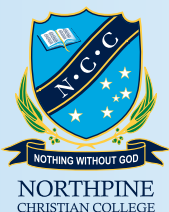




Childcare & Early Learning Centre Enrolment Form



A Christian Childcare Centre operated by the Seventh-day Adventist Church
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ABN 50 102 933 148



Childcare & Early Learning Centre

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: _____

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 Kids Gourmet Foods (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:

FEEDING METHOD

Bottle Sipper Cup Cup Needs Help Independent

TOILETING

Nappies Toilet Training Nappies Rest Time Only Toilet Trained

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 Benefit: 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 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 _____