



Enrolment Form

Today's date: ____/____/____

Child's Surname: _____ First Name: _____

Any previous names of the child: _____ Preferred Name: _____

Gender: Male Female Date of birth: ____/____/____ Age: ____yrs ____mths

Child's CRN Number: _____

Parent's Name _____ Parent CRN Number: _____

Date of Birth: ____/____/____

Any special words we should know to help make your child's day smoother (please translate if necessary)? _____

City and Country of Birth: _____ Languages spoken at home: _____

Does your child understand English? Yes No

Enrolment

Please select your preferred days below. Enrolled days and start date are subject to availability and will be confirmed by the director.

Monday Tuesday Wednesday Thursday Friday

I am flexible with these days? YES NO

Start date: _____

Divorce / Separation

If separated or divorced, do both parents have access to the child? NA Yes No

Are there any court orders affecting the custody of your child? Yes No

(Original court order must be brought to the interview. Director needs to be notified if circumstances change).

[OFFICE USE: Original court order sighted and copied by: _____]

Parent One

Parent Two

Name		Name	
Previous name/s		Previous name/s	
Address		Address	
Postcode		Postcode	
Date of Birth		Date of Birth	
Email		Email	
Phone (h)		Phone (h)	
Phone (w)		Phone (w)	
Phone (m)		Phone (m)	

Parent 1

Parent 2

Occupation		Occupation	
Languages Spoken		Languages Spoken	
Country of Birth		Country of Birth	

Unless otherwise indicated, either of the persons listed above may provide verbal consent to the administration of medication in the event of emergency.

Other persons authorised to collect your child or act on your behalf in an emergency.

In case of an emergency, if you are late in collecting your child or if we are unable to contact you when your child is ill, please indicate other adults in order of preference who may act on your behalf:

Person 1

Person 2

Name		Name	
Address		Address	
Postcode		Postcode	
Phone (h)		Phone (h)	
Phone (w)		Phone (w)	
Phone (m)		Phone (m)	
Relationship		Relationship	

Person 3

Person 4

Name		Name	
Address		Address	
Postcode		Postcode	
Phone (h)		Phone (h)	
Phone (w)		Phone (w)	
Phone (m)		Phone (m)	
Relationship		Relationship	

Please note: Staff will not allow anyone to collect your child unless notice is given by parent or guardian. A driver's license must also be shown for identification purposes if the person collecting your child is not known to us from previous visits to the centre.

Unless otherwise indicated, any of the persons listed above is authorised to provide verbal consent to administer medication in the event of an emergency.

Other children in the family

Child's position in family 1st 2nd 3rd 4th 5th

Details of other children

Name: _____	DOB: ___/___/___	Name: _____	DOB: ___/___/___
Name: _____	DOB: ___/___/___	Name: _____	DOB: ___/___/___

Any family pets

Name		Animal	
Name		Animal	
Name		Animal	

Health

It is important to keep this information current at all times. Should you change your Doctor, Dentist or Health Fund etc please let us know.

Family Doctor		Phone	
Address			
Postcode			

Medicare Number (emergency use only) _____

Private Health Fund: _____ Number: _____

Family Dentist		Phone	
Address			
Postcode			

Does your child have a continuing serious illness or any special needs ie. Asthma, epilepsy, autism etc? Yes No

How is your child affected by this illness or special need?

Does your child need regular medicine? Yes No

Details: _____

Has your child ever been hospitalised? Yes No

Details: _____

Does your child have any allergies. (Food, medicine, grass, bees, face paint etc?) Yes No

Details: _____

Has your child been immunised? Yes No

Your child's immunisation records will need to be copied, kept on file and updated wherever necessary. If your child is not immunised and an outbreak occurs in the centre, you will be asked to keep your child at home until the outbreak has passed.

Has your child ever experienced any language or speech difficulties? Yes No

Details: _____

Routines

Is your child independent in toileting? Yes No

If yes are they in pull-ups or nappies? _____

(please note that these need to be provided by you)

Does your child need a sleep or rest during the day? Yes No

If yes, at what time and for how long?

Does your child need a bottle of milk at sleep time? Yes No

(please note that this needs to be provided by you)

Does your child have any special toys or a dummy at sleep time? Yes No

If yes please specify: _____

Does your child have any special routine when going to sleep? Yes No

If yes please specify: _____

Diet

Does your child have any particular dietary requirements or restrictions (vegetarian, religious, cultural, medical etc)? Yes No

If yes please specify: _____

Is your child allergic to any foods? Yes No

If yes please specify: _____

Are there any foods that your child particularly likes? Yes No

If yes please specify: _____

Or dislikes? Yes No

If yes please specify: _____

Are there any particular requirements at meal times? I.e. use of chopsticks Yes No

If yes please specify: _____

General needs

Does your child have any fears about anything in particular? I.e. thunder Yes No

If yes please specify: _____

Are there any words that we need to know that have special meaning for your child? (Please translate if appropriate) Yes No

If yes please specify: _____

Has your child attended other children's services or been cared for outside of the home before?

Yes No

Details: _____

How would you describe your child's reaction to being with other children? Yes No

Details: _____

Does your child get upset when left with other people? Yes No

Details: _____

Is there any further information which you feel may assist us in providing the best care for you and your child (e.g. religious beliefs, family situation, recent significant events)? Yes No

Details: _____

Do you have any particular areas that you would like us to work on with your child?

Is there any particular area that concerns you and that we need to know about? Yes No

Details: _____

What are your child's favourite activities?

Details: _____

Are there any cultural celebrations that you would like included in our programme e.g. Chinese New Year etc? Yes No

Details: _____

Are there any religious or cultural requirements that your child has that should be observed by the staff at the centre whilst your child is in their care? Yes No

Details: _____

What is your family religion? _____

Are there any activities in the centre which may contravene your family values or beliefs?

_____ Yes No

If you are from another culture, we would be grateful if you could bring along some pictures, posters, artefacts, cookery, dolls, musical instruments, dress-up clothes or any articles to help us share and enhance your culture with other children in the group.

Do you have any skills, talents or interests that you would be happy to share within our program? _____ Yes No

Why did you choose Jasmine Preschool over other centres?

Agreements

Emergency action

In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact parents and, failing that any emergency contact nominated. However, should this not be possible, it will be necessary for authority to be given for treatment to be undertaken. Parents are asked to complete and sign the following:

I give permission for the staff of Jasmine Preschool to seek and authorise emergency medical, hospital, dental treatment or ambulance services for my child should this be necessary. I also understand that all costs will be paid by me.

I hereby certify that the details provided in this form are true and accurate.

Signed: _____

Date: ___/___/___

Photography

We seek to ensure the privacy of children and families is respected. If you do not wish your child to be photographed while at kindy we will ensure that this does not occur. This may mean however, that your child may be removed from group situations where photos will be taken.

I give permission for the staff of Jasmine Preschool to photograph my child.

Signed: _____

Date: ___/___/___

Face Book and Web Sites

We use Emails, Facebook and Newsletters to regularly update families about what has been happening at kindy in a manner that also seeks to ensure that the privacy of children and families is respected. If you do not wish images of your child to be included by us on our facebook page we will ensure that this does not occur. This may mean however, that your child may be removed from group situations where photos will be taken.

I give / don't give (please circle) permission for the staff of Jasmine Preschool to put images of my child on the Jasmine Preschool facebook page or website.

Signed: _____

Date: ___/___/___