

**Enrolment Form**

**Child Details**

Child’s first name: …………………………………………………………………………………………………………………………………………

Child’s surname: …………………………………………………………………………………………………………………………………………..

Date of birth: ……………………………………………………….. Male: Female:

Child CRN number: ……………………………………………….

Residential Address: …………………………………………………………………………………………………………………………….........

Is your child: Aboriginal: Torres Strait Islander: Both: Neither:

Days of care required/preferred:

Monday Tuesday Wednesday Thursday Friday

Preferred start date:…………………………………………………………………………………………………………………………………….

Birth certificate sighted: Yes No

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**Primary Contact Details**

**Primary Contact One**: …………………………………………………………………………………………………………………………..........

Relationship to child: ..…………………………………………………. Date of birth: ……………………………………………………….

Parent CRN number: ……………………………………………………

Residential address: ……………………………………………………………………………………………………………………………………..

Home Phone: ……………………………………………………….. Mobile: ……………………………………………………………………….

Work: …………………………………………………………………… Email: …………………………………………………………………………

Occupation: ………………………………………………………………………………………………………………………………………………….

Work address: ………………………………………………………………………………………………………………………………………………

Are you: Aboriginal: Torres Strait Islander: Both: Neither:

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**Primary Contact Two**: …………………………………………………………………………………………………………………………..........

Relationship to child: ..…………………………………………………. Date of birth: ……………………………………………………….

Parent CRN number: ……………………………………………………

Residential address: ……………………………………………………………………………………………………………………………………..

Home Phone: ……………………………………………………….. Mobile: ……………………………………………………………………….

Work: …………………………………………………………………… Email: …………………………………………………………………………

Occupation: ………………………………………………………………………………………………………………………………………………….

Work address: ………………………………………………………………………………………………………………………………………………

Are you: Aboriginal: Torres Strait Islander: Both: Neither:

**Medical Details**

Health Care Card Number: …………………………………………….. Expiry Date: ……………………………………………………….

Medicare Number: ………………………………………………………… Expiry Date: ……………………………………………………….

Private Health Cover: …………………………………………………….. Ambulance: ……………………………………………………….

Family Doctor: ……………………………………………………………….. Phone: ……………………………………………………………….

Address: ……………………………………………………………………………………………………………………………………………………….

Does your child have any illnesses/allergies or additional needs that we need to be aware of? If yes please detail. You may need to provide additional information: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Copy of up to date immunisation record provided: Yes No

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**Family History**

Marital status of parents: ……………………………………………………………………………………………………………………………..

Are there any court orders regarding custody: ……………………………………………………………………………………………..

**Note: Copies are required for our files to enable court orders to be enforced**

Number of children in family: …………………………………… Child’s position: ………………………………………………….

Please detail siblings: (Name, Date of Birth)

1: …………………………………………………………. 2: ………………………………………………………………

3: …………………………………………………………. 4: ………………………………………………………………

Primary language used at home: ………………………………………………………………………………………………………………….

Does your family require the use of an interpreter: ………………………………………………………………………………………

Family Religion: ……………………………………………………..

Does your family celebrate any special religious ceremonies or traditions we should be aware of, or you would like us to include in our program: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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**Additional Contacts**

**Additional Contact One**: …………………………………………………………………………………………………………………………......

Relationship to child: ..…………………………………………………. Date of birth: ……………………………………………………….

Residential address: ……………………………………………………………………………………………………………………………………..

Home Phone: ……………………………………………………….. Mobile: ……………………………………………………………………….

Work: …………………………………………………………………… Email: …………………………………………………………………………

Occupation: ………………………………………………………………………………………………………………………………………………….

Work address: ………………………………………………………………………………………………………………………………………………

Signature: ……………………………………………………………………………………………………………………………………………………..

Collection authority Medical authority Excursion authority Emergency contact

**Additional Contact Two**: ………………………………………………………………………………………………………………………….....

Relationship to child: ..…………………………………………………. Date of birth: ……………………………………………………….

Residential address: ……………………………………………………………………………………………………………………………………..

Home Phone: ……………………………………………………….. Mobile: ……………………………………………………………………….

Work: …………………………………………………………………… Email: …………………………………………………………………………

Occupation: ………………………………………………………………………………………………………………………………………………….

Work address: ………………………………………………………………………………………………………………………………………………

Signature: ……………………………………………………………………………………………………………………………………………………..

Collection authority Medical authority Excursion authority Emergency contact

**Additional Contact Three**: …………………………………………………………………………………………………………………………...

Relationship to child: ..…………………………………………………. Date of birth: ……………………………………………………….

Residential address: ……………………………………………………………………………………………………………………………………..

Home Phone: ……………………………………………………….. Mobile: ……………………………………………………………………….

Work: …………………………………………………………………… Email: …………………………………………………………………………

Occupation: ………………………………………………………………………………………………………………………………………………….

Work address: ………………………………………………………………………………………………………………………………………………

Signature: ……………………………………………………………………………………………………………………………………………………..

Collection authority Medical authority Excursion authority Emergency contact

**Additional Contact Four**: ………………………………………………………………………………………………………………………….....

Relationship to child: ..…………………………………………………. Date of birth: ……………………………………………………….

Residential address: ……………………………………………………………………………………………………………………………………..

Home Phone: ……………………………………………………….. Mobile: ……………………………………………………………………….

Work: …………………………………………………………………… Email: …………………………………………………………………………

Occupation: ………………………………………………………………………………………………………………………………………………….

Work address: ………………………………………………………………………………………………………………………………………………

Signature: ……………………………………………………………………………………………………………………………………………………..

Collection authority Medical authority Excursion authority Emergency contact

Please note: By authorising these people you agree to giving them permission to drop off and collect your child from the service, and authority in the case of an emergency where we are unable to contact parents first. Please consider carefully the authority given to each additional contact.

Collection authority: Permission to drop off and collect child from service

Medical authority: Permission to give consent to administer medication

Excursion authority: Permission to give consent for child to leave service to attend an excursion

Emergency contact: Permission to be contacted in the event of an emergency where staff have been unable to contact the parents.

I, ………………………………………………………….., understand the permissions I have given in authorising the above mentioned contacts in regards to my child ………………………………………………………

Signed: ……………………………………………………………………….. Date: …………………………………………………………………….

In the event of an emergency, I authorise staff at Bright Beginnings to seek emergency medical treatment for my child ………………………………………………………… should this be considered necessary and agree to meet all costs incurred by this treatment and/or transportation. I understand that every effort will be made to first contact the parents/guardians and emergency contacts.

Signed: ……………………………………………………………………….. Date: …………………………………………………………………….

If your child requires any medication while at the service including panadol, please ensure it is handed to a staff member, and that it is clearly labelled and in original container per our medication administration policy.

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**Child Information and Routines**

Does your child require a sleep through the day? Please provide details: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Does your child have any special comforters or toys: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Is your child breast fed: ………………………………………………………………………………………………………………………………..

Is your child on formula (must be provided by family): …………………………………………………………………………………

Is your child on cow’s milk: …………………………………………………………………………………………………………………………..

If bottle/breast fed, what is your child’s feeding pattern: ……………………………………………………………………………

Does your child drink from: Cup Sippy cup Bottle

Does your child feed themselves: ………………………………………………………………………………………………………………….

Does your child have any special dietary requirements: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

What are your child’s toileting requirements: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

What are your child’s favourite activities or songs: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

What are your child’s dislikes: ………………………………………………………………………………………………………………………

Does your child have any fears: …………………………………………………………………………………………………………………….

Has your child been in care before: ………………………………………………………………………………………………………………

Does your child have any allergy/medical requirements: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Is there any more information you would like to share with us that will allow us to make you and your child feel welcome in our environment: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Parent Contract and Authorisation**

I/we have read the parent handbook and agree to abide by the centre policies and procedures.

I/we understand and agree that fees are payable one week in advance in order to secure my child’s position.

I/we agree to providing two weeks written notice prior to cancelling or withdrawing my child from the centre, and agree to pay all outstanding amounts owing.

I/we agree to my child being photographed and displayed within the centre.

I/we give permission for my child to participate in community promotions and advertising eg photographs, newspapers, television.

I/we give permission to video my child, which may be used at parent events.

I/we give permission for staff to apply appropriate nappy creams and powders on my child if they are in nappies.

I/we give permission for sunscreen to be applied to my child for outdoor play.

I/we give permission for the centre to carry our any appropriate medical, dental or hospital treatment if required. I/we agree to take responsibility for any associated costs.

I/we agree to the centre contacting my emergency contacts in the event that I/we are unable to be contacted. I/we give the centre permission to seek medical assistance via ambulance if necessary, and to administer emergency medication if required.

I/we agree to having my child’s name and/or photo displayed on medical alert posters if required. My name and contact details may also be displayed as necessary.

I/we give permission for take my child outside the grounds of the centre in the event of a fire or emergency drill/evacuation.

I/we give permission for my child to be observed for the purpose of developing individual and group educational programs.

Parent Name: ………………………………………………………… Parent Name: …………………………………………………………….

Signature: ……………………………………………………………… Signature: …………………………………………………………………..

Date: …………………………………………………………………….. Date: …………………………………………………………………………..