



Cann Street Learning Centre



Ph\fax:96441700

Address: 6 Cann St Bass Hill 2197

Enrolment Form

Child Details

Surname: _____ Given Names: _____

Preferred Name: _____ Date of Birth: _____

Sex: M/F (Please Circle) Address: _____

Place of Birth: _____

Language Spoken: _____

Ethnicity: _____

Religion: _____

Is the child of Aboriginal or Torres Strait Islander origin? (Please Tick)

Yes

No

Days Required:

Monday	Tuesday	Wednesday	Thursday	Friday

Is this child attending another centre in the same week: Yes\No (please provide hours)

Birth certificate sighted and certified: yes\no

Custody of child:

Have any orders been made by any court regarding your child? Yes\No

If yes please provide the following:

Details of custody, and terms of any specific custody or access provision:

Date:

Signed:

Parents Details:

Parent 1

Surname: _____ **First names:** _____

Address: _____

Postcode: _____ **Language spoken:** _____

Date of birth: _____ **Email address:** _____

Home telephone no: _____ **Mob No:** _____

Place of work or study: _____

Work Address: _____

Work no: _____

Language spoken: _____ **Drivers licence number:** _____

Parent 2

Surname: _____ **First names:** _____

Address: _____

Postcode: _____ **Language spoken:** _____

Date of birth: _____ **Email address:** _____

Home telephone no: _____ **Mob No:** _____

Place of work or study: _____

Work Address: _____

Work no: _____

Language spoken: _____ Drivers licence number: _____

Date:

Signed:

Emergency contacts

I authorise the staff of this centre to give the following emergency contact names access to my child\ren; (note must be over 18 years of age). Please ensure these emergency contact persons are willing and able to collect your child in the event of an emergency. Please include at least 2 contacts.

1. First name: _____ Last name: _____

Address: _____

Post code: _____

Home no: _____ Mobile: _____

Work no: _____

Relationship to child: _____

Authority to collect: yes\no

2. First name: _____ Last name: _____

Address: _____

Post code: _____

Home no: _____ Mobile: _____

Work no: _____

Relationship to child: _____

Authority to collect: yes\no

3. First name: _____ Last name: _____

Address: _____

Post code: _____

Home no: _____ Mobile: _____

Work no: _____

Relationship to child: _____

Authority to collect: yes\no

Date: _____	Signed: _____
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General information:

Childs doctors name: _____ Address: _____

Post code: _____

Telephone no: _____

Child Medicare number _____ Childs CRN number: _____

Parents CRN number: _____

Health fund: _____

Childs Dentist: _____ Number: _____

Address: _____

(please ensure your doctor is advised that he\she may be consulted, and has your permission to treat the child.)

IN THE EVENT OF AN EMERGENCY, ILLNESS OR ACCIDENT (WHEN WE ARE UNABLE TO CONTACT PARENTS OR EMERGENCY CONTACTS) I\WE CONSENT TO MEDICAL, DENTAL OR HOSPITAL ATTENTION BEING SOUGHT FOR THE CHILD. I\WE AGREE TO PAY ANY EXPENSES INCURRED FOR MEDICAL, DENTAL TREATMENT AND TRANSPORT.

Signature of parent 1 _____ Date: _____

Signature of parent 2 _____ Date: _____

About your child:

Time your child gets up of a morning:_____

Day sleep:_____ **what does your child take to bed?** _____

Any special bedtime routines:_____

Language spoken by the child:_____

Language spoken at home:_____

Cultural background:_____

Cultural celebrations:_____

Any allergic reaction to foods (please state):_____

Any special cultural requirements related to food (please state):_____

Any medical condition:_____

Any regular medication:_____

Does your child have asthma:_____

Recurrent chest infections:_____

Fits:_____

Does your child have a disability (please state)_____

Any other special needs:_____

Program of activities:

I am willing for my child to participate in all activities offered in the centre. I agree it is my responsibility to familiarise myself with the program and to advise the centre in writing if I do not wish my child to participate in a particular activity.

Sign:_____ **Date:**_____

Sign:_____ **Date:**_____

Local excursions:

I give permission for my child to participate in local excursions organised by the centre (e.g. to local park). I agree it is my responsibility to familiarise myself with the area and manner of the excursion and to advise the centre in writing if I do not wish my child to participate in a particular excursion.

Sign: _____ **Date:** _____

Sign: _____ **Date:** _____

First aid:

I consent to the following medical treatments to be applied;

- Adhesive strips
- Bandage
- Hypo allergenic tape
- Saline
- Antiseptic
- Antiseptic swabs
- Eye pad

Sign: _____ **Date:** _____

Sign: _____ **Date:** _____

Panadol:

In the case of your child having a temperature of 37.5 or higher I give permission for the centre to administer panadol. (Please be advised if your child does have a temp of 37.5 or higher that a parent or contact will be called to pick them up)

Sign: _____ **Date:** _____

Sign: _____ **Date:** _____

Sunscreen:

I consent to staff applying sunscreen on to my child. (If your child requires a special sunscreen you may bring it to the centre and we can apply it on the days your child attends)

Sign: _____ **Date:** _____

Photos:

I consent to staff taking photos of my child for the purpose of the centre only.

Sign: _____

Date: _____

Visitors:

The centre may occasionally have visitors to the centre and volunteers that may assist at the centre. We consent to our child being in the presence of visitors or volunteers, with the centres appropriate supervision.

Sign: _____ **Date:** _____

Observations:

I consent to staff to take observations of my child for the centre purpose only

Sign: _____ **Date:** _____

Priority of Access: (please circle which one relates to you)

	Priority 1	A child at risk of serious abuse or neglect
	Priority 2	A child of a single or two parent family where both (or the sole parent) work, is training or undertakes study on a full time basis. (refer to section 14 of the Family Assistance Act - http://www.facs.gov.au/faact/faasec11.htm)
	Priority 3	Any other child