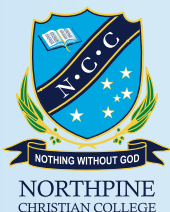


Child's Name: _____



Childcare & Early Learning Centre

Enrolment Form



A Christian Childcare Centre operated by the Seventh-day Adventist Church
Cnr Old Gympie Road & Hughes Road East, Dakabin Qld 4503 PO Box 33, Kallangur Qld 4503
P: 07 3204 6301 F: 07 3204 6810 E: childcare@northpine.qld.edu.au www.northpine.qld.edu.au

ABN 50 102 933 148

Application for Enrolment

Please complete all sections.

DETAILS OF CHILD

Surname: _____ Given Names: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

CRN Number: _____ Health Care Card No: _____

Residential Address: _____

Postcode: _____

Postal Address: _____

Postcode: _____

Home Phone: _____ Place of Birth: _____

Language Spoken at Home: _____ Religion: _____

Is your child of Aboriginal or Torres Strait Islander Origin? _____

- ☐ Torres Strait Islander Origin
 ☐ Both Aboriginal and Torres Strait Islander Origin
☐ Neither Aboriginal nor Torres Strait Islander Origin
 ☐ Not stated or inadequately described

DAYS REQUIRED FOR CARE

Start Date: _____

Age	Monday	Tuesday	Wednesday	Thursday	Friday

PARENT / GUARDIAN (1)

Title: _____ Surname: _____ Given Names: _____

Relationship to Child (e.g. mother, father, guardian): _____

Date of Birth: _____ CRN Number: _____

Address: _____

Email: _____

Phone: Home _____ Work _____ Mobile _____

Place of Employment: _____ Marital Status: _____

Work Address: _____

PARENT / GUARDIAN (2)

Title: _____ Surname: _____ Given Names: _____

Relationship to Child (e.g. mother, father, guardian): _____

Date of Birth: _____ CRN Number: _____

Address: _____

Email: _____

Phone: Home _____ Work _____ Mobile _____

Place of Employment: _____ Marital Status: _____

Work Address: _____

FIRST PORT OF CALL

☐ Mother ☐ Father ☐ Grandparent ☐ Other _____

PROVIDE 2 ALTERNATIVE EMERGENCY CONTACTS / AUTHORITY TO COLLECT (other than parents/guardian)

Full Name (1): _____ **Address:** _____

_____ **Relationship to Child:** _____

Phone: Home _____ Work _____ Mobile _____

Full Name (2): _____ **Address:** _____

_____ **Relationship to Child:** _____

Phone: Home _____ Work _____ Mobile _____

MEDICAL EMERGENCIES

Medicare Number: _____

Child's Doctor: _____ **Child's Dentist:** _____

Address: _____ **Address:** _____

Phone: _____ **Phone:** _____

HEALTH PROFILE (brief details required)

Recent Injuries (please specify): _____

Anaphylaxis Condition: _____ ☐ Yes ☐ No (If yes, Anaphylaxis plan **must** be provided by Doctor)

Asthma Condition: _____ ☐ Yes ☐ No (If yes, an asthma plan **must** be provided by Doctor)

Other Allergies / Illnesses / Medical Conditions / Special Needs: _____

Current Medication Used: _____

COURT ORDERS

Residence / Court Orders: (If **yes**, provide copy of details)

☐ Yes ☐ No

IMMUNISATIONS

Is your child immunised? (If **yes**, please provide Child's Health Records)

☐ Yes ☐ No

If your child is not immunised, your child may be excluded for the duration of the outbreak

BIRTH CERTIFICATE

Please provide a copy of your birth certificate with this enrolment form.

SUN / INSECT PROTECTION

Do you give permission for educators to apply sunscreen and insect repellent at the appropriate times?

☐ Yes ☐ No

FOOD / MEALS

Catering will be provided by Yummies for Little Tummys (all food is nut, egg and pork free).

Does your child require a special meal? (e.g. vegetarian, dairy or gluten free)

☐ Yes ☐ No

If yes, please provide details: _____

Preferred Meal: ☐ Normal ☐ Vegetarian ☐ Gluten Free ☐ Dairy Free ☐ Other _____

FEEDING METHOD

☐ Bottle ☐ Sipper Cup ☐ Cup ☐ Needs Help ☐ Independent

TOILETING

☐ Nappies ☐ Toilet Training ☐ Nappies Rest Time Only ☐ Toilet Trained

SLEEP AND REST (IF NEEDED)

☐ Yes ☐ No

DAILY ROUTINE (Please detail your child's usual daily routine)

FAMILY / ETHNICITY

What is the primary language spoken at home? _____

What are your child's cultural or religious needs? (e.g. diet, festivals, holidays) _____

Please detail any activities that you would prefer your child **not** to participate in: _____

Does your child have any siblings living at home: ☐ Yes ☐ No

If **yes**, please provide names and ages: _____

Do they attend another centre? ☐ Yes ☐ No

Centre Name: _____

CHILD CARE MANAGEMENT SYSTEM INFORMATION

Are you applying for Child Care Subsidy: ☐ Yes ☐ No

Is your child transferring from another Child Care Centre: ☐ Yes ☐ No

If **yes**, please provide name of Centre: _____

Are there any gifts and talents you would like to share with the children or staff as a parent helper? ☐ Yes ☐ No

DO YOU GIVE PERMISSION FOR YOUR CHILD TO:

Leave the confines of the Centre for fire/emergency drills? ☐ Yes ☐ No

Participate in short walks around the Centre and outer grounds? ☐ Yes ☐ No

Have name and photo displayed if Allergies, Medical Conditions or Food Tolerances apply? ☐ Yes ☐ No

Provide photos and learning and development information for Centre displays, newsletters and website? ☐ Yes ☐ No

Be observed by educators and/or trainee students for the purpose of learning and development within the educational program and practice? ☐ Yes ☐ No

Have a portfolio folder that contains photographs, observations and artwork that reflects their learning and development? ☐ Yes ☐ No

Be administered one dosage of Paracetamol in the event the child's body temperature rises above 38°C (parents/guardians will be notified if available) ☐ Yes ☐ No

Please circle: Panadol or Nurofen

Be picked up by the person(s) nominated as alternative contacts/authority to collect when parents/guardians cannot be contacted? ☐ Yes ☐ No

For staff to seek and/or provide medical attention if it is necessary for my child/children? ☐ Yes ☐ No

Be transported by ambulance to doctor/hospital in the case of a medical emergency? ☐ Yes ☐ No

FAMILY / ETHNICITY

Are there any behavioural or emotional challenges/speech delays that your child may need assistance with? ☐ Yes ☐ No

How can educators best support your child? Please explain:

Are there any special medical conditions or medications that may affect your child's behaviours? ☐ Yes ☐ No

Please explain:

Do you have a clear understanding that this is a Christian Centre and we follow a Christian Philosophy which includes Bible stories, songs, activities, prayer and grace within the daily program? ☐ Yes ☐ No

ACCOUNTS

How would you prefer to receive your weekly fees account?

Email ☐ Yes ☐ No

Hard copy placed in the family accounts pockets ☐ Yes ☐ No

APPLICATION DECLARATION

We hereby acknowledge that in consideration of Northpine Christian College Childcare & Early Learning Centre accepting the above named child into care, we accept that authorised Centre staff may perform the above duties where the Yes box has been ticked. We also acknowledge that Centre fees are payable each week and that we will be responsible for fees on booked days that the child does not attend. We have read and agree to the attached policies.

Parent's / Guardian's name _____ Signature _____

Parent's / Guardian's name _____ Signature _____

MARKETING INFORMATION

How did you discover **Northpine Childcare and ELC**? (number in priority if more than one)

Advertisement in print media		Electronic media (radio/television)	
News story in print media		Local Church	
Friend		Family member	
Internet search		School bus signage	
School Website		Local Christian Directory	
Referred by another school family (past or present)		Local Business Referrals	
Name of Referring Family :		Other (Description):	

OFFICE USE ONLY

Enrolment Fee paid: ☐ Yes ☐ No

Enrolment Bond paid: ☐ Yes ☐ No

Resources and Entertainment paid: ☐ Yes ☐ No

Interview notes:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.