



## ENROLMENT FORM

Under the child care Regulations parents are required to notify us immediately of any changes to the details given below. Your co-operation in this regard is appreciated.

**CHILD'S NAME:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **FEMALE/MALE**  
**ADDRESS:** \_\_\_\_\_ **CRN:** \_\_\_\_\_

**PARENT / GUARDIAN RESPONSIBLE FOR ENROLMENT**

Name: _____ D.O.B. _____	Name: _____ D.O.B. _____
Relationship with Child: _____	Relationship with Child: _____
Address: _____	Address: _____
_____ P/CODE: _____	_____ P/CODE: _____
Phone: (HM) _____	Phone: (HM) _____
Phone: (WK) _____	Phone: (WK) _____
Mobile: _____	Mobile: _____
Place of Employment: _____	Place of Employment: _____
Occupation: _____	Occupation: _____
Email: _____	Email: _____

Does a Residence order/custody order exist: Yes / No    Copy provided to the Centre Director: Yes / No  
 Director to sign on receipt of document: \_\_\_\_\_

Do you have any other children attending a different child care centre or family day care scheme: Yes / No

**ATTENDANCE**

Commencement Date: \_\_\_\_\_ Child's age on this date: \_\_\_\_\_ Years \_\_\_\_\_ Months  
 Days Required:    Monday    Tuesday    Wednesday    Thursday    Friday  
 Times: IN:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
           OUT:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

**EMERGENCY / AUTHORISED PERSONS TO CONTACT AND COLLECT THE CHILD**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ P/CODE: \_\_\_\_\_  
 Phone: (HM) \_\_\_\_\_  
 Phone: (WK) \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Relationship with Child: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ P/CODE: \_\_\_\_\_  
 Phone: (HM) \_\_\_\_\_  
 Phone: (WK) \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Relationship with Child: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ P/CODE: \_\_\_\_\_  
 Phone: (HM) \_\_\_\_\_  
 Phone: (WK) \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Relationship with Child: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ P/CODE: \_\_\_\_\_  
 Phone: (HM) \_\_\_\_\_  
 Phone: (WK) \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Relationship with Child: \_\_\_\_\_

**MEDICAL DETAILS**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Childhood Illnesses & Allergies: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_ Special Needs or Disabilities: \_\_\_\_\_

Previous Hospitalisation: \_\_\_\_\_

Medicare No: \_\_\_\_\_

**Australian Standard Vaccination Schedule**

Age	Diseases being immunised against						Routine childhood vaccinations plus		Annual seasonal influenza for medical at risk groups
							Additional Vaccines for high risk children	Additional vaccines for Aboriginal & Torres Strait Islander People	
<b>Birth</b>	Hepatitis B birth dose administered within 7 days of birth						Tuberculosis		Both children (from six months of age) and adults who are in the medical risk group for influenza are eligible to receive free seasonal influenza vaccine.  Talk to your doctor or immunization provider to discuss eligibility for free annual seasonal influenza vaccine.
<b>2, 4 &amp; 6 Months</b>	Diphtheria – tetanus-pertussis-hepatitis B-polio (type B (Hib))	Infant pneumococcal	Rotavirus (Age Limits Apply)						
<b>12 months</b>	Hib			Measles-mumps-rubella	Meningococcal C		Infant Pneumococcal		
<b>18 months</b>						Varicella (chicken pox)	Hepatitis A		
<b>24 months</b>							Pneumococcal Hepatitis A		
<b>4 years</b>	Diphtheria – tetanus-pertussis-polio			Measles-mumps-rubella			Pneumococcal		

**IMMUNISATION OBJECTION**

By signing below, I declare that my child has NOT been immunised in line with the current Australian Vaccination Schedule. I am aware that in the event of an outbreak of a contagious disease / illness, my child may be excluded for the duration of the outbreak.

Signature: \_\_\_\_\_

**Other Vaccinations Received**

1. \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
2. \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
3. \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

I hereby give consent to the Director and all competent adult employees at the Centre, to administer my child one single dose of liquid paracetamol for high fever or teething gel for severe teething pain. **YES / NO**

To reapply Sunscreen each day whilst at the Centre **YES / NO**

To apply insect repellent to my child's skin when required **YES/NO**

Signature: \_\_\_\_\_

**CHILD PROFILE FORM**

**CHILD'S NAME:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **FEMALE/MALE**

**PARENT / GUARDIAN**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Relationship with Child: \_\_\_\_\_

Relationship with Child: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/CODE: \_\_\_\_\_

\_\_\_\_\_ P/CODE: \_\_\_\_\_

Phone: (HM) \_\_\_\_\_

Phone: (HM) \_\_\_\_\_

Phone: (WK) \_\_\_\_\_

Phone: (WK) \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Language Spoken at home: \_\_\_\_\_

Nationality: \_\_\_\_\_

Yes / No My family requires translation of information in the language of \_\_\_\_\_

Family Religion: \_\_\_\_\_

Any Cultural Requirements:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Allergies: \_\_\_\_\_

Interests: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Fears: \_\_\_\_\_

Security Objects: \_\_\_\_\_

Other things you would like us to know to make your child feel special:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Toilet Training: Yes / No

Special Needs and Other Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What would you like your child to learn this year:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What areas of your Child's development would you like the teaching staff to enhance or focus on:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What additional activities would you like to see incorporated into the educational programs:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHILD'S MULTICULTURAL FORM**

**CHILD'S NAME:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **FEMALE/MALE**

Australia is a multicultural society and we embrace all that it offers. We aim to foster an awareness and an acceptance that we are all unique in our own way. By completing this form it will ensure that we can provide your child with the most appropriate care, by taking their values and religious and cultural beliefs into consideration into our daily educational programs

What is your family's country of origin? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Does your child speak and understand English? \_\_\_\_\_

Does your child have any cultural requirements?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you or your child require an interpreter? \_\_\_\_\_

What is your families cultural beliefs?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you and your family regularly practice these beliefs?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you and your family have any religious beliefs?  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any special dietary requirements due to these cultural and / or religious beliefs?  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you be able to provide any cultural resources that would assist teaching staff in the incorporation into our daily program and or within the centre?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you or any members of your family have any special talents you can share with us?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHILD ROUTINE FORM**

**CHILD'S NAME:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **FEMALE/MALE**

6.00am to 7.00am

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7.00am to 8.00am

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8.00am to 9.00am

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9.00am to 10.00am

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10.00am to 11.00am

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11.00am to 12.00pm

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12.00pm to 1.00pm

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1.00pm to 2.00pm

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2.00pm to 3.00pm

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3.00pm to 4.00pm

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4.00pm to 5.00pm

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5.00pm to 6.00pm

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Comments:

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**ALLERGIES OR ILLNESS ACTION PLAN**

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**CHILD'S NAME:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **FEMALE/MALE**



Child Allergy or Illness:

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My Child's reactions or symptoms to the above allergies or illness:

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**ACTION PLAN:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Additional Comments:

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**ENROLMENT OF CHILDREN WITH ADDITIONAL NEEDS**

At Kids Capers Childcare we will make every attempt to integrate children with additional needs into our centre programs. All children are a priority to us and centre enrolment is conditional upon us being able to meet the needs of the child whilst ensuring that high quality care is maintained in relation to the child's emotional, physical, social and educational well being. In some cases enrolment may be subject to receiving additional funding, such as SNSS, before commencing enrolment at the centre.

**ENROLMENT PROCEDURE INCLUDES**

1. Initial meeting with the parents to discuss the additional needs and requirements of the child
2. Identify, contact and source advice from external agencies
3. Formulation of a general care and educational program
4. Assessment made as to whether or not we can provide the highest quality care for the child
5. Collection of resources to support staff and the child/ren

**We reserve the right to exclude children with specific needs in an event that:**

1. The child's needs become more intense without increased assistance
2. The child's behavior threatens the safety of other children, staff or themselves
3. The child's parent / guardian refuses to adhere to the conditions of enrolment, e.g. refusing to allow the centre to seek support from outside organizations, etc.

**CHILD'S NAME:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **FEMALE/MALE**

Parent Name: _____	Parent Name: _____
Phone: (HM) _____	Phone: (HM) _____
Phone: (WK) _____	Phone: (WK) _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____

Proposed Commencement date: \_\_\_\_\_

What additional needs does your child have:

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been assessed by an outside agency before?

\_\_\_\_\_

\_\_\_\_\_

Details of medication or any special requirements for the child:

\_\_\_\_\_

\_\_\_\_\_

Procedures staff may need to perform to ensure your child receives high quality care:

\_\_\_\_\_

\_\_\_\_\_

**Please attach Paediatrician letter or letter from Family Doctor.**

**IMPROVING OUR SERVICE TO FAMILIES**

What are the three most important things you need to see, know, and / or feel from us?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What did you find impressive about the centre, allowing you to make a confident decision to enrol your child with us?

\_\_\_\_\_

Why have you chosen our centre over other alternatives?

\_\_\_\_\_

How did you come to know of us:  Telephone Directory  Friends  Internet  
 Location & Signage  Website  Newspaper

Other: \_\_\_\_\_

**I give permission to the Director and Centre Staff for the following:**

To Apply sunscreen to my child whilst at the centre.	Yes / No
To take photographs of my child whilst at the centre.	Yes / No
To display my child's photo within the centre or in a display.	Yes / No
For centre staff and students to observe my child or the purposes of staff education.	Yes / No
For persons on emergency contacts to pick up my child.	Yes / No
Authorise appropriate dose of Panadol to my child if the need arises and I cannot be contacted.	Yes / No
If there is an outbreak of head lice in the centre, to check my child's hair.	Yes / No

Parent's 1 Full Name (Print): \_\_\_\_\_

Parent 1 Signature: \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's 2 Full Name (Print): \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT RESPONSIBILITIES:**

1. To protect the health and safety of others, children with contagious illnesses cannot be permitted to attend.
2. Parents are asked to contact the centre to inform staff if their child is suffering a contagious illness.
3. In the case that a contagious illness is reported, information about the illness will be displayed in the centre for parent perusal. For parents choosing not to immunise their child/children, it is important to see the director or person in charge to discuss whether non-attendance is best for the safety of your child.
4. After your children have suffered illness or symptoms of illness, parents must provide medical certificate of clearance to enable the child to return to the centre.
5. I/We understand and agree that in the case of a medical emergency, the Director and all competent staff at the centre will take all measures to ensure that safety and welfare of my child and all staff will seek and/or provide medical attention when required.
6. I understand that my child's enrolment may be cancelled if their behavior is deemed unacceptable by the centre. Any behaviour that risks the safety or well-being of staff or children is deemed unacceptable. Please see Guiding Children's Behaviour Policy.
7. Enrolment at the centre may be cancelled if fees are not paid in full and kept 2 weeks in advance at all times.

The Office of Early Childhood Education and Care considers children leaving the perimeter of the building to be an excursion, and therefore parent/guardian consent is required. This may occur at various times throughout the year for the purpose of shows, fire drills or celebrations.

Parent's 1 Full Name (Print): \_\_\_\_\_

Parent 1 CRN: \_\_\_\_\_

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's 2 Full Name (Print): \_\_\_\_\_

Parent 2 CRN: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Assistant Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_