



Samaritans

Compassion Integrity Justice



Samaritans Early Learning Centres Enrolment Form

All information on this form is confidential. It is family's responsibility to ensure information is kept up to date.

Bookings	Mon	Tue	Wed	Thu	Fri
Long Day Care					
Occasional Care					

Child's Details		Gender: F / M	
Family Name:		Date of Birth:	
First Name:		Other:	Name usually called:
Address:			
		Postcode:	
Country of Birth/Nationality:		Primary Language:	
Is your child of Aboriginal and Torres Strait Islander Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child of Aboriginal Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child of Torres Strait Islander Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child's "Customer Reference Number" (CRN):			
Is your child's Birth Certificate Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Account Details	
The Parent who is registered with the Family Assistance Office is required to supply the following.	
Parent who is claiming Child Care Benefit / Child Care Rebate through Family Assistance Office? Mum/Dad/Grandparents.	
Name:	
Address:	
The Parent who is registered with the Family assistance Office is required to supply the following	Customer Reference Number"(CRN):
	Birth date:
I/we claim/have claimed Child Care Benefit / Child Care Rebate at other Approved Childcare Services <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours do you or have you claimed?	
Are you claiming CCB/CCR for other children or siblings at another service?	
Total Number of Children (inclusive of child to be enrolled)	Please circle: 1 2 3 4 5 6

Enrolling Parent/Guardian Details		Relationship to Child:	
Name:		Date of Birth:	
Address:		Postcode:	
Phone:	Mobile:	Nationality:	
Do you have any additional needs?			
Employment Details:			
Employer:			
Address:		Postcode:	
Phone:	Occupation:		
Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> NO		Days of Work: M T W TH F	
_____		_____	
Signature		Date	

Other Parent/Guardian Details		Relationship to Child:	
Name:		Date of Birth:	
Address:		Postcode:	
Phone:	Mobile:	Nationality:	
Do you have any additional needs?			
Employment Details:			
Employer:			
Address:		Postcode:	
Phone:	Occupation:		
Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> NO		Days of Work: M T W TH F	
_____		_____	
Signature		Date	

Marital Status of Parent (Optional)					
Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	De Facto <input type="checkbox"/>	Please Tick One
If separated/divorced, does the partner have access to the child? <input type="checkbox"/> Yes <input type="checkbox"/> NO					
Are there any custody/court orders made in relation to the child? <input type="checkbox"/> Yes <input type="checkbox"/> NO					
If yes, please attach a copy of any Family Law court papers including custody, apprehended violence orders.					
Attached <input type="checkbox"/> Yes <input type="checkbox"/> NO					

Home Environment

Language spoken at home:	
Other languages exposed to:	Religion:
Name and age of siblings:	
Does anyone else live in the family home? (If "yes" please state: e.g. grandparents, aunt, uncle)	
Do you have any cultural/religious beliefs/values, for example Aboriginal and or Torres Strait Islander culture?	

Please List 3 Authorised Persons (other than parents) Who Can

A) Collect your Child and B) Be Contacted in an emergency

Name:	
Address:	Postcode:
Home Phone:	Mobile Phone:
Work Phone:	Relationship to Child:
I agree to be an Emergency Contact for _____.	
_____	_____
Signature	Date

Name:	
Address:	Postcode:
Home Phone:	Mobile Phone:
Work Phone:	Relationship to Child:
I agree to be an Emergency Contact for _____.	
_____	_____
Signature	Date

Name:	
Address:	Postcode:
Home Phone:	Mobile Phone:
Work Phone:	Relationship to Child:
I agree to be an Emergency Contact for _____.	
_____	_____
Signature	Date

Medical and Health Information

Please provide your child's immunisation records at the time of enrolment.

If your child has any ongoing medical condition a letter is required from the child's supervising Doctor outlining the condition and any medication requirements. This is required to be updated regularly.

Is your child fully immunised? Yes No

Is a copy of your child's immunisation records attached? Yes No

I understand that all medication administered at the Centre will only be given if the need has been prescribed by a registered medical practitioner, is in its original container with the name of your child, expiry date and instructions on the label.

I understand that if my child needs antibiotics there will be a 24 hour exclusion from the Centre from the first dose.

Signature

Date

Does your child usually require regular medication or special aids?

If yes, please specify (e.g. glasses, hearing aids etc.)

Does your child have any allergies? Yes No

Has your child been diagnosed as someone who is at risk of anaphylaxis? Yes NO

If yes, please read the following carefully:

Children with an allergy are required to supply a statement / action plan from the family doctor describing the child's allergy, substances to avoid and the appropriate procedures in case of accidental exposure to the substance.

This letter must be supplied at the time of enrolment. Is this letter attached? Yes NO

Is there any other medical information we might need to know?

Non-Immunised Children Agreement

Samaritans Early Learning Centre identifies that some children may not be immunised against preventable disease.

As per Centre policy children that are not immunised or are not up to date with their immunisation will be excluded from the Centre when an outbreak occurs. This also includes children who have been immunised by herbal or any other alternative methods.

The exclusion period will incorporate the whole period of the outbreak and the families will be advised when their child/children can return to the centre. Fees are to be paid by the families during this exclusion period.

I _____ (Parent/Guardian) agree to the non-immunised children policy.
I understand that during a vaccine preventable disease, my child/children will be excluded from the centre and I will be required to pay fees.

Signature

Date

Has your child any additional needs or medical conditions?

Family Doctor

Name:	Phone:
Address:	

Family Dentist

Name:	Phone:
Address:	

Medical Information

Private Medical Benefits Cover with:	Private Medical Benefit Number:
Ambulance cover with:	
Medicare Number:	Health Care Card Number:

Sam Kulupach - Nominated Supervisor
Samaritans Early Learning Centre Woodberry
11 Lawson Avenue Woodberry NSW 2322
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Ros Woodley - Nominated Supervisor
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Authorisation Page

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Please read the agreements carefully before signing. It is important that you are fully aware of the agreements you are signing on behalf of your child. Please sign these clauses in the presence of a witness, partner, friend or staff member.

Emergency Contacts

I give consent to the staff of Samaritans Early Learning Centre to phone the emergency contacts I have listed in the event of an emergency and allow them to collect my child if I am unable to be contacted.

Signature: _____

Date: _____

SunScreen

I give consent for the staff to apply sunscreen to my child.

Signature: _____

Date: _____

Lotions

I give consent for the staff at the centre to assess the need for and administer nappy change lotions and creams, teething gels and insect repellent.

Signature: _____

Date: _____

Fees

I understand that I must give two weeks notice if I wish to change my child's days or withdraw my child from the centre. I understand that if my child does not attend during this time I will not be eligible for Child Care Benefit and full fees are charged.

Signature: _____

Date: _____

I understand that fortnightly statements are created and I understand that fees are paid every fortnight using the Ezi-Debit System.

Signature: _____

Date: _____

I understand fees are payable regardless of attendance excepting public holidays where no fees are charged.
I understand a yearly Administration fee and cot fee (if applicable) will be charged.
I understand a late fee will be charged if I am late collecting my child/children.

Signature: _____

Date: _____

Photographs

I do/do not give consent for staff to take my child's photograph at the centre.
I do/do not give consent for students to take my child's photograph for use in their assessment documentation.
I do/do not give consent for my child's photograph being taken by media for use in publicity for the centre.

Signature: _____

Date: _____

Authorisation Page

(page 2 of 2)

Please read the agreements carefully before signing. It is important that you are fully aware of the agreements you are signing on behalf of your child. Please sign these clauses in the presence of a witness, partner, friend or staff member.

Medical

I understand that if my child's temperature reaches 38° while at the centre we will endeavour to contact parent to collect your child within ½ hr. If we are unsuccessful in contacting you, we will contact your emergency contacts. If this is unsuccessful then an ambulance will be called if the situation is an emergency.

Signature: _____

Date: _____

I understand that if at any time the staff of the Centre considers that my child requires emergency medical/dental/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend to my child. I acknowledge that I will be liable for any medical/hospital/dental/ambulance expenses incurred in the treatment of my child.

Signature: _____

Date: _____

Students

I am aware that the centre accepts students for practical training purpose and this may involve them observing my child and planning experiences for them under direct supervision of staff and the Authorised Supervisor. I give consent for my child to participate.

Signature: _____

Date: _____

Policy and Procedures

I agree to notify the centre of any changes to details should they occur. I am aware of the policy manual and agree to abide by the Samaritans Early Learning Centre Policy and Procedures.

Signature: _____

Date: _____

Priority of Access

I understand and agree that the centre follows the priority of access guidelines outlined in the Child Care Services Handbook. I understand that it may be necessary to reduce my child's days or forfeit my child's place if need required.

Signature: _____

Date: _____

I certify that the information entered on this form is true and correct to the best of my knowledge.

Signature: _____

Date: _____

The above signatures were witnessed by:
(please print)

Signature: _____

Position: _____

Date: _____

Excursions

Authorisation for children to attend Excursions and Incursions. I understand that a cost may apply.

Signature: _____

Date: _____

Input Sheet

(page 1 of 2)

This form accompanies your child into their room to assist the staff who will be working with your child.

Child's Name:	Name usually called:	DOB: / /
Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> NO		Type of reaction:
Substance to which the child is allergic:		
Action to be taken in case of reaction:		

Your Name:
Partners Name:
In the event of an accident or illness, which parent is the best to contact?
Mum <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> And on what contact number PH:

Has your child been left before at	Babysitters <input type="checkbox"/> Yes <input type="checkbox"/> No	Occasional Care <input type="checkbox"/> Yes <input type="checkbox"/> No
	Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Day Care <input type="checkbox"/> Yes <input type="checkbox"/> No

Please detail information about previous care arrangements, including age, length of time, behaviour and settling in period etc:
--

What would you like your child to achieve or work towards in the coming six months?

Does your child have any particular fears?
--

My child's favourite things to do are:
--

Festivals we celebrate as a family are (e.g. Birthdays, Christmas, New Year etc)
--

Other Family members that live with my child include:

Are there any foods your child may not have? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please specify
--

Are there any foods that your child dislikes? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please specify

What type of food does your child prefer?

Does your child eat dairy products? <input type="checkbox"/> Yes <input type="checkbox"/> No
On special occasions, we have ice cream cake. Is your child able to eat ice cream cake? <input type="checkbox"/> Yes <input type="checkbox"/> No

Input Sheet

(page 2 of 2)

This form accompanies your child into their room to assist the staff who will be working with your child.

(Children 0 to 3 years)				
Does your child have any of the following?				
Bottle	<input type="checkbox"/> Yes <input type="checkbox"/> No		Needs help to feed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cup/Glass	<input type="checkbox"/> Yes <input type="checkbox"/> No		Feeds him/her self	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training Cup	<input type="checkbox"/> Yes <input type="checkbox"/> No		Puree Vegetables	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formula	<input type="checkbox"/> Yes <input type="checkbox"/> No		MashedVegetables	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cows Milk	<input type="checkbox"/> Yes <input type="checkbox"/> No		Finger Food	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solids	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do they have a comforter for sleeping? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Sleep Patterns	Cot <input type="checkbox"/> Bed	How often?	How Long?	
Any other information you can give us about your child's sleeping habits?				
Does your child have their bottle? <input type="checkbox"/> cold <input type="checkbox"/> warm <input type="checkbox"/> hot				
Can staff apply zinc and castor cream to your child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is your child Toilet Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No If no where are they at?				

(Children 3 to 5 years)
Is your child Toilet Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No If no where are they at?
Does your child have a sleep/rest at home?
Are you considering sending your child to school at the start of 2012?