



Children's Services

Occasional Child Care Enrolment Form

Child's information - All information in this form is CONFIDENTIAL

Surname		Given Names		Age	
Address				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth		Country of Birth		Nationality	
Languages other than English spoken at home			Aboriginal/Torres Strait Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parent/Guardian 1		Parent/Guardian 2	
Name			
Address			
Home Phone			
Mobile Phone			
Work Phone			
Email address			
Occupation			
Employer			
Country of Birth			
Nationality			

Peninsula Occasional Child Care (0 to 5 yrs)	phone: 4343 1001
Peninsula Community Centre, 93 McMasters Road, Woy Woy e: OccasionalChildCare@coastcommunityconnections.com.au	Cost \$8.00 per hour Operating Hours 8:30 am to 4:30 pm
Staff Ratios	For more information
<ul style="list-style-type: none"> • 1:4 6 weeks to 2 yrs • 1:8 2 to 3 years • 1:10 3 to 5 years 	Please refer to the Children's Services Family Handbook

Note: Please tick check boxes or, if completing this form in Word on your computer, please double-click on check boxes and then

Child's Attendance Please tick the days your child will be attending. Starting Date ____/____/____

	Mon	Tues	Wed	Thurs	Fri
Occasional Child Care (0-5 yrs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours (full hours only 1 to 6)					
Starting time (on the hour or ½ hour only)					

If there are any changes in circumstances or days that you are requiring Child Care, please notify us in writing to avoid any misunderstandings. It is also important if your child will not be attending on their booked days to ensure we are notified as soon as possible. The fee is not charged if you notify us more than 24 hours before the start of the booking.

Court Orders

Are there any court orders affecting the custody of your child?
(If yes, please attach a copy for the centre's records)

Yes No

Court orders/parenting plans:

About My Child

Sleep Routine (times/needs)

Comforter/takes to bed

Special words for toilet/drink etc

Please let us know if there are any religious or cultural requirements that need to be observed whilst your child is in our Child Care

Emergency contacts and people authorised to collect your child

You must have a minimum of 1 emergency contact. Please note that the Emergency Contact's signature is required overleaf.

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name			
Home address			
Home Phone			
Mobile Phone			
Work Phone			
Relationship to child			
Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorised to Collect	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to being an emergency contact and acknowledge that my contact details given above are correct			
Signature			
Date			

Children will only be released to nominated persons over the age of 18 with photo ID as a child protection measure.

Names and dates of birth of siblings

Siblings	Name	Date of Birth
Sibling 1		
Sibling 2		
Sibling 3		

Family Doctor		Family Dentist
Name		
Address		
Phone		
Religious or cultural requirements in case of accidents or illness		<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:		

Health Information		
Are your child's immunisations up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Please attach a copy of the immunisation record print out from the National Immunisation register</i> http://www.humanservices.gov.au/customer/services/medicare-online-services		
When was your child's last tetanus injection?		
Does your child suffer from any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Details</i>		
Does your child have special dietary requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Details</i>		
Does your child suffer from any medical conditions such as asthma, anaphylaxis, epilepsy, diabetes, etc	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
If yes , has a management plan been provided to the service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Details</i>		
*If answering yes to anaphylaxis – please answer the following questions		
Has your child been diagnosed at risk of anaphylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have auto injection device (eg EpiPen)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a risk minimisation plan be completed by the service in consultation with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
It is a requirement that you provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child.		
Has the anaphylaxis medical management plan been provided to the service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If answering yes to asthma – please answer the following questions		
Has your child been diagnosed with asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require regular asthma medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a management plan been provided to the service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a diagnosed disability or disorder	<input type="checkbox"/> Yes – please complete Appendix A	<input type="checkbox"/> No
Is your child on any medications? Please provide details	<input type="checkbox"/> Yes – please complete Appendix B	<input type="checkbox"/> No

Health Information (Cont)

Has your child got a history of any major illness or had an operation?

Yes No

Details:

Is there any other health information of which Educators should be aware?

Yes No

Details:

Are there any behaviours significant to your child of which Educators should be aware?

Yes No

Details:

Is there any other information you would like to share about any special requirements, cultural or religious beliefs of which the staff should be aware?

Yes No

Details:

Agreements **Please read carefully and sign the following.**

Authorisation for administering medications and immediate medical attention:

I give permission for the use of sunscreen and insect repellent on my child.

Yes No

If my child has difficulty breathing at the centre, a First Aid qualified staff member is authorised to administer the correct dosage of Asthma medication to my child

Yes No

If my child is seriously injured or ill while in Child Care at the centre, I understand that every effort will be made to contact parents or emergency contacts. I agree that the nominated supervisor or delegate will seek urgent medical, dental, ambulance or hospital treatment. I give permission for appropriate medical, dental or hospital treatment to be performed. In the case of a serious/life threatening incident, I give permission for the nominated supervisor to call an ambulance for my child and agree to pay any costs incurred.

Yes No

I agree to the staff of Peninsula Occasional Child Care administering the following:

Nappy Lotion/cream
(specify)

Yes
 No

Signature of
Parent/Guardian

Teething gel
(specify)

Yes
 No

Antiseptic lotion
(specify)

Yes
 No

Authorisation for Photographs and Filming

My child is authorised to be filmed or photographed for use in learning displays, documentation of the children's work and portfolios within the centre

Yes
 No

Signature of
Parent/Guardian

My child is authorised to be filmed or photographed by other parents or visitors to the centre including students

Yes
 No

My child is authorised to be filmed or photographed for use on Coast Community Connections website and in centre publications and promotions.

Yes
 No

Acceptances of rules, regulations and requirements

I/we have understood and accept the rules, regulations and requirements pertaining to my child's enrolment in this form, in the centre Handbook and Policies and Procedures folder. I understand and will abide by all the conditions appearing in this form, in the Handbook or in any documentation, as amended by the centre. I declare that the information given above is accurate and agree to notify the centre immediately, in writing, if there are any changes to the above information

I/we are aware that:

- Fees must be paid on the day of attendance or in advance. Failure to pay fees may result in my/our child being unable to attend.
- All booked hours must be paid for unless 24 hours notice is given prior to the booked hours.
- Educators will assist with temporary changes to hours where our licensed ratios permit. However 24 hours notice is required for permanent changes of hours. Booked hours must still be paid for without 24 hours notice of the temporary change or non attendance.
- Where 24 hours notice is given, booked hours will be held for 2 weeks. After 2 weeks the booked hours must be paid for to maintain the position.

Name of Parent/Guardian 1		Name of Parent/Guardian 2	
Signature:		Signature	
Date	/ /	Date	/ /

Parent and Guardian Checklist

Please check that you have completed the following:

- Read and filled in every section of this form.
- Have you provided a copy of your child's birth certificate?
- Are immunisation records attached for all Children **NEW** to the service?
<http://www.humanservices.gov.au/customer/services/medicare/medicare-online-services>
- Are all Action Plans attached in regards to medical conditions?
- Have you attached a copy of court orders/parenting plans (if applicable)?
- Have you signed the Agreements section and the registration form?

All information contained within this document is collected for the operational purposes of Coast Community Connections Children's Services, and shall be used solely for these purposes. Coast Community Connections protects and manages your personal information as required by the Australian National Privacy Principles, and NSW and Commonwealth Privacy Legislation.

To be completed by Peninsula Occasional Child Care Educators

Birth certificate (original sighted/certified copy attached)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunisation records attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Court order/parenting plan applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Court order/parenting plan provided	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix A - Please complete if your child has a diagnosed disability or disorder

Child's name	
Date of Birth	
Does your child receive funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosis: Please provide a copy of the report from your child's doctor, paediatrician or therapist and complete "Additional Enrolment Information"	
Any other relevant information:	

Appendix B - Please complete if your child is on any medications

Child's name	
Date	
Medication Required Please provide details including possible side effects. Please note: an "Authority to administer medication" form will be required to be completed.	