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ENROLMENT FORM

CHILD'S DETAILS

First name: _____ Last name: _____
Date of Birth: ____/____/____ Gender: Male Female
Home address: _____ Postcode: _____
Child's CRN: _____
Country of birth: _____ Nationality: _____
Cultural background: _____ Language(s) spoken at home: _____
Is the child of Aboriginal and/or Torres Strait Islander descent? Yes No

ENROLLED DAYS

Intended start date: ____/____/____ Days required: (Please Circle Days)

Monday Tuesday Wednesday Thursday Friday

Please note: Dulwich Hill Early Learning Centre & Preschool has a Policy that a child's attendance pattern must include a minimum of two consecutive days. One of those day must be a Monday and/or Friday, except in exceptional circumstances or when this set attendance pattern is not available.

PARENT/GUARDIAN 1 – DETAILS (REGISTERED CRN)

Name: _____

Relationship to child: _____

Date of Birth: ____/____/____ Gender: Male Female

Home address: _____ Postcode: _____

Telephone: (H): _____ (W): _____ (M): _____

Email: _____

Parent's CRN: _____

Country of birth: _____ Nationality: _____

Cultural background: _____ Language(s) spoken at home: _____

Are you of Aboriginal and/or Torres Strait Islander descent? Yes No

Occupation: _____ Employer: _____

PARENT/GUARDIAN 2 – DETAILS

Name: _____

Relationship to child: _____

Date of Birth: ____/____/____ Gender : Male Female

Home address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (M) _____

Email: _____

Parent's CRN: _____

Country of birth: _____ Nationality: _____

Cultural background: _____ Language(s) spoken at home: _____

Are you of Aboriginal and/or Torres Strait Islander descent? Yes No

Occupation: _____ Employer: _____

COURT ORDERS / PARENTING ORDERS / PARENTING PLANS

Are there any court orders affecting the custody of your child? Yes No
If yes, please attach a copy for the service's records.

Court order/parenting plan provided: Yes No

EMERGENCY CONTACTS AND AUTHORISATIONS

Please note:

- *If staff cannot contact a child's parent/guardian, these people will be notified of any accident, injury, trauma or illness involving your child.*
- *In the event that a child's parent/guardian has not arrived to collect their child and cannot be contacted, these people will be notified and requested to collect your child.*
- *If an emergency contact/authorised person arrives to collect your child, they must produce photo identification to staff before your child will be released into their care.*

(1) Person's full name: _____

Home address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (M) _____

Relationship to Child: _____

This person has authority to: (please tick)

| | | |
|--|-----|--------------------------|
| Collect/Deliver your child to/from this service: | Yes | <input type="checkbox"/> |
| Give permission for excursions out of this service: | Yes | <input type="checkbox"/> |
| Consent to medical treatment for your child: | Yes | <input type="checkbox"/> |
| Permit transportation of your child by an ambulance: | Yes | <input type="checkbox"/> |
| Request/permit medication to be given to your child: | Yes | <input type="checkbox"/> |

(2) Person's full name: _____

Home address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (M) _____

Relationship to Child: _____

This person has authority to: (please tick)

| | | |
|--|-----|--------------------------|
| Collect/Deliver your child to/from this service: | Yes | <input type="checkbox"/> |
| Give permission for excursions out of this service: | Yes | <input type="checkbox"/> |
| Consent to medical treatment for your child: | Yes | <input type="checkbox"/> |
| Permit transportation of your child by an ambulance: | Yes | <input type="checkbox"/> |
| Request/permit medication to be given to your child: | Yes | <input type="checkbox"/> |

MEDICAL INFORMATION

Family Doctor/Medical Service: _____

Address: _____

Phone: _____

Family Dentist/Dental Service: _____

Address: _____

Phone: _____

Child's Medicare number: _____

Medical Health Care Fund: _____ Membership Number: _____

HEALTH INFORMATION

Has your child been immunised? Yes No

Please note: Your child's Immunisation Record/Exemption must be sighted by the Nominated Supervisor and a copy kept on file.

Does your child have any allergy or sensitivity? Yes No
(such as allergies to food, medication, animals, insects)

Details: _____

Please note:

- If yes, a copy of your child's Action Plan for Allergic Reactions (and associated medications) is required before your child's first day of attendance.
- If yes, a Risk Minimisation Plan will be completed by the service, in consultation with you.

Has your child ever experienced asthma or asthma like symptoms? Yes No

Please note:

- If yes, a copy of your child's Asthma Action Plan (and associated medications) is required before your child's first day of attendance.
- If yes, a Risk Minimisation Plan will be completed by the service, in consultation with you.

Has your child ever been diagnosed as at risk of anaphylaxis? Yes No

Please note:

- If yes, a copy of your child's Anaphylaxis Action Plan (and associated medications) is required before your child's first day of attendance.
- If yes, a Risk Minimisation Plan will be completed by the service, in consultation with you.

Has your child ever been diagnosed with diabetes? Yes No

Please note:

- If yes, please complete a Medical Management Plan (and associated medications) before your child's first day of attendance.
- If yes, a Risk Minimisation Plan will be completed by the service, in consultation with you.

Is your child receiving regular medication? Yes No

Details (such as side effects): _____

Does your child have a history of any major illness or had an operation? Yes No

Details: _____

Does your child have any additional needs? Yes No

Details: _____

Are there any religious or cultural requirements staff should be aware of in case of an accident or illness? Yes No

Details: _____

Is there any other health information staff should be aware of? Yes No

Details: _____

Is there any other information you would like to share about any special requirements, cultural or religious beliefs that you think staff should be aware of? Yes No

Details: _____

PERMISSION FOR THE FOLLOWING

1. Collection of a sick child: If my child becomes unwell while at *Dulwich Hill Early Learning Centre & Preschool*, I agree to collect or make arrangements for the collection of my child at the request of the Nominated Supervisor or Responsible Person in Charge. I agree to ensure my child is collected within a reasonable timeframe, recognising that prompt collection from the service ensures the health and safety of my child, as well as other children, families and staff in attendance at the service.

Yes No Signature of Parent/Guardian: _____

2. Permission for staff to act in case of an emergency or accident: If my child is seriously injured or ill while in care at the service, I understand that every effort will be made to contact parents/guardians or emergency contacts. I agree that the Nominated Supervisor or Responsible Person in Charge 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 or Responsible Person in Charge to call an ambulance for my child and agree to pay any costs incurred.

Yes No Signature of Parent/Guardian: _____

3. Authorisation to administer the service's asthma first aid kit: If my child has difficulty breathing while at the service, a staff member qualified in asthma management training is authorised to administer the correct dosage of asthma medication to my child. I agree to pay for the cost of the asthma medication, face mask and spacer device.

Yes No Signature of Parent/Guardian: _____

4. Authorisation to administer the service EpiPen: If my child goes into anaphylactic shock while at the service, a staff member qualified in anaphylaxis management training is authorised to administer the services' EpiPen. I agree to pay for the cost of the EpiPen if administration is not an isolated incident.

Yes No Signature of Parent/Guardian: _____

5. Authorisation for Photographs, Filming and Observations: My child is authorised to be filmed or photographed for use in learning displays, documentation of the children's work and portfolios within the service. I also consent to my child being the subject of observations for monitoring my child's development and programming.

Yes No Signature of Parent/Guardian: _____

6. Authorisation for Photographs, Filming and Observations by students on Practicum at the service: My child is authorised to be filmed or photographed for use in learning displays, documentation of the children's work and portfolios by the student. I also consent to my child being the subject of observations for the purpose of the students' practicum.

Yes No Signature of Parent/Guardian: _____

7. Sunscreen: I give permission for staff at the service to apply SPF30+ nano-free, fragrance-free, broad-spectrum sunscreen to my child, in accordance with *Dulwich Hill Early Learning Centre & Preschool's* Sun Protection Policy.

Please note: If your child is allergic to sunscreen a letter from the medical practitioner must be kept on file.

Yes No Signature of Parent/Guardian: _____

Maintaining fees

I agree to abide by *Dulwich Hill Early Learning Centre & Preschool's* Payment of Fees Policy, requiring me to maintain fees two (2) weeks in advance, using Direct Debit. I understand that fees are payable for every day of my child's enrolment including sick days, parent holidays and public holidays but excluding the Christmas/New Year period when the service is closed. I also understand that if fees fall behind, my child's place at the service may be in jeopardy. I also agree that to secure enrolment for my child, I agree to pay the \$50.00 non-refundable enrolment fee and \$400.00 bond. I will forfeit both the enrolment fee and bond if I choose not to proceed with my child's enrolment.

Signature of parent/guardian: _____

DECLARATION

I have understood and accept the rules, regulations and requirements pertaining to my child's enrolment in this form, in *Dulwich Hill Early Learning Centre & Preschool's* Parent Handbook and Policies and Procedures folder. I understand and will abide by all conditions appearing in this form, in the Handbook or in any documentation, as amended by the service. I declare that the information given above is accurate and agree to notify the service immediately if there are any changes to the above information.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: ____/____/____

We look forward to educating and caring for your child and we welcome your family to *Dulwich Hill Early Learning Centre & Preschool*. We value parent participation and feedback and we hope to develop a warm and trusting relationship with you and your child.

Please ensure the following documentation has been included with your enrolment:

- Immunisation Record / Exemption
- Birth certificate
- Direct debit request form

If your child has an ALLERGY or SENSITIVITY:

- Action Plan for Allergic Reactions

If your child has ASTHMA:

- Asthma Action Plan

If your child is at risk of ANAPHYLAXIS:

- Anaphylaxis Action Plan

If your child has DIABETES:

- Medical Management Plan