



Silverdale Child Care

Provider no: 407-293-731T

**CONFIDENTIAL ENROLMENT FORM**

**CHILD'S FULL NAME:** ..... **SEX:** Male / Female

**DATE OF BIRTH:** ..... **COUNTRY OF BIRTH:** .....

**ABORIGINAL DESCENT**  **OR TORRES STRAIT ISLANDER DESCENT**

**ADDRESS:** .....

**TELEPHONE:** ( ) .....

**NUMBER DAYS REQUIRED:**.....

**PREFERRED DAYS:** (Please circle) **MON TUES WED THURS FRI**

**DESIRED COMMENCEMENT DATE:** .....

**CENTRELINK DETAILS:** **PARENT CRN NO.:**.....

**CHILD CRN NO.:**.....

Are you transferring from another centre? **YES / NO**

If **YES**, does your child/children have any recorded absences? **YES / NO** Amount:.....

**PARENTS**

**FATHERS FULL NAME:** ..... **OCCUPATION:**.....

**HOME ADDRESS:** ..... **PHONE:**.....

**NAME & ADDRESS OF WORK:**.....

**WORK PHONE:**..... **MOBILE:**.....

**EMAIL:** .....

**MOTHER'S FULL NAME:**..... **OCCUPATION:**.....

**HOME ADDRESS:**..... **PHONE:**.....

**NAME & ADDRESS OF WORK:** .....

**WORK PHONE:**..... **MOBILE:**.....

**EMAIL:** .....

**FULL NAME OF GUARDIAN / CUSTODIAN (If applicable):**.....

**MOTHER'S COUNTRY OF BIRTH:** ..... **DOB:** .....(Facsia Requirement)

**FATHER'S COUNTRY OF BIRTH:** ..... **DOB:** .....(Facsia Requirement)

**HOME LANGUAGE:**..... **OTHER LANGUAGES:**.....

**RELIGION:** .....

**OTHER NAMES PARENTS KNOWN BY:** .....

**FAMILY**

**NAMES OF SIBLINGS AND AGES:**.....

**NAMES OF PEOPLE IN THE HOME AND RELATIONSHIP TO THE CHILD:**.....

## Emergency Contact Person 1

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

*There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.*

Name of Individual:

Relationship to Child:

Address:

Telephone:

(H):

(W):

(M)

### Medical Authorisation for Child: Emergency Contact Person 1

Parent 1: Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the Child in the event that you cannot be contacted? (Please Circle)

Parent 1: Yes/No

Signature:

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Parent 2: Yes/No

Signature:

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Parent 3: Yes/No

Signature:

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### Authorisation to take Child outside of service: Emergency Contact Person 1

Parent 1: Can this person be contacted to give consent for the Child to be taken outside the service's premises in the event that you cannot be contacted? (Please Circle)

Parent 1: Yes/No

Signature:

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Parent 2: Yes/No

Signature:

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Parent 3: Yes/No

Signature:

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## Emergency Contact Person 2

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

*There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.*

Name of Individual:

Relationship to Child:

Address:

Telephone:

(H):

(W):

(M)

### Medical Authorisation for Child: Emergency Contact Person 2

Parent 1: Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the Child in the event that you cannot be contacted? (Please Circle)

Parent 1: Yes/No

Signature:

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Parent 2: Yes/No

Signature:

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Parent 3: Yes/No

Signature:

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### Authorisation to take Child outside of service: Emergency Contact Person 2

Parent 1: Can this person be contacted to give consent for the Child to be taken outside the service's premises in the event that you cannot be contacted? (Please Circle)

Parent 1: Yes/No

Signature:

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Parent 2: Yes/No

Signature:

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Parent 3: Yes/No

Signature:

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### Emergency Contact Person 3

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

*There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.*

Name of Individual:

Relationship to Child:

Address:

Telephone:

(H):

(W):

(M)

### Medical Authorisation for Child: Emergency Contact Person 3

Parent 1: Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the Child in the event that you cannot be contacted? (Please Circle)

Parent 1: Yes/No

Signature:

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Parent 2: Yes/No

Signature:

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Parent 3: Yes/No

Signature:

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### Authorisation to take Child outside of service: Emergency Contact Person 3

Parent 1: Can this person be contacted to give consent for the Child to be taken outside the service's premises in the event that you cannot be contacted? (Please Circle)

Parent 1: Yes/No

Signature:

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Parent 2: Yes/No

Signature:

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Parent 3: Yes/No

Signature:

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# HEALTH & MEDICAL

CHILD'S DOCTOR:..... TELEPHONE:.....

ADDRESS:.....

DISABILITIES OR HEALTH CONDITIONS KNOWN:.....

CHILD'S PAST MEDICAL HISTORY OR ILLNESS:.....

HOSPITALISATION:.....

ACCIDENTS:.....

MEDICATIONS:.....

ALLERGIES (to food e.g.: peanuts, or sunscreen, medications or animals):.....

MEDICARE NO.:.....

To the Director:

I,.....

Of (address).....

Being the parent/guardian or custodian of (child's name).....

Who is a student at Silverdale Child Care Centre, do hereby authorise the Director or Nominated Supervisor to seek and provide medical, hospital, dental and/or ambulance services as she shall deem fit and the said Director or Nominated Supervisor may authorise such medical, hospital and dental treatment as she may deem for (child's name)..... If he/she should suffer any illnesses or injury whilst at the premises of the said child care centre or in the care of it's employees and servants.

Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact.

Educators will notify the child's parents and/or emergency services as soon as possible (*Education and Care Services National Regulations, Part 4.2, Regulation 94*). I also authorise the emergency administrating of paracetamol to the said child (child's name)..... if his/her temperature rises above normal limits whilst at the said child care centre.

PRINT NAME:..... DATE:.....

SIGN NAME:.....

You will always be informed in advance of any outings and will be asked to sign a permission slip before your child is taken on an excursion outside the centre.

## MEETING CHILDREN'S INDIVIDUAL NEEDS

### Family Cultural Considerations

### Family Religious Considerations

### Child's dietary Considerations

### Special/Additional Needs Considerations

### Special Family Circumstances

*E.g. Are there any special family circumstances that we should know about that will assist us with the care and education of your child?*

**PLEASE PRESENT COPY OF BIRTH CERTIFICATE AND  
MEDICARE STATEMENT OF IMMUNISATION**





## CHILDREN'S HEALTH AND SAFETY

Please make yourself aware of our policies which are located in the foyer in a folder.

No one is happy when their child catches a bacterial or viral infection from child care, so it is in everyone's best interest to keep sick and contagious children at home and follow the following basic precautions.

The centre does not have separate facilities for the care of sick children. Parents are asked not to send sick children to the centre. More importantly, staff/child ratios prevent staff from providing the degree of individual care and comfort that an unwell child deserves. Staff will ask you to collect your child if it is felt that they are 'physically unwell'. This includes displaying symptoms of fever, mucous discharge from nose or ears, rashes and/or general lethargy.

### Please Do Not Send Your Child If He/She Has:

**Diarrhoea** - A child who has an acute period of watery stools should be kept home and not return to the centre until he/she has been free of diarrhoea for 24 hours. If, however your child has an allergy or condition which regularly causes diarrhoea, please inform staff at the time of enrolment.

**Vomiting** - A child who is vomiting should be kept home until vomiting has stopped for 24 hours.

Micro-organisms that cause vomiting and diarrhoea are highly contagious and will spread quickly throughout the centre.

**Fever** - A child with a fever of more than 38°C should be kept home as this indicates that the child is unwell. It is advised that the child should have a normal temperature for 24 hours and his/her activity level and appetite have returned to normal before returning to the Centre.

**Unexplained Rash** - A child with unexplained rash needs to be seen by a Doctor to diagnose the cause of the rash. If the rash is not contagious the child will be allowed to return to the centre on presentation of a medical certificate.

**Chicken Pox** - A child with chicken pox should be excluded until fully recovered or for at least five days after the eruption first appears - a clearance certificate from the Doctor is required before recommencement to the centre.

**Conjunctivitis** - A child should be excluded until discharge from eyes has ceased, usually 48 hours after commencing prescribed eye drops (please note that over the counter drops are not as effective in treating the symptoms of conjunctivitis).

**Hand, Foot and Mouth Disease** - A child should be excluded until all blisters have dried - a clearance certificate from the Doctor is required before recommencement to the centre.

**Head Lice** - If a child has live head lice present, they are to be excluded from the Centre until treatment has commenced and all live lice and eggs have been removed (the most important part of the treatment is the removal of eggs with a comb; -treatment alone does not remove the lice and eggs).

Source: NHMRC (The National Health and Medical Research Council) 'Staying Healthy in Childcare' - Dept of Health and Family Services.

### ASTHMA, ANAPHYLAXIS & DIABETES

If a child suffers from asthma, anaphylaxis or diabetes, upon enrolment, parents must supply the Centre with a '**Medical Conditions Action Plan**' from the child's doctor. Details required must include symptoms and signs, triggers, name of medication, how to administer medication and an emergency action plan.

Any medications such as pumps, inhalers, insulin or epipens etc., should be clearly labelled with the child's name. This medication can either be kept at the Centre or brought in each day your child attends and handed to staff.

### 24 HOUR EXCLUSION POLICY.

Where medication has been prescribed to a child, the child must not attend the centre for 24 hours.

This is a precaution against a reaction to the medicine and to minimise the spread of infection.

**IMMUNISATIONS**

We are required by law to keep updated immunisation details of all children. Parents can log on to Medicare online services website, and print a copy of the ACIR Immunisation History Statement at: [www.humanservices.gov.au/customer/subjects/medicare\\_services](http://www.humanservices.gov.au/customer/subjects/medicare_services)

**MEDICATIONS**

To protect your child from incorrect administration of medications, strict policies have been developed. Children may only be given medications at the centre if:

1. The medication was prescribed by a medical practitioner and is in the original container labelled by the pharmacy, with the child's name, the dosage and within the use-by date.
2. Parents complete and sign the Medication Form authorising staff to administer the medication. Medications will not be given if parents fail to complete the medication form.
3. Over the counter type medications (e.g. Dimetapp) will only be given when a medical practitioner prescribed it and it is in the original container labelled by the pharmacy, with the child's name, the dosage and within the use-by date.
4. Medications must be stored in the locked area within the kitchen. Please see a staff member to assist you if need be. **NO MEDICATIONS ARE TO BE LEFT IN YOUR CHILD'S BAG.**

**PANADOL POLICY**

To guard against the over use of panadol, minimise the risk of spreading viruses, and minimise the risk of masking the underlying reasons behind high temperatures, the following panadol policy will be strictly enforced:

Staff will only administer panadol (paracetamol) if it is accompanied by a doctor's letter prescribing the name of the child it is to be administered to, the reason for administering, the dosage and length of time (date and days) it is to be administered for.

If a child presents with a fever at the Centre, we will notify the parents immediately and ask them to organise collection of the child, and encourage them to visit a doctor to find the cause of the temperature.

While waiting for the child to be collected, staff will follow the following steps in first aid to help treat the fever:

- \* some of the child's clothing will be removed to cool them down
- \* Plenty of fluids will be offered to the child
- \* the child will be rested and encouraged to lay down
- \* a cool face washer will be applied to the forehead
- \* the child's temperature and general well-being will be monitored

.....  
To the Director:

I ,.....

Of (address).....

Being the parent/guardian or custodian of (child's name).....

Who is a student at Silverdale Child Care Centre, understand the above precautions are necessary to help prevent the spread of viruses and diseases at the centre. I hereby state that I will adhere to the above recommendations which are in the best interest of my child, the other children and staff at the centre.

PRINT NAME:..... DATE:.....

SIGN NAME:.....



## COURT ORDERS RELATING TO THE CHILD

1) Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? No  Yes

If yes, please provide all relevant documentation and paperwork

2) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? No  Yes

If yes, please provide all relevant documentation and paperwork.

**Please note that without this documentation we cannot legally enforce the Order/s.**

## PHOTOGRAPHS

I \_\_\_\_\_  give OR  do not give permission for the centre to use photographs of my child \_\_\_\_\_ in the centre website, private/closed Facebook Group, newsletters, newspaper articles or promotional material (e.g. advertising flyer).

Signed \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

Word of Mouth       Yellow Pages       Brochure in mail  
 Ad in Newspaper       Internet       Other .....

## EXCURSION PERMISSION TO VISIT PADDOCK AT REAR OF CENTRE

I \_\_\_\_\_  give OR  do not give permission for my child \_\_\_\_\_ to leave the licensed premises to visit the vegetable garden, worm farm, chickens or go for a picnic at the parcel of centre owned land beside the building.

Signed: \_\_\_\_\_

## OFFICE ADMINISTRATION ONLY

I ..... (Director or Certified Supervisor)  
has sighted .....(child's name) birth certificate and declare the child's date of birth and place of birth to be the same as written on the enrolment form.

Signed,

.....

- Has the family paid the Enrolment Fee? YES / NO
- Has the complimentary T-Shirt or Hat has been given to family? YES / NO

# Declaration

I, \_\_\_\_\_ and \_\_\_\_\_,  
(print full name of all parents)

**As a person who has lawful authority of the child referred to in this enrolment form for SILVERDALE CHILD CARE CENTRE:**

- **Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the service in the event of any change to this information.**
- **Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.**
- **Consent to the educator's at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.**
- **Declare that I have read and understood the policies of SILVERDALE CHILD CARE CENTRE and will abide by those policies**
- **Consent to the educators administering medication if so requested by me or those I have nominated to do so on my behalf.**
- **I acknowledge that fees are due on the first day of my child's attendance for the week. Should I wish to make block payments I will pay them in advance, not in arrears. I understand the two week holding deposit is only refunded to fees once two weeks written notice of intended termination is received. I understand statements are supplied to me at least monthly or with every payment received. I expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by SILVERDALE CHILD CARE CENTRE as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment specified in this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.**
- **I have read and understood the terms and conditions of our 'family handbook' which I was issued with at enrolment.**
- **I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form.**
- **I agree that the Child's place at the service is subject to the Priority of Access scheme as outlined by the Child Care Management System.**
- **I agree to the Child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.**
- **I agree that I will assist with my child's learning and the service's documentation methods by completing Family Input documentation.**

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(Signatures of all parents)

Date: \_\_\_\_\_

Confidential

SILVERDALE CHILD CARE CENTRE  
131 Taylors Road  
Silverdale

CHILD / FAMILY INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

People in the home - their relationship to the child.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Languages spoken:

1. \_\_\_\_\_
2. \_\_\_\_\_

Medical history (any difficulties):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Interests:- Favourite things to do.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Does your child have additional needs? Yes / No

Please specify: \_\_\_\_\_  
\_\_\_\_\_

Sleeping Habits:

Does your child sleep during the day? Yes / No  
If yes for how long? \_\_\_\_\_  
How is s/he put to sleep? \_\_\_\_\_  
Does s/he sleep in a special position? \_\_\_\_\_

Social Interaction:

Does your child spend time with carers other than  
his/her parents? Yes / No  
If yes how do they react when left? \_\_\_\_\_

Does s/he take a special comforter to bed? \_\_\_\_\_

Does your child frequently spend time with other  
children? Yes / No

If yes how do they interact? \_\_\_\_\_  
\_\_\_\_\_

Emotions:

How do you settle your child when they become  
distressed? \_\_\_\_\_

Behaviour:

Does your child have behavioural problems? Yes / No

Please specify: \_\_\_\_\_

Does s/he have any fears / phobias? Yes / No  
Please specify: \_\_\_\_\_

What strategies are used to discipline your child?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Eating habits:

What does your child like to eat?  
\_\_\_\_\_  
\_\_\_\_\_

Additional information

Does the family have any traditions, customs or religious  
beliefs we need to respect? \_\_\_\_\_

Where does your child eat most of his/her meals?  
\_\_\_\_\_

Do any family members have skills or interests they could  
share with us at the Centre? ( musician, dancer, police-officer)

Does the family eat their evening meal together?  
\_\_\_\_\_

Are there any foods your child refuses to eat?  
\_\_\_\_\_  
\_\_\_\_\_



## 0-2 years Baby Survey for Parents

Because all babies are different, please tell us as much as you can about your baby so we can best cater to his/her needs. Our goal is to ensure their routines here are similar to that at home.

1. How does your baby like their bottle temperature?

- Warmed up
- Room Temperature
- Cold

2. Where does your baby usually drink their bottle?

- In someone's arms
- On the floor
- Other: \_\_\_\_\_

3. How does your baby usually go to sleep?

- Wrapped
- Patted
- Rocked
- Left alone

4. What does your child refuse to eat?

\_\_\_\_\_

5. Tell us about your baby's eat/ sleep routine and times

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Does your baby have any special comforters like a dummy or blankie?

\_\_\_\_\_

7. Is there anything else we should know about your baby?

\_\_\_\_\_

\_\_\_\_\_

Thank you





## Complying Written Arrangement for Child Care Subsidy

Dear families, please confirm acceptance of the following items so that our Service can receive Child Care funding on your behalf and reduce your fees.

### Parties to the Agreement

Between	Insert Parent Guardian first name, last name and address
And	Silverdale Child Care Centre ABN 86 119 545 238
For the Care of	Insert child first name, last name, DOB and start date
By	Silverdale Child Care Centre 131 Taylors Road, Silverdale NSW 2752 PH: 0247742520 E: kasie@silverdaleccc.com.au

### Routine/ongoing care

Day	Care Required	Approximate Session start	Approximate Session end	Fee	Unit
Monday	yes/no	: am	: pm	refer fee schedule	Session
Tuesday	yes/no	: am	: pm	refer fee schedule	Session
Wednesday	yes/no	: am	: pm	refer fee schedule	Session
Thursday	yes/no	: am	: pm	refer fee schedule	Session
Friday	yes/no	: am	: pm	refer fee schedule	Session

### Casual/flexible care

Day	Fee	Unit
Any	refer fee schedule	Session

I confirm:

- the details I have provided above are true and correct
- I have agreed to the days of care and the start and end times of these sessions
- care may be provided on a casual or flexible basis where available at the Service in addition to routine care and
- I am liable to pay fees for my child's care as indicated above and in line with other information the Service makes available to me (such as a Fee Schedule) which are subject to change over time based on advice from the Provider.

\_\_\_\_\_  
Parent/Guardian Signature

Date / /