



Garfield Child Care
63 Garfield St,
Wentworthville 2145
Ph: 9636 2244

Pre School Enrolment Form

Your Child's Personal Details *please complete one form per child*

Surname _____ First Name: _____

Middle Name: _____ Other/Former Names: _____

Home Address: _____

_____ Postcode: _____ Home Phone No: _____

Gender: Male / Female D.O.B: ___ / ___ / ___ *Copy of passport or Birth Certificate Provided*
Aboriginal or Torres Strait Islander yes/no/both

Country of Birth: _____ Primary Language Spoken: _____

Cultural Background: _____ Religion _____

Are there any practices that should be taken in to consideration during your child's time at the centre, relating to religion or background? _____

Enrolment

Please indicate which days your child will be enrolled at the centre:

Monday Tuesday Wednesday Thursday Friday

This enrolment will cease on 31 December annually & Parents/Guardians MUST Re-enrol for the following year, January commencement.

Commencement Date: _____ Child's CRN: _____

_____ Families CRN: _____ Mother / Father

Family Circumstances

Please provide details of persons living at home with your child eg. Grandparents, Siblings etc _____

Please provide details of any court orders relating to your child.

Is there anyone prohibited, or limited in their contact/access with your child? Please provide details:

Please note: certified up to date copies of any legal documentation must be provided

Parents Information

Parent 1

Surname: _____ First Name: _____

Other/Former Names: _____ D.O.B ___/___/___

Relationship to Child: Mother / Father Other: _____

Home Address: _____

Languages Spoken: _____

Contact Numbers:

Home Ph: _____ Work Ph: _____ Mobile: _____

Please circle the best day time contact number

Occupation: _____

Name Of employer: _____

Work Address: _____

Days Worked: Monday Tuesday Wednesday Thursday Friday

Email: Work: _____ Home: _____

Parent 2

Surname: _____ First Name: _____

Other/Former Names: _____ D.O.B ___/___/___

Relationship to Child: Mother / Father Other: _____

Home Address: _____

Languages Spoken: _____

Contact Numbers:

Home Ph: _____ Work Ph: _____ Mobile: _____

Please circle the best day time contact number

Occupation: _____

Name Of employer: _____

Work Address: _____

Days Worked: Monday Tuesday Wednesday Thursday Friday

Email: Work: _____ Home: _____

Collection & Emergency Contacts of Your Child (other than parents)

Please select 2 people who are authorised to collect OR contacts for your child, should both parents be unavailable to do so:

Person 1.

Surname _____ First Name: _____

Relationship to Child: _____

Address: _____

Contact Numbers:

Home Ph: _____ Work Ph: _____ Mobile: _____

Employment: Occupation: _____

Name of Employer _____

Work Address: _____

Days Worked: Monday Tuesday Wednesday Thursday Friday

Email: Home: _____ Work: _____

Person 2.

1. Surname _____ First Name: _____

Relationship to Child: _____

Address: _____

Contact Numbers:

Home Ph: _____ Work Ph: _____ Mobile: _____

Employment: Occupation: _____

Name of Employer _____

Work Address: _____

Days Worked: Monday Tuesday Wednesday Thursday Friday

Email: Home: _____ Work: _____

Dietary Requirements & Allergies

Does your child have any dietary considerations? E.g. Vegetarian Yes No

Please describe in detail: _____

Does your child have any known allergies or suspected allergies? Yes No

Please provide details, including how this is managed and/or treated _____

Medical Information:

Has your child ever suffered from, or is currently suffering from, any of the listed below?

Chicken Pox Yes No Asthma Yes No

German measles Yes No Measles Yes No

Epilepsy Yes No Mumps Yes No

Other Yes No Hepatitis Yes No

Does your child require any ongoing treatment for any of the above? Yes No

If yes, please provide details: *if this is in relation to Asthma this should include an Asthma plan from your doctor* _____

Is your child on any medication or do they require any assistance with a disability?

If yes please provide details _____

Medical Information continued

Immunisation Records: Please provide a copy of your child's current immunisation statement record on enrolment. This is ONLY submitted by MEDICARE

Doctors Information

Name: _____ Phone: _____

Address: _____

Medicare Card Number: _____

Health Fund Name: _____

Health Fund Number: _____

Dentist Information

Name: _____ Phone: _____

Religious Requirements in Case of an Accident: _____

Any other requirements or special needs for consideration: _____

Enrolment Agreement

Yes No Please read the following agreements carefully, and only sign if you fully understand all of the conditions outlined.

Yes No I agree/disagree to, and understand that my child may be photographed or recorded at the centre, for programming and centre display purposes.

Yes No I agree/disagree to my child being administered age appropriate panadol, if temperature exceeds 38C with confirmation via phone before administration.

Yes No I consent to staff seeking urgent medical, dental, hospital or ambulance services, if it is deemed necessary due to an accident or illness at the centre in case of an emergency. I consent that in the event of an accident or illness at the service, to appropriate medical, dental or hospital treatment being administered, if it is deemed necessary.

Yes No I consent to the application of an SPF 15+ sunscreen or greater, to my child.

Yes No I consent to the centre using alcohol free baby wipes, and I consent to staff at the centre to complete simple first aid on my child if required, and if needed apply antiseptic cream, nappy rash cream and Bonjela

Yes No I understand and accept that it is my responsibility to ensure that all of my child's information is kept up to date and relevant, including immunization and CCB.

Yes No I understand and accept that should there be an outbreak of a vaccine preventable disease and my child is not vaccinated or immunised up to date, that my child will be excluded and all fees will be payable.

Yes No I understand that if my child is deemed too ill or contagious to attend or remain at the centre, I am expected to collect them immediately. I understand and agree to provide a doctor's certificate on return to care after my child has suffered from a contagious infection. I understand and agree to follow all exclusion periods relating to illness which will be enforced.

Both Parents/Guardians are requested to sign below:

Name _____ Signature _____

Name _____ Signature _____

I understand that if my children are not collected from Garfield Childcare by the advertised closing time, I will be charged a late fee which is calculated \$10 the first minute and \$1.00 per minute per child, and I agree this additional cost.

I understand that should a change of circumstances occur after the enrolment procedure has been completed, and I no longer required the position, the centre will retain the bond. I understand that my child should attend the centre for at least 6-8 (2 WEEKS NOTICE) weeks before termination letter is given then your bond will be returned. I understand that I have to maintain a 4 week bond for the period of time I am at the service and that my position will not be secure until a bond has been received; I understand and agree to pay all child care fees 2 weeks in advance and that if my child care fees become in arrears that I may be asked to withdraw my child from the centre. I agree to provide 2 weeks written notice to change days or terminate care. Please note the week you give your 2 weeks' notice **does not apply** to the 2 weeks' notice.

Name _____ Signature _____

Name _____ Signature _____

I have read, understood and agree to follow all policies documented in the parent hand book. I understand that this centre runs under the priority of access and that I will be given 14 days notice to vacate my position, if a higher priority child requires the days. We have read and understood this contract and agree to abide by it and the centre polices.

Name _____ Signature _____

Name _____ Signature _____

Director _____ Signature _____

Confirmed Commencement Date _____ Bond Received _____