

Sue's Childcare Castlevale
Enrolment Form

Child's Details

Surname _____

Given Names _____

Address _____

Suburb _____ Postcode _____

Telephone _____ Date of Birth _____

Sex Male Female Date of Commencement / /

Please circle days of attendance Monday Tuesday Wednesday Thursday Friday

Parents Details

Mother

Father

Surname _____ _____

Given Names _____ _____

Address _____ _____

Suburb _____ _____

Postcode _____ _____

Home Phone _____ _____

Occupation _____ _____

Work Address _____ _____

Suburb _____ _____

Work Phone _____ _____

Work Days _____ _____

Work Hours _____ _____

Mobile Phone _____ _____

Email Address _____ _____

Person Claiming CRN and DOB _____

Child's CRN _____

I certify that the information given in this form is correct and agree to tell staff members immediately should there be any changes to this form. I further agree to abide by the conditions of enrolment as detailed in Sue's Childcare Castlevale Centre Information and Policy Book.

Signed _____ _____

Mother/Guardian

Father/Guardian

Family Details

Ethnicity _____ Country of Birth _____

Language/s spoken at home _____

Siblings Name _____ Date of Birth _____

- 1. _____ / /
- 2. _____ / /
- 3. _____ / /
- 4. _____ / /

Important Cultural/Religious Beliefs

Written Authorisation for Panadol

I, _____ give permission for my child
_____ to be administered

1 dose of Panadol Elixir in accordance with the manufacturer’s instructions for age and weight of child by Sue’s Childcare Castlevale Staff, when their temperature reaches 38 degrees and above.

Sue’s Childcare Staff must ring the Parent/Authorised person first before administering the medication. If we cannot reach the parent, staff have permission to give required amount of Panadol to child.

Signed _____

Mother/Guardian

Father/Guardian

Date / /

Emergency Contact

In my absence, I hereby give permission for my child to be collected from or returned to Sue's Childcare Castlevale by either of the following persons:

	Person 1	Person 2
Surname	_____	_____
Given Names	_____	_____
Address	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Mobile	_____	_____
Signed	_____	_____
	Mother/Guardian	Father/Guardian

Authority to Collect

In my absence, I hereby give permission for my child to be collected from or returned to Sue's Childcare Castlevale by either of the following persons, who shall identify themselves. I shall advise the centre whenever my child has to be collected by a person other than a parent.

	Person 1	Person 2
Surname	_____	_____
Given Names	_____	_____
Address	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Mobile	_____	_____
Signed	_____	_____
	Mother/Guardian	Father/Guardian

Custodial Order

Date of Issue / / Certificate sighted by _____

Custodian _____

Address _____

Suburb _____ Postcode _____

Home Phone _____ Work phone _____

Mobile _____

Person/s NOT to collect

Full Name _____ Full Name _____

Full Name _____ Full Name _____

Permission to be filmed by Channel 9

Channel 9 is situated up the street from Sue's Childcare Castlevale and they often call and ask if they can film the children for their news and current affair programs. It is mostly the children playing or running through the background of the shot. Your signature is your consent for your child to be filmed.

Please circle one option

I DO / DO NOT give permission for my child to be filmed by Channel 9

Child's Name _____

Signed _____

Mother/Guardian

Father/Guardian

Sue's Childcare Castlevale

Medical History

Medical Authorisation

Should my child suffer any illness or injury while in the care of Sue's Childcare Castlevale, the staff shall be entitled to seek and provide medical, dental, hospital, ambulance and/or other such services as deemed necessary for my child. I shall accept responsibility for any costs involved in such treatments.

Signed _____

Mother/Guardian

Father/Guardian

Family Physician

Child's Paediatrician

Name _____

Address _____

Suburb _____

Work Phone _____

Has your child had, or is suffering any of the following: (please circle)

- | | | |
|-----------------|---------------------------|--------------------|
| Aids | Epilepsy | Mumps |
| Asthma | Eczema | Muscular Dystrophy |
| Autism | Glandular Fever | Perry Ketonuria |
| Chicken Pox | Impetigo | Temper Tantrums |
| Convulsions | Leukaemia | Tonsillitis |
| Croup | Measles | Rheumatic Fever |
| Cystic Fibrosis | Meningitis | Rubella |
| Diabetes | Middle Ear Disease | Whooping Cough |
| Diphtheria | Minimal Brain Dysfunction | |

Speech Defects:

Vision Defects:

Allergies:

Dietary Restrictions:

Known Medical/Behavioural Problems:

Immunisation Details

*******PLEASE PROVIDE COPY OF IMMUNISATION FORM FOR OUR FILES*******

If not immunised, please give reasons:

Birth Certificate

*******PLEASE PROVIDE COPY OF BIRTH CERTIFICATE FOR OUR FILES*******

Deposit Information

A four week deposit will need to be paid in order to secure your child’s position at Sue’s Childcare Castlevale. The deposit is refunded when your child is withdrawn from the centre, as long as four weeks notice of withdrawal is given to the centre.

Name of Child _____

Deposit Amount _____

Payment Method _____

Date Received _____

Staff Signature _____

Parent Signature _____

Date Refunded _____

Refund Method _____

Parent Signature _____

Staff Signature _____

I certify that by affixing my signature to each section of this page, I understand and agree to each of the following:

Permission for Observations

I consent to my child being the subject of observations by the carers at Sue's Childcare Castlevale

Signed

Mother/Guardian

Father/Guardian

Physical Wellbeing

I consent to Sue's Childcare Castlevale staff applying SPF 30+ Broad Spectrum Sunscreen to all unprotected areas of skin on my child, as they feel necessary.

I consent to first aid being administered by staff at Sue's Childcare Castlevale, who holds a current first aid certificates. **At the centre we have fabric and plastic band aids, savlon antiseptic cream, sorbolene cream and stingose.**

I understand and accept that Sue's Childcare Castlevale staff members can only administer prescription medication to my child that has been authorised by one or both of the parents and a qualified registered medical practitioner, and details which have been accurately recorded in the Medication Book. (Name, Date, Time, Dosage and Reason in accordance with the details and instructions on the bottle)

I understand my child can only leave the centre on an excursion with my written permission.

Is your child allergic to any of our first aid applications that we may use?

Signed

Mother/Guardian

Father/Guardian

Fees

I accept responsibility for the payment of all fees incurred by my child whilst enrolled at Sue's Childcare Castlevale. I understand and accept that fees must be paid before the 15th of each month. I understand and accept that fees must be paid for any days which my child is enrolled, regardless of absence. I accept that if my child is sick or on holidays, the day still needs to be paid for and I am only allowed to make up public holidays.

Signed

Mother/Guardian

Father/Guardian

Late Fees

I understand that if I am late to collect my child there is a fee of \$15 per 5 minutes. I will call staff to let them know if I am late.

Signed

Mother/Guardian

Father/Guardian

Security of Enrolment

I understand and agree that Sue’s Childcare Castlevale shall have absolute discretion in terminating my child’s enrolment should there be any unexplained period of absence of more than two weeks or regular failure to pay fees on time. I agree to notify Sue’s Childcare Castlevale if my child is to be absent from the centre. A minimum of four weeks notification of intention of termination must be given or deposit will be forfeited.

Signed

Mother/Guardian

Father/Guardian

Exclusion of Child

I understand and accept that should the carers at Sue’s Childcare Castlevale consider my child contagious or too ill to attend the centre, that this decision be regarded as final and my child will be collected promptly from the centre.

I understand and accept that should my child have a contagious illness, I will not return my child to the centre until the duration of the clearance period and if requested a medical certificate will be given to staff by a qualified and registered medical practitioner.

I understand and accept that should my child not be immunised and there is an outbreak in the centre of an infectious disease against which children can be vaccinated, that my child can be excluded from attendance by order of the New South Wales Department of Health.

I understand that I cannot use a sick day as a make up day, if my child is sick, I must still pay for the day.

Signed

Mother/Guardian

Father/Guardian

Sue's Childcare Castlevale

To meet the needs of your child this year, we ask you to complete the following

Child's Name: _____

Date of Birth: _____

Goals for your child this year: (what you would like your child to achieve this year)

Other comments or suggestions:

Thank you

Sue's Childcare Castlevale
Curriculum and Media Photo Permission Form

Child's Name: _____

Children love to see photos of themselves and their friends. We sometimes use photos to record our projects, as part of games, and as labels around the classroom. We also send photographs home with parents in children's portfolios. Please indicate if you give permission for your child's photo to be taken for classroom use, displayed on walls, displayed on electronic photo display, newsletters and in other children's portfolios when playing in a group.

YES / NO I do give permission for my child to be photographed and photo used in the centre

YES / NO Child's photo can be used in other children's portfolios

YES / NO My child's photo can be used in centre's newsletter

We are on Facebook! Our Facebook page will be used to share news, reminders and information about your child's program as well as for advertising. Please let me know if I have permission to include your child's photo on this site.

YES / NO I do give permission for my child's photo to be on Facebook

YES / NO You give permission for your child's first name to be used

Signed _____

Mother/Guardian

Father/Guardian

Date

/ /

/ /

Please refer to our social media policy with any queries.