



Garfield Child Care  
63 Garfield St,  
Wentworthville 2145  
Ph: 9631 4400

# 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**

Please read the following agreements carefully, and only sign if you fully understand all of the conditions outlined. Please note, you can comment accordingly OR if you disagree to any of the following

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

I agree to my child being administered age appropriate panadol, if temperature exceeds 38C with confirmation via phone before administration.

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 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

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 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 \_\_\_\_\_