

Mail:

10 Banfield Street
CHERMSIDE QLD
4023



Ph: (07) 363 05888
Fax: (07) 363 05888

ABN: 54 612 600 567

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		

Person other than parents authorised to consent to medical treatment, and authorise administration of medication:

Name		
Address		
Phone		
Relationship to child		

Person other than parents who is authorised to authorise an educator to take the child outside the premises of Kids World Chermside.

Name		
Address		
Phone		
Relationship to child		

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		Hours of Sleep
General				Night	
Appetite				Lunch	
Pattern of sleep				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 Kids World Chermside 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 Kids World Chermside 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 Kids World Chermside 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 Kids World Chermside, and also for publicity to promote the Centre.

Parent / guardian Signature: _____

Parent / guardian Name: _____

Date: _____

Debt Collection Agreement

I understand that if I have a debt at Kids World Chermside, they will put it in the hands of a debt collection agency (Marshall Freeman Collection Pty Ltd – ACN 104 876 995) in order to recover the outstanding account. I understand that all cost incurred by Kids World Chermside by the debt collection agency will be added to the account that is outstanding.

Parent / Guardian signature: _____

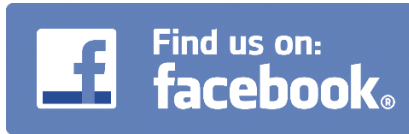
Parent / Guardian Name: _____ Date: _____

Acknowledgement of Understanding Parent Information Booklet

I have read and understood Kids World Chermside's Parent Information Booklet. I understand that the Parent Information Booklet will be updated as necessary and I will be informed of any changes.

Parent / Guardian Signature: _____

Parent / Guardian Name: _____ Date: _____



Dear Parents and Guardians,

You can find us by searching ‘Kids World Childcare Centre Chermshire’ and hitting the “like” button! We post regular photos of children, upcoming events, important news and share cool ideas from different Facebook pages!

Social media is a popular, ever growing and easy way to keep up with friends and family and now Kids World Chermshire. Although we are very excited about this, we understand that not everyone used it or finds it beneficial. Below is a consent form for you to fill out. We plan to regularly post pictures of the children participating in different activities while they are here at Kids World Chermshire, but only with your permission. We understand that you may have personal preferences for you and your child’s privacy, and we respect that. Please fill out this form completely so we may have an accurate record of your wishes. We look forward to having more communication with you and hope you find this useful.

Thank you,

Harry Johnston
Owner/ Manager
Kids World Chermshire

I, _____, give Kids World Chermshire permission to use my child’s photograph’s for the Kids World Chermshire’s Facebook page. I understand that if at any time I wish for my child’s photograph’s not be used, I must notify the Centre either through email, or by phone, at which point they well cease to post photographs of my child immediately.

_____ (Parent / Guardian Signature)

_____ (Parent / Guardian Name)

OR

I do **not** wish for photograph’s of my child to be used for the Kids World Chermshire’s Facebook page.

_____ (Parent / Guardian Signature)

_____ (Parent / Guardian Name)