILD:

1. In the past, has your child been left with other people? Family / Friends / Babysitter / Playgroup / Preschool / Other? (Please circle). How did they cope with this?

2. What type of play things interest your child? Cars / Sand / Blocks/ Water / Dolls / Play dough / Dress up / Painting / Other (Please circle).

3. Please tell us how we can help your child (eg: what do you most want for your child at the Service)?
.....

4. What information do you consider important to know from us daily?
.....

5. Are there any concerns about your child that we should know about eg: language, speech difficulties, physical problems, regular medication or other health related difficulties.
.....
.....
.....

6. Number of Children in Family: _____ Child's Position in Family: _____

7. Do you have any skill you would like to contribute to the Service's program? If so, please give details:
.....

FOOD:	
What foods does your child like?	
What foods does your child dislike?	
Does your child have any particular dietary requirement (religious, vegetarian, medical) or restrictions? Allergies.	

SLEEP:	
Does your child sleep/rest during the day?	Yes - Sometimes - No (please circle one)
Does your child need a nappy, dummy or bottle?	Yes No (please circle one)
Does your child have a favourite toy or object?	Yes No (please circle one)
Does your child have any special routine on being put to bed?	Yes No (please circle one)
If so, please give details:	

TOILETING:	
Is your child toilet trained?	Yes No (please circle one)
Is there a word that your child uses at home for toilet?	

MEDICAL INFORMATION

Please advise if your child suffers from Asthma, Epilepsy, Diabetes and / or **Allergies** (food, medicine, bee stings etc.) Any other specified medical condition and the treatment to be given if your child appears to be physically affected by the condition while at the Service: **Yes / No** (please circle one)

If so, please attach:

- a Medical Management Plan (photo of child must be attached to the Plan)
- what triggers the allergy
- what first aid is needed
- contact details of the doctor who has signed the plan.

Does your child have any fears or phobias (eg. noise)?.....

Is there any additional information that you feel we should know about concerning you child's health or diet?
.....

In the event of an emergency, illness or accident concerning my child and the staff being unable to contact me or the other person(s) authorised by me, I hereby give written authorisation, for the Service to seek and carry out such treatment if it becomes necessary whilst my child is at the Service, eg urgent medical, dental, ambulance or hospital treatment for my child, I accept liability for such medical, dental and/or ambulance expenses as may be incurred.

Signed _____
(Parent or Guardian)

Date __ / __ / __

I / we have been shown and explained some of the Services policies - Child protection, Nutrition ,Child development, Sun protection, Health & Hygiene, Anti-Bias, Family involvement, etc.

Sun Protection:

I give permission for my child to apply SPF 30+ Ultra Protect sunscreen lotion at the appropriate times to all unprotected areas of skin whilst my child is outdoors at the Service:

Parent Signature: _____

Date __ / __ / __

INITIAL: _____

Exclusion and Indemnity

In consideration of the Service accepting my child into Tiny Feet Preschool / Long Day Care, I hereby acknowledge that:

1. I understand and accept that should the management/staff of the Service consider my child contagious or too ill to attend the Service, that this decision be regarded as final and my child will be collected promptly from the Service.
2. I understand and accept that should my child have a contagious illness, I will not return my child to the Service until the duration of the clearance period **and** until a medical certificate is issued by a qualified and registered practitioner.
3. I understand and accept that should my child not be immunised and there is an outbreak in the Service of the vaccine-preventable disease, that he/she may be excluded from attendance by order of the New South Wales Department Of Health (NSW Government Health) and that the daily fee must still be paid for reservation of that space.

Parent Signature: _____

Date __ / __ / __

Children's Behaviour

In accordance with the National Law and Regulations, our educators will support each child to manage their own behaviour, respond appropriately to the behaviour of other children and communicate effectively to resolve conflicts.

However, a child's enrolment at our service may be terminated if the nominated supervisor decides the child's behaviour threatens the safety, health or wellbeing of any other child or Educator at the service.

Parent Signature: _____

Date __ / __ / __

EDUCATIONAL INFORMATION:

- I give permission for Tiny Feet Preschool / Long Day Care to **write** my child's name on:
 - ✓ Drawings / Pictures hanging
 - ✓ Birthday Chart
 - ✓ Lockers
 - ✓ Name Cards - name recognition
 - ✓ Initials in the programs / observations
 - ✓ Hats / Clothes / Bags / Personal items e.g lunch box, cream from home
 - ✓ Nappy changing chart
 - ✓ Eat and Sleep chart
 - ✓ All of the above will be kept at the Service.

Parent Signature: _____

Date __ / __ / __

- I give permission for Tiny Feet Preschool / Long Day Care to **Paint** my child's:
 - ✓ Hands
 - ✓ Feet
 - ✓ Face paint

Parent Signature: _____

Date __ / __ / __

- I give permission for Tiny Feet Preschool / Long Day Care for observations of my child:
Tiny Feet Preschool / Long Day Care provides an educational program for each child through programming and observations. I understand that observations will be made on my child by the staff within the Service.

Parent Signature: _____

Date __ / __ / __

- I consent to my child to be photographed by staff at the Service and his/her name and age being used for the following purposes:
 - publicity for the Service (including Facebook)
 - Service program / evaluation
 - group / individual records
 - daily photo emails

Parent Signature: _____

Date __ / __ / __

INITIAL: _____

ADMINISTRATIVE INFORMATION:

Maintaining fees:

I agree to abide by the Service's policy of maintaining fees **two (2) weeks in advance**. I also understand that fees are to be paid for all days my child is absent or sick, including public holidays for which my child is enrolled whether or not he/she is in attendance. I also understand that if fees fall behind, my child's place at the Service may be in jeopardy.

Parent Signature: _____

Date __ / __ / __

Policy and Enrolment Information:

I have read the Service's Parent Handbook, discussed this with the Service Manager, and agree to abide by the conditions and policies of the Service.

Parent Signature: _____

Date __ / __ / __

OFFICE USE - To be completed with Service Manager and Parent/s

Date Due to commence: _____

Deposit paid: YES / NO Amount: \$ _____

Administration Fee paid: YES / NO Amount: \$ _____

Immunisation History Statement Received: YES / NO

Child's Birth Certificate Received: YES / NO

Parent Name: _____

Parent Signature: _____

Date: _____

Service Director Signature: _____

Date: _____