

ALL MAIL:

**LEVEL 2, CENTREPOINT SHOPPING CENTRE
374 PEEL STREET
TAMWORTH NSW 2340**



PHONE: 6766 2888

EMAIL: centrepoinccc@bigpond.com

CENTREPOINT CHILDCARE CENTRE

LEVEL 2, CENTREPOINT TAMWORTH SHOPPING CENTRE

"IN THE CENTRE OF THE TAMWORTH C.B.D."

Date

Parents Name Male Female

Address.....

..... Postcode.....

Email:.....

Childs Name Boy Girl

Centrelink Reference No

Date of Birth...../...../.....

Place of Birth

Date of Commencement...../...../.....

Attendance Pattern: Please tick appropriate day/s required.

Monday Tuesday Wednesday Thursday Friday

Arrival time: _____ Departure time: _____

	Father	Mother
Parents Names		
Centrelink Reference No.		
Date of Birth		
Parents Addresses		
Parents Phone Work Mobile Home		
Do your religious beliefs require special considerations? If so what, ie, dietary		
Ethnicity		
Parents Country of Birth		
If not born in Australia, how long in Australia		
Languages spoken between parents at home		
Languages spoken with child		
Employment (including home worker)		

Names of emergency contact in case parents cannot be reached:

Name..... Phone.....

Name..... Phone.....

Person other than parents authorised to collect your child:

Name		
Address		
Phone		
Relationship to child		

Child lives in a family situation with adults such as: (Please tick the one that applies)

- Two natural parents
- Mother only Please provide us with details of any
- Father only court orders that apply to the child
- Natural mother and father figure
- Natural father and mother figure
-

Child lives in a family with (number) other children

On occasions (number) children become part of the family.

Children in order of birth

(Please mark with an asterisk * those who become part of the family occasionally.)

Name	Sex	Age

Are there any other people with whom the child has close regular contact whom it would be important for us to know about?

Name..... Phone.....

HEALTH

As of January 1994 all children entering a long day care centre must provide an up to date "Child Immunisation Record".

A copy of the "Child Immunisation Record" **MUST** be attached to this enrolment form. Not doing so means your enrolment can not be accepted. Your child's enrolment cannot be accepted if we do not receive the "Child Immunisation Record".

Is your child at present under medical treatment? YES NO

If yes, for what?.....
.....

Has your child ever experienced any language or speech difficulties, physical problems or other health related difficulties? YES NO

If yes, for what?.....
.....

Is there anything in particular about your child that you feel we should know (eg, allergies, disabilities, food tolerance etc)? YES NO

.....
.....

Has your child ever experienced asthma? YES NO

If yes, please provide details of asthma plan.....
.....

Has your child ever experienced a seizure / convulsions? YES NO

If yes, please provide details
.....

Has your child ever experienced any allergies? YES NO

If yes, please provide details
.....

Family doctor's name and address

Name.....

Address.....

..... Telephone.....

Medicare Number Reference

Are you in a private health fund? YES NO

If yes, which fund? Member No.....

Has your child ever had a serious illness or injury? YES NO

If yes please specify.....

Has your child had any operations? YES NO

If yes please specify.....

Has your child ever been hospitalised? YES NO

If yes please specify.....

SOCIAL DEVELOPMENT

	Poor	Fair	Good
General			
Appetite			
Pattern of sleep			

	Hours of Sleep
Night	
Lunch	
Day	

Comments.....

Can your child go to the toilet alone? YES NO

Does your child usually have a sleep or rest during the day? YES NO

Approximately what time of day?.....

Does your child have a nappy/dummy/bottle at sleep time?.....

Any special toy or object?.....

Does your child have special routines on being put to bed?.....

Any important language to use at this time?.....

Is there any food particular requirements at meal times, eg. does your child like to eat on the floor, with chopsticks, fingers etc?.....

Does your child feed her/him self at home? YES NO

Is there anything else you would like to tell us to help care for your child?

.....

.....

.....

.....

SOCIAL EXPERIENCE

Has your child experienced daily care other than within the family? YES NO

If yes, please indicate type:

- Childcare Centre YES NO
- Friends/sister/nanny YES NO
- Playgroup YES NO
- Relatives eg, Grandparents YES NO

How does your child react to

Being away from you.....

Other Adults.....

Other Children.....

Have there been any major changes in your family recently?

- New baby
- Moving house
- Separation of Parents
- Death in Family
- Parents marriage
- Other

PARENT / GUARDIAN CONTRIBUTIONS

Do you have any special talents, gift, or interests that you would like to contribute to the Centre's program?

Parents / guardians are welcome visitors in the Centre at all times and we would like you to participate in the programs. Suggestions and comments are always appreciated.

PLAY

How would you generally describe the child when playing at home?

- Independent (occupies and organises self)
- Dependent (relies on adult)
- Active (boisterous)
- Quiet

Accident and Emergency Procedures

In the event of an accident or illness requiring medical, hospital or dental treatment, and/or ambulance service, every effort will be made to contact the parents before such treatment or transport is sought. However, if this proves impossible, it will be necessary for authority to be given for the treatment or transport to be undertaken. Parents are asked to complete and sign the following:

I hereby give permission for the staff at Centrepoint Childcare Centre to seek emergency medical, hospital, dental treatment and / or ambulance for my child should this be deemed necessary.

Parent / guardian Signature: _____

Parent / guardian Name: _____ Date: _____

Permission to administer Panadol

I hereby give permission for staff at Centrepoint Childcare Centre to give Panadol according to the instructions, to my child on the bottle, in the circumstances where my child's temperature has risen above 38°C, and despite all efforts parents/guardians and emergency contact could not be reached.

Parent / guardian Signature: _____

Parent / guardian Name: _____ Date: _____

Permission to apply Sunscreen

I hereby give permission for staff at Centrepoint Childcare Centre to apply sunscreen supplied by the centre, to my child.

Parent / guardian Signature: _____

Parent / guardian Name: _____ Date: _____

Permission for Publicity

I hereby consent for my child's photograph being taken for purposes of use within Centrepoint Childcare Centre, and also for publicity to promote the Centre.

Parent / guardian Signature: _____

Parent / guardian Name: _____ Date: _____

CENTREPOINT CHILDCARE:

ACKNOWLEDGEMENT OF UNDERSTANDING PARENT INFORMATION KIT.

On reading our Parent Information we ask you to complete the form below which tells us you have **fully** read and understood our Parent Information and return this section with your COMPLETED enrolment form.

PLEASE SIGN THE FOLLOWING SECTION AND RETURN IT WITH YOUR FORMS.

(I acknowledge that I have read and understood the Parent Information)

Childs Name.....

Please Print Surname..... Date:.....

Parent/Guardian Name:.....

Parent/Guardian Signature:.....