|  |  |
| --- | --- |
| Enrolment details |  |
| Preferred days (please tick): |
| [ ]  Mon | [ ]  Tues | [ ]  Wed  | [ ]  Thurs | [ ]  Fri | Preferred start date: |       |
| Does your child attend another Child Care Centre? | [ ]  Yes | [ ]  No  |
| If yes, please specify:  |       |

|  |  |
| --- | --- |
| Child’s details |  |
| Child’s given names:  |       |
| Child’s Surname:  |       | Date of birth:  |       | Gender: [ ]  M [ ]  F |
| Child’s CRN: |       |
| Residential address:  |       |
| Postal address (if different to residential address):  |       |
| Home phone number:  |       |
| Please specify any cultural or religious requirements:  |       |
|  |

|  |  |
| --- | --- |
| FAMILY details |  |
| **Parent/Guardian #1** | **Parent/Guardian #2** |
| Given Name:  |       | Given Name::  |       |
| Surname:  |       | Surname:  |       |
| Relationship to child:  |       | Relationship to child:  |       |
| Mobile: |       | Mobile:  |       |
| CRN:  |       | CRN:  |       |
| Date of birth: |       | Date of birth:  |       |
| Address:  |       | Address:  |       |
| Occupation: |       | Occupation:  |       |
| Country of birth: |       | Country of birth:  |       |
| Language spoken at home:  |       | Language spoken at home:  |       |
| Work phone number:  |       | Work phone number:  |       |
| Email Address:  |       | Email Address:  |       |

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| Emergency contactsAdditional people to be contacted in case of emergency. Authorised to collect the child from the Centre’s premises (Please note: this contact must be 18 years and over, in good health, easily contactable, within close proximity of the Centre and capable of dealing with emergencies).Identification will be required upon collection of your child. |
| **Contact #1** | **I hereby give this emergency contact the permission to:** |
| Given Name:  |       | [ ]  | Authorised to collect the child |  |
| Surname:  |       | [ ]  | Authorised to consent a medical treatment for the child |  |
| Work phone number:  |       | [ ]  | Authorised to consent administration of medication |
| Mobile:  |       | [ ]  | Authorised for an educator to take the child outside the premises |
| Address:  |       |
| Relationship to child:  |       |
|  |  |
| **Contact #2** | **I hereby give this emergency contact the permission to:** |
| Given Name:  |       | [ ]  | Authorised to collect the child |
| Surname:  |       | [ ]  | Authorised to consent a medical treatment for the child |
| Work phone number: |       | [ ]  | Authorised to consent administration of medication |
| Mobile: |       | [ ]  | Authorised for an educator to take the child outside the premises |
| Address:  |       |
| Relationship to child: |       |
|  |  |
| **Contact #3** | **I hereby give this emergency contact the permission to:** |
| Given Name: |       | [ ]  | Authorised to collect the child |  |
| Surname: |       | [ ]  | Authorised to consent a medical treatment for the child |  |
| Work phone number: |       | [ ]  | Authorised to consent administration of medication |
| Mobile: |       | [ ]  | Authorised for an educator to take the child outside the premises |
| Address: |       |
| Relationship to child: |       |
|  |  |
| **Contact #4** | **I hereby give this emergency contact the permission to:** |
| Given Name: |       | [ ]  | Authorised to collect the child |
| Surname: |       | [ ]  | Authorised to consent a medical treatment for the child |
| Work phone number: |       | [ ]  | Authorised to consent administration of medication |
| Mobile: |       | [ ]  | Authorised for an educator to take the child outside the premises |
| Address: |       |
| Relationship to child: |       |

# Declaration

All details completed are correct as at the date below:

|  |  |
| --- | --- |
| Parent/Guardian signature:  | Date:       |

|  |  |
| --- | --- |
| MEDICAL DETAILS |  |
| Does your child have needs particular to a disability:  | [ ]  Yes [ ]  No |
| If yes, please specify:  |       |
| Does your child suffer from any of the following? Please tick all applicable, and list medication and dosage details. |
| [ ]  ADD or ADHD |       |
| [ ]  Allergies (Food/Drug/Other) |       |
| [ ]  Anaphylactic |       |
|  [ ]  Epipen is provided |       |
|  [ ]  Copy of Action Plan attached |       |
| [ ]  Asthma |       |
|  [ ]  Inhaler is provided |       |
|  [ ]  Copy of Action Plan attached |       |
| [ ]  Backbone/joint problems |       |
| [ ]  Blood pressure |       |
| [ ]  Diabetes |       |
| [ ]  Dyslexia |       |
| [ ]  Epilepsy |       |
| [ ]  Haemophilia |       |
| [ ]  Hearing loss | [ ]  Left ear [ ]  Right ear [ ]  Partial [ ]  Profound |
|  |       |
| [ ]  Heart problems |       |
| [ ]  Migraines | Does management include Antihistamine/Epipen? | [ ]  Yes [ ]  No |
| [ ]  Recent operations/illnesses |       |
| [ ]  Prior physical injuries |       |
| [ ]  Visual impairment | [ ]  Glasses [ ]  Prescribed [ ]  Reading |
| [ ]  Special dietary needs |       |
| [ ]  Other |       |

A medical form must be completed should you wish your child to be administered with any medication. Medications are to be provided by the Parent/Guardian and have a pharmaceutical label stating the child’s name and clear dosage instructions.

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor’s name:  |       | Address: |       |
| Phone number:  |       | Child’s medicare number: |       |
| Child’s private medical insurer Membership number:  |       |

I,
hereby give permission for Oaklands Child Care and Kindergarten employees to:
a administer First Aid
b seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service,
c transportation of the child by an ambulance service.

|  |  |
| --- | --- |
| Parent/Guardian signature:  | Date:       |

|  |
| --- |
| Immunisation RecordThe following checklist is based on the most recent Australian Standard Vaccination Schedule (ASVS) as recommended by the National Health and Medical Research Council (NHMRC) and the Australian Government Department of Health and Ageing. The purpose of this proforma is not to monitor behaviour. Rather, it is one of our workplace responsibilities to document the current immunisation status of any child using our services.**Please tick which vaccinations your child has received. Please supply documentary evidence to support this.** |
| **Hepatitis** | **Haemophilus Influenzae** |
| [ ]  B1 (Birth) | [ ]  2 months |  |
| [ ]  B2, 3 (2 months) | [ ]  4 months |  |
| [ ]  B2, 3 (4 months) | [ ]  6 months |
| [ ]  B2 (6 months) | [ ]  12 months |
| [ ]  B3 (12 months) |  |
| [ ]  B4 (10-13 years) |  |
|  |  |
| **Poliomyelitis** | **Diphtheria/Tetanus/Whooping Cough** |
| [ ]  2 months | [ ]  2 months |
| [ ]  4 months | [ ]  4 months |
| [ ]  6 months | [ ]  6 months |
| [ ]  12 months |  |
| [ ]  4 years |  |
|  |  |
| **Varicella-zoster** | **Measles/Mumps/Rubella** |
| [ ]  18 months | [ ]  12 months |
|  | [ ]  4 years |

All details completed are correct as at the date below:

|  |  |
| --- | --- |
| Parent/Guardian signature:  | Date:       |
| Document evidence sighted by:       | Date:       |

# AGREEMENT

Promotional materials

Oaklands Child Care and Kindergarten acknowledges the achievements of children and celebrates their successes. To this end, advertising and promotional materials are often released. In order to facilitate this process, we seek your approval to use promotional materials featuring your child. I give permission for Oaklands Child Care and Kindergarten to use promotional materials featuring my child.

[ ]  Yes [ ]  No

Permission for observations

I consent to my child being the subject of written and digital observation e.g. staff studying. However, if questioning or testing the child is to be undertaken, my prior permission will be sought.

[ ]  Yes [ ]  No

Enrolment Information

I acknowledge that I have received the Centre Handbook upon enrolment.

[ ]  Yes [ ]  No

**Allowable absences**

Every financial year the government allocates 30 allowable absences to every child. This means your child can have up to 30 absences for any reason without it affecting your Child Care Benefit. Once your child has reached their 30 absences you will no longer be eligible for Child Care Benefits for absent days, and you will be charged full fees for the absences. However, your child can have unlimited ‘approved’ absences without it affecting your Child Care Benefit. These are absences that require written documentation e.g. Doctor’s Certificate and do not add towards your 30 allowable absences. Please see the Centre Director for more information.

Emergency exit

In case of fire, fire drills or any other disaster at the Centre, I hereby agree for my child to be taken from the premises to safety.

[ ]  Yes [ ]  No

Administration of Panadol (Paracetamol)

I hereby give permission for Oaklands Child Care and Kindergarten employees to administer Panadol (Paracetamol) to my child should he/she have a fever and if all other methods used to lower the temperature have failed, i.e. tepid sponging, removal of excess clothing, increased intake of fluids. I understand that an effort will be made to notify me (or another nominated responsible adult) as I may be required to collect my child immediately. If contact is unable to be made, then, in the interests of the health and comfort of my child, Panadol (Paracetamol) will be administered.

[ ]  Yes [ ]  No

Administering creams and lotions

I hereby give permission for Oaklands Child Care and Kindergarten employees to administer sun cream 30+, nappy change lotion or any other creams/lotions as required, onto my child’s skin as the need arises.

[ ]  Yes [ ]  No

Administration of Life-Saving Medication

In line with Regulation 93 of the *Education and Care Services National Regulations*, Oaklands Child Care and Kindergarten will now have a supply of general use adrenaline (Epipen) and inhaler in the Centre’s first-aid kit for the purpose of administering life-saving medication as a result of a child showing signs or symptoms of anaphylaxis or acute asthma for the first time whilst in care. Under the *Health (Drugs and Poisons) Regulation 1996* (HDPR), the Centre requires written parental consent for the administration of life saving medication e.g. Epipen or Ventolin.

I hereby give permission for Oaklands Childcare and Kindergarten to administer life-saving medication to my child in the case of an emergency:

Adrenaline (Epipen) for treatment of anaphylaxis.

[ ]  Yes [ ]  No

Salbutamol inhaler (Ventolin) for the treatment of acute asthma.

[ ]  Yes [ ]  No

Court Orders

Are there any court orders pertaining to your child?

[ ]  Yes [ ]  No

If YES, please provide a copy of this ORDER to the Centre for your child’s file. The Centre **MUST** have a copy of the COURT ORDER to verify custody in the child’s file, and all staff will be made aware of the existence of such documentation.

In accordance with the State Law, we must have on file, the name and telephone numbers of the individuals permitted to drop off and collect your child from this Centre. If someone arrives to collect your child, and we have not been notified and their name is not listed on page 1, we cannot allow your child to leave the Centre with them. Non-custodial parents will not be given access to children under any circumstances.

|  |  |
| --- | --- |
| Parent/Guardian signature:  | Date:       |
| Witness:       | Date:       |

|  |  |
| --- | --- |
| ACGS Nominees Pty Ltd trading as:**Oaklands Child Care and Kindergarten** 2 Oaklands Parade, East Brisbane 4169ABN 71 085 951 631 | Phone: 07 3891 2016Email: **oaklandschildcare@churchie.com.au**[**www.oaklandschildcare.com.au**](http://www.oaklandschildcare.com.au) |