

ENROLMENT RECORD

St Dominic Savio ELC

19 Donald St CLAYTON VIC 3168

Phone: 9544 0928 Email admin@savioelc.org.au

A parent or person who has legal authority in relation to the child must complete this form.

INFORMATION ABOUT YOUR CHILD

Family / Last Name:.....

Preferred Start Date:.....

Given Names:.....

Usually called:

Gender: M F Date of Birth:.....

Country of Birth/ Cultural background:

Home Address: Post Code.....

Child's CRN:.....

Child's Religion:

Languages spoken at home:.....

*Is your child of Aboriginal/Torres Strait Islander origin? Yes No

Bookings:

Please indicate enrolment level: Kinder Pre-Kinder Toddler

Full time or Part time: Mon Tues Wed Thurs Fri

INFORMATION ABOUT YOUR FAMILY

Name of Parent 1:

Name of Parent 2:.....

Country of Birth/ Cultural background:

Country of Birth/ Cultural background:

Address: - as per child or:

Address: - as per child or:

Telephone/s: H).....

Telephone/s: H).....

W)..... M).....

W)..... M).....

Please nominate an email address to receive the Centre's Newsletter or other information:

Email:.....

Do you have any special skills or interests which may be able to help the Centre?

Centrelink Details of Parent: (Parent registered for CCB)

First Name: Middle Name: Last Name:

Date of Birth: Gender M F CRN:.....

Parent Medicare Number: Child's Medicare Number.....

Do you have another child registered for CCB? Yes No

If yes please provide details (e.g. OSHC/ Family Day Care)

MEDICAL and HEALTH INFORMATION:

Name of Doctor/Medical Service:.....Telephone:.....

Address:Post Code.....

It is important for the adequate care of your child that the Centre is informed if your child has a developmental delay / disability or physical impairment.

Does your child have any medical condition (including asthma/eczema/allergies or sensitivities):

Yes No If Yes - please list:

.....
If YES please provide details including a current management plan from your doctor.

ANAPHYLAXIS

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

Does your child have an auto injection device (e.g. EpiPen?) Yes No

An anaphylaxis medical management plan must be provided to the Centre before commencement with a current EpiPen or Junior EpiPen

A risk management plan will be completed by the Centre prior to commencement.

A copy of your child's **IMMUNISATION RECORD** must accompany this enrolment form. Please advise the Centre of updates to immunisations as they occur.

Name and position of person at the Centre who has sighted the child's health record to verify immunisation status:

Name:

Position:

CULTURAL AND DIETARY REQUIREMENTS:

Does your child have any special needs/ cultural or religious requirements that Staff may need to be aware of?

.....
Does your child have any dietary restrictions? Yes No If Yes please list.

ONGOING PERMISSIONS:

My child can use the sunscreen provided by the Centre Yes No

My child can have photos taken at the Centre for internal use and display only: Yes No

Please be aware that parents cannot take photos at the Centre that include any child other than their own.

I authorise the Staff to give my child Children's Panadol at the correct dosage **IF** my child's temperature is 38C or above knowing they will contact me immediately afterwards. Yes No

OTHER INFORMATION:

Is there anything else that the Centre educators should know about your child? (Favourite activities, previous early childhood experiences, fears or dislikes?)

.....
.....
.....

EMERGENCY CONTACTS: (NOT PARENT DETAILS)

Please provide details of other people who can act as an emergency contact or you authorise to pick up your child, consent to medical treatment of your child or authorise administration of medicine to your child or authorise an educator to take your child outside of the Centre premises.

This list can be changed or added to at any time. In the event that your child is not collected from the Centre and you as parents cannot be contacted, this list will also be used to arrange someone to collect your child. With your consent they may also be contacted in an emergency involving your child.

Name:	Relationship to child
Telephone/s (M)	(H)..... (W).....
Address	

This person can authorise medical treatment or medication to be given to my child

Yes No

This person can be contacted in an emergency if I cannot be contacted and authorise an educator to take my child outside the Centre premises.

Yes No

Name:	Relationship to child
Telephone/s (M)	(H)..... (W).....
Address	

This person can authorise medical treatment or medication to be given to my child

Yes No

This person can be contacted in an emergency if I cannot be contacted and authorise an educator to take my child outside the Centre premises.

Yes No

Name:	Relationship to child
Telephone/s (M)	(H)..... (W).....
Address	

This person can authorise medical treatment or medication to be given to my child

Yes No

This person can be contacted in an emergency if I cannot be contacted and authorise an educator to take my child outside the Centre premises.

Yes No

Name:	Relationship to child
Telephone/s (M)	(H)..... (W).....
Address	

This person can authorise medical treatment or medication to be given to my child

Yes No

This person can be contacted in an emergency if I cannot be contacted and authorise an educator to take my child outside the Centre premises.

Yes No

Parenting orders relating to your child

Are there any **parenting orders** relating to the powers, duties, access, responsibilities or authorities of any person in relation to the child?

No go to the next section Yes **please complete the following:**

1. You will need to bring the **original** parenting orders for the Centre Co-ordinator to see. A copy will be attached to the child’s confidential file.
2. The Centre needs to be informed if there are any changes to the orders that affect:
 - a) The powers of a responsible person to:
 - Authorise the taking of the child outside the service by a staff member of the service;
 - Consent to the medical treatment of the child
 - Request or permit the administration of medication to the child;
 - Collect the child from the service AND /OR
 - b) Any other person is added or included in the orders.

AGREEMENT STATEMENT

I..... (Print full name)

A person with lawful authority of the child referred to in this enrolment form:

Declare that the information in this enrolment form is true and correct and undertake to immediately inform St Dominic Savio Early Learning Centre in the event of any change in this information.

Agree to collect or make arrangements of the child referred to in this enrolment form should he/she become unwell at the Centre

Agree to pay all childcare fees incurred while the child referred to in this form is enrolled at St Dominic Savio Early Learning Centre

Understand that two weeks notice in writing is required to change bookings at the Centre and/or withdraw my child from the Centre

Consent to the Staff at the Centre seeking, or where appropriate administering such medical, hospital, dental or ambulance services or treatment as is reasonably necessary and that I will reimburse any expenses incurred by the Centre

Understand that in an emergency situation or drill when an evacuation is necessary that my child may need to leave the premises under the direction and supervision of Staff for the time of the drill or situation.

Agree to attend interviews with my child’s educator or the Centre Coordinator when requested

Agree to act in a courteous and respectful manner to the Staff of the Centre and other parents present at the Centre and understand that this same respect and courtesy will be shown towards me

Agree to abide by the Policies and practices of the Centre, knowing that I can contribute to the development and review of all policies each year

.....
(Signature)

.....
(Date)

Any breach of this Agreement Statement may result in the cancellation of your child’s place at the Centre.

Please return this form, Immunisation Records and a Centrelink confirmation letter of benefits to:

*St Dominic Savio Early Learning Centre
19 Donald St
Clayton VIC 3168*