



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

Vacation-care 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*

Country of Birth: _____ Primary Language *ἔρκεν:* _____

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? _____

School Child Attends: _____

Enrolment

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

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>Week 1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Week 2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commencement Date: _____ Child's CRN: _____

_____ Families CRN: _____

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: _____

Relationship to Child: Mother / Father Other: _____

D.O.B: ___ / ___ / ___

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: _____

Relationship to Child: Mother / Father Other: _____

D.O.B: ___ / ___ / ___

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 of Your Child

Please select 2 people who are authorised to collect 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: _____

Emergency Contacts

Please select 2 people who you authorise to be contacted in case of an emergency should both parents be un-contactable:

Emergency Contact 1:

Same as Person 1 in "Collection of Your Child"

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: _____

Emergency Contact 2:

Same as Person 1 in "Collection of Your Child"

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 <input type="checkbox"/> No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>
German measles	Yes <input type="checkbox"/> No <input type="checkbox"/>	Measles	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mumps	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hepatitis	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 _____

Doctors Information

Name: _____ Phone: _____

Address: _____

Medicare Card Number: _____

Health Fund Name: _____

Health Fund Number: _____

Dentist Information

Name: _____ Phone: _____

Address: _____

Religious Requirements in Case of an Accident: _____

Any other requirements or special needs for consideration: _____

Immunisation Records

Please provide a copy of your child's most up date immunisation record on enrolment.

Enrolment Agreement

Please read the following agreements carefully, and only sign if you fully understand all of the conditions outlined.

I agree to, and understand that my child may be photographed at the centre, for programming and centre display purposes.

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.

I consent to the application of an SPF 15+ sunscreen or greater, to my child.

I consent to staff at the centre to complete simple first aid on my child if required, using the contents of the first aid kits.

I understand that this centre will occasionally be used as a training tool by university or TAFE students who are completing studies in children's services

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.

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.

I consent to the centre using alcohol free baby wipes.

I understand that if my child is deemed to 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 should my child have suffered from a contagious infection.

I understand and agree to pay all child care fees 1 weeks in advance and if my fees becomes in arrears I may be asked to withdraw my child from the centre.

I understand and agree to follow all exclusion periods relating to illness which will be enforced.

I have read, understood and agree to follow all policies documented in the parent hand book.

We have read and understood this contract and agree to abide by it and the centre polices.

Name _____ Signature _____

Name _____ Signature _____

Director/2IC _____ Signature _____

Confirmed Commencement Date _____ Bond Received _____