

Marconi Early Learning Centre

Marconi Plaza, BOSSLEY PARK NSW 2176

Ph: 02 9822 3322 Fax: 02 98223393

CRN --

Child Enrolment Form:								
Given names:				Last name:				
Any other names by which the child is known and any former names of the child:								
Address: (if different to Parent 1)								
Date of birth:			Place of birth:			Sex: M/F		
Intended start date:				Language spoken:				
Ethnicity:				Religion:				
Court orders, sighted & signed by JP (if any):								
Copy on file: Yes / No								
Days/times required:								
		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Arrival time:								
Departure time:								
Is this child attending another centre in the same week? Yes / No Please advise number of hours at other centre:								
If yes, do you wish to claim maximum CCB hours at this centre if your child exceeds their CCB limit? Yes / No								
Type of care required, eg. Long Day, Before & After etc.								
Birth Certificate Sighted								
Health:								
Has your child been immunised: (please circle) Yes / No Please provide evidence e.g. (blue book)								
Child's present health status:								
Does your child: (please provide details)								
• have allergic reactions e.g. food, medicine, grass, bees, face paint etc?								
• have any behaviour difficulties we should know about?								
• regularly visit a specialist e.g. speech, etc?								
• have any special medical condition?								
• take any regular medication?								
General needs:								
Does your child participate in festivals/celebrations? Yes / No								
If no, please provide information concerning the child's religion and cultural background and any practice that is to be observed at the service in respect of the child because of that religion or background.								
Are there any words we need to know in any language to help make your child's day smoother?								
Does your child have any special comforter:								
Fears e.g. Mowers, plug holes, thunder etc:								
Any other special needs:								

Date:	Signed:	Witness:
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Eating:
Special dietary needs e.g. vegetarian, religious beliefs etc:
Favourite foods:
Dislikes:
Permission:

I give permission for:

Date:	Signed:	Witness:
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Routines

Can your child manage to go to the toilet without help? Yes / No

If presently toilet training at what stage?.....

Does your child wet the bed? Yes / No

Does your child have any special words for toileting?.....

What time does your child go to sleep at night?

What time does your child wake up in the morning?

Does your child have a sleep during the day?

Does your child take a special toy to bed? Yes / No (please specify)

2-3 Year olds

Is a bottle required? Yes / No If Yes, given Warmed / Cold

Information about your child

Has your child attended preschool / long day care before? Yes / No

If so, which

Has your child been left with other people? Yes / No

If so, when, with whom and for how long?

What techniques best settle your child?

How does your child respond to new situations?

Does your child have any particular fears?

What activities does your child like to participate in?

Are there any words that we need to know that have special meaning for your child, please translate?

What are your expectations of this centre for your child?

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Any other information you think we should know?

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Agreement

1. I do / do not give the staff of Marconi Early Learning Centre permission to administer the correct dosage of panadol in the event of my child having a temperature over 38. C. Staff will only administer the Panadol after all attempts have been made to lower the temperature. Parents will be notified about the child's condition.
2. In the interests of health and safety of my child I hereby give permission for the staff to apply sunscreen. I agree to staff treating my child for minor accidents in a manner considered appropriate.
3. I understand that I must pay a refundable two week bond consisting of the full fee rate.
4. I understand that TWO WEEKS WRITTEN notice must be given prior to withdrawing my child from this centre, otherwise two weeks full fees will be accounted to me.
5. I understand that it is expected that I will keep my child at home in case of a heavy cold or other contagious illness as according to the Marconi Early Learning Centre policy booklet. In the event of my child having an infectious disease, I understand that it is necessary for my child to be excluded from the centre for the period recommended by the Health Commission and a letter will be required from a doctor stating that my child is fit to return to the centre. I understand that I must supply the centre with my child's birth certificate and immunisation records and keep these records up to date. I understand that the Director may contact me at such time that she considers my child too ill to participate in the program of activities, and I will promptly collect my child.
6. I hereby authorise the Director to seek and provide any emergency medical, hospital, Dental and or Ambulance services as the Director sees fit should my child suffer any illness or injury whilst at the centre. I realise that all possible attempts will be made to contact parents or emergency contacts as soon as possible of any action being taken, but the Director will act in the best interest of the child in cases of emergency.
7. The staff of the centre may take my child on walking trips or excursions away from the centre. Prior notice and permission will be given at such times.
8. I understand that if my work status changes I must inform the centre. Care may need to be changed to fit Government Regulations in regard to priority of access and Childcare Assistance requirements.
9. I give permission for my child to be photographed participating in centre events and for these photos to be displayed within the centre. I give permission for my child's photo to be used in group situations which may be displayed in other children's portfolio.
10. I have read the above agreement and centre information booklet and am prepared to accept these conditions.

Child's Name..... Parent's/ Guardian's Signature

Staff Witness Signature (print & Sign): Date: / ... /