

Wahroonga Long Day Care Centre

For Learning Love and Laughter

Established 1992; 37 Hewitt Avenue, Wahroonga 2076; Ph.: 02 94897868; 0412 505 382; Email: alka@wldcc.com.au

(OFFICE USE) STARTING DATE: / /

ENROLMENT FORM

CHILD NAME: _____ **SURNAME:** _____

DATE OF BIRTH: ____/____/____ **NICKNAME (IF ANY)** _____

****CRN NUMBER:** _____

MOTHER/GUARDIAN:

SURNAME: _____ **NAME:** _____ **ANY OTHER NAME:** _____

HOME ADDRESS: _____

****CRN NUMBER:** _____ **DATE OF BIRTH** _____

HOME PHONE: (____) _____ **MOBILE:** _____

E-MAIL ADDRESS: _____

OCCUPATION (OR PREVIOUS OCCUPATION): _____

EMPLOYER: _____

WORK ADDRESS: _____

WORK PHONE AND EXTENSION: _____

FATHER/PARTNER/GUARDIAN:

SURNAME: _____ **NAME:** _____ **ANY OTHER NAME:** _____

HOME ADDRESS: _____

HOME PHONE: (____) _____ **MOBILE:** _____

E-MAIL ADDRESS: _____

****CRN NUMBER:** _____ **DATE OF BIRTH** _____

OCCUPATION (OR PREVIOUS OCCUPATION): _____

EMPLOYER: _____

WORK ADDRESS: _____

WORK PHONE AND EXTENSION: _____

CUSTODIAL PARENT (IF APPLICABLE):

ACCESS OF OTHER PARENT: _____

COPY OF LOCAL COURT OR FAMILY COURT ORDER OR INJUNCTION ORDER DETAILING

ACCESS ARRANGEMENTS (WHERE APPLICABLE): _____

EMERGENCY CONTACTS (APART FROM YOURSELF) :

A. NAME: _____
ADDRESS: _____
HOME PHONE: _____
WORK PHONE: _____
RELATIONSHIP TO CHILD: _____

B. NAME: _____
ADDRESS: _____
HOME PHONE: _____
WORK PHONE: _____
RELATIONSHIP TO CHILD: _____

DAYS AND HOURS OF CARE REQUIRED:

PLEASE TICK THE DAY AND SPECIFY APPROXIMATE HOURS REQUIRED.

DAYS	MON	TUE	WED	THU	FRI
HOURS					

HOME ENVIRONMENT:

COUNTRY OF BIRTH: MOTHER: _____ FATHER: _____
CHILD: _____

LANGUAGES SPOKEN IN THE HOME: _____

OTHER CHILDREN IN THE FAMILY:

NAME	AGE	SEX

MEDICAL AND HEALTH INFORMATION:

CHILD'S DOCTOR: _____ PHONE: _____

ADDRESS: _____

CHILD'S DENTIST: _____ PHONE: _____

ADDRESS: _____

MEDICARE CARD NUMBER: _____ HEALTH FUND: YES/NO

IMMUNISATION RECORD: Please note : Please supply us with a copy of the immunisation record.

SCHEDULE	IMMUNISATION	VACCINE	DATE GIVEN	PROVIDER TYPE
Birth	<ul style="list-style-type: none"> • Hepatitis B 	H-B-VAX 11		
2 months <i>Can be given as early as 6 weeks</i>	<ul style="list-style-type: none"> • Diphtheria, Tetanus, Pertussis • Haemophilus influenzae type B (Hib) • Hepatitis B • Polio • Pneumococcal • Rotavirus 	INFANRIX HEXA PREVENAR 13 ROTARIX		
4 months	<ul style="list-style-type: none"> • Diphtheria, Tetanus, Pertussis • Haemophilus influenzae type B (Hib) • Hepatitis B • Polio • Pneumococcal conjugate • Rotavirus 	INFANRIX HEXA PREVENAR 13 ROTARIX		
6 months	<ul style="list-style-type: none"> • Diphtheria, Tetanus, Pertussis • Haemophilus influenzae type B (Hib) • Hepatitis B • Polio • Pneumococcal 	INFANRIX HEXA PREVENAR 13		
12 months	<ul style="list-style-type: none"> • Haemophilus influenzae type B (Hib) • Meningococcal C • Measles, Mump, Rubella 	MENITORIX MMR		
18 months	<ul style="list-style-type: none"> • Measles, Mumps, Rubella, Varicella 	PRIORIX - TETRA		
4 years <i>Can be given as early as 3½ years</i>	<ul style="list-style-type: none"> • Diphtheria, Tetanus, Pertussis, Polio • Measles Mumps Rubella (MMR) <i>If child has not had 2 doses of measles, mumps, rubella containing vaccine</i>	INFANRIX- IPV MMR		

HAS YOUR CHILD EVER HAD :

		MANAGEMENT OF THE CURRENT CONDITION <i>Please provide us with a written management plan as recommended by your doctor.</i>
CONVULSION:	YES / NO	
ASTHMA:	YES / NO	
ECZEMA:	YES / NO	
ALLERGIES:	YES / NO	
DIABETES:	YES / NO	
OTHER:	YES / NO	

DOES YOUR CHILD TAKE REGULAR MEDICATION ? Please specify: _____

HAS YOUR CHILD EVER BEEN HOSPITALISED ? YES/NO

WHEN: _____ WHY _____

DIETARY RESTRICTIONS:

MEDICAL:	RELIGIOUS:
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CLOTHING AND SUN PROTECTION:

General skin protection strategies & suitable clothing:

- Ensure that your child has a **sun hat packed** in their bag before arriving at the centre. It is encouraged that children also have their hats during the winter months, in case of unexpected weather changes. **Legionnaire, bucket or a broad brimmed hats** which protects their faces, neck and ears with sun protection, are encouraged.
- Please send your child to the centre **wearing sun safe clothing**, such as shirts and dresses with sleeves and collars or covered neckline, longer style skirts, shorts and trousers. We discourage the use of crop or singlet tops as they do not provide enough sun protection
- The **Centre provides sunscreen** to be applied to children each afternoon before they go outdoors.
- Upon arrival, children should have sunscreen applied from home. Families are welcome to use the Centre sunscreen if they need to upon arrival.

INFORMMATION ABOUT YOUR CHILD

INFANTS	PARENT INPUT	OFFICE USE
<p>SUN PROTECTION</p> <p>Please specify if your child has a skin allergy/reaction to SPF30+ broad-spectrum sunscreen.</p> <p>Our centre policy states that all children in our care must have sunscreen on prior to outdoor play, particularly during the summer months.</p>	<p>Can we apply sunscreen to your child’s skin?</p> <p>Please circle: Yes/No</p>	
<p>FOOD (fork mashed, pureed etc) Please specify foods your child likes and has tried.</p>		
<p>FLUID INTAKE Formula/Water</p> <p>(use of bottle, cup, number of bottles required etc.)</p>		<i>We provide S 26 Formula.</i>
<p>SLEEP ROUTINE AND REQUIREMENTS</p> <p>(current number of sleeps per day, sleep routine – patting, wrapping up etc.)</p>		
<p>SPECIAL SECURITY ITEM (dummy, teddy, ‘blanki’)</p>		

2 – 5 YEAR OLDS

IS YOUR CHILD TOILET TRAINED ? YES / NO .

DOES YOUR CHILD HAVE A SLEEP DURING THE DAY ? YES / NO.

APPROXIMATELY HOW LONG ? _____

DOES YOUR CHILD HAVE A SECURITY ITEM? _____

FOODS LIKED BY YOUR CHILD: _____

FOODS DISLIKED BY YOUR CHILD: _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS THAT WE NEED TO KNOW ABOUT ?

ANY RECENT CHANGES IN THE FAMILY THAT MIGHT AFFECT YOUR CHILD? (FOR EXAMPLE, DEATH OF GRANDPARENTS, BIRTH OF NEW BABY, MOVING HOUSE,ETC.)

ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE THAT MIGHT HELP US TO UNDERSTAND YOUR CHILD BETTER? THIS MAY RELATE TO YOUR CULTURE OR RELIGIOUS BELIEFS. IS THERE ANY ROUTINE/REQUIREMENT THAT NEEDS TO BE ADHERED TO (AS FAR AS POSSIBLE BY US) IN RELATION TO THE ABOVE.

WHAT IS YOUR PREFERENCE FOR RECEIVING INFORMATION ABOUT THE CENTRE AND ITS MANAGEMENT?

PLEASE CIRCLE:

Email:

Flier:

Newsletters:

Display notices

WHAT IS YOUR PREFERENCE, IF ANY, FOR PARTICIPATING IN THE CENTRE'S PROGRAM, ACTIVITIES FOR CHILDREN, SUPPORTING STAFF AND MANAGEMENT AT YOUR CONVENIENCE?

- * Share my skill with the children (cooking, origami, playing an instrument etc)
- * Provide relevant information about the community for the management.
- * Provide resources for the centre such as paper, old key boards, telephones
- * Share my professional knowledge with staff through paid/unpaid sessions
(*make up artist, OHS information, sessions in stress management for staff..*)
- * Join the Parent Committee at the Centre
- * Any other way , please specify _____

AUTHORISATIONS

1. I hereby authorise *Wahroonga Long Day Care Centre* to give access to my child to the following people. I will give prior notice for these people to collect my child. In the event that I am late collecting my child and cannot be contacted I give permission for the persons listed below to be contacted and asked to come and take my child home with them.

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

2. If my child contracts any infectious disease I agree to exclude her/him from the child care centre for the period of time recommended by the Department of Health and on request provide a doctor's certificate.

Yes/No

3. I hereby give consent for my child to be administered **one dose of Paracetamol** as directed by the manufacturer, for his/her age, should he/she become ill while in care and the Educators deems it necessary.

Yes/No

4. I hereby give consent for Wahroonga Long Day Care Centre to apply Curash powder or Sudocrem for my child at nappy change as and when required. **Yes/No**

5. I hereby give permission for my child's photograph to be displayed at the Centre and/or to be used in Wahroonga Long Day Care Centres newsletters, centre website and Storypark account. **Yes/No**

6. I hereby give permission to *Wahroonga Long Day Care Centre* to upload my child's photographs and learning stories on Storypark. I understand that only staff and families who attend the Centre will be able to access the Day Book and photographs using a protected password. **Yes/No**

7. I hereby give permission for my child to participate in regular fire drills. This would require for my child to exit the building in order to reach the assembly point, located in the centre's car park. **Yes/No**

8. I will not share any information about Wahroonga Long Day Care Centre (such as photographs/information found on Storypark/newsletters etc) on any social media account. I will ensure to ask for permission from the director at Wahroonga Long Day Care Centre, if I would like to gain personal access to a specific photograph/information found on the daybook. I understand that I am not able to gain access to another child's photograph/information without having written consent. **Yes/No**

Signed: _____

Date: _____

TERMS AND CONDITIONS

1. I, the undersigned, (“Parent /Guardian”) hereby state that I am the person with the care, custody and control of the child whose name is stated on page 1 of this enrolment form.
2. I acknowledge that *Wahroonga Long Day Care Centre* is in the business of providing child care facilities and services at 37,HewittAvenue, Wahroonga.
3. I acknowledge that *Wahroonga Long Day Care Centre* warrants that any carer employed to look after the Child shall, by training and/or experience, be qualified to care for the Child.
4. I agree to accept any carer provided to me by *Wahroonga Long Day Care Centre* and to accept facilities provided by *Wahroonga Long Day Care Centre* at its premises.
5. I authorise *Wahroonga Long Day Care Centre* to take all and any such action as it may consider necessary, appropriate and in the best interests of the Child in all circumstances to protect the Child and/or any other children at *Wahroonga Long Day Care Centre’s* premises or under its control.
6. In the event of any illness of, or injury to the Child whilst the Child is in the care of *Wahroonga Long Day Care Centre* or its employees, I hereby authorise *Wahroonga Long Day Care Centre* and/or its employees to obtain whatever medical and/or hospital/Ambulance/ Dental treatment/ *Wahroonga Long Day Care Centre* and/or its employees or any medical practitioner called by *Wahroonga Long Day Care Centre* consider necessary for the wellbeing of the Child having regard to their opinion as to the seriousness of the illness or injury and the urgency of obtaining treatment.
7. I hereby agree to indemnify *Wahroonga Long Day Care Centre* and/or its employees against any charges, costs or expenses incurred by them in obtaining such medical/ Ambulance and/or hospital treatment as is referred to above, and to pay the same to *Wahroonga Long Day Care Centre* within seven days of being requested to do so.
8. I acknowledge and agree that I shall reimburse *Wahroonga Long Day Care Centre* and/or its employees for all and any out of pocket expenses reasonably incurred in the course of the care of the Child, provided notice of the same has been given to me prior to such expense being incurred.
9. I warrant that the information I have provided to *Wahroonga Long Day Care Centre* in this Enrolment Form with respect to the Child is, to the best of my knowledge, belief and ability, true and correct in every respect.
10. I acknowledge that I have received a copy of ‘Parent Handbook’, understand and agree with the contents of the handbook, and shall abide by various policies such as sickness, fee structure, termination of position, arrival and departure procedures. I shall also abide by any changes in relation to the Centre’s policies that shall be incorporated in the ‘Parent Handbook’ from time to time.
11. In consideration of the care provided by *Wahroonga Long Day Care Centre* and/or its employees I shall pay *Wahroonga Long Day Care Centre* the child care rates which are applicable from time to time, and in the event of my failure to make such a payment I acknowledge that *Wahroonga Long Day Care Centre* shall be at liberty to terminate forthwith the provision of child care facilities and/or services for the Child.

TERMS AND CONDITIONS continued

12. I acknowledge and agree that in the event the Director of *Wahroonga Long Day Care Centre*, in the Director's unfettered discretion, determines that the Child is not suitable to remain enrolled at the Centre, the Director of *Wahroonga Long Day Care Centre* shall be at liberty to terminate forthwith the provision of child care facilities and/or services for the Child upon giving to the parent/guardian four weeks prior notice in writing.
13. I acknowledge that I have accepted a place at *Wahroonga Long Day Care Centre* for the Child by a payment of four weeks' deposit. This deposit will be returned to me after four weeks' prior notice in writing is given to withdraw the Child from *Wahroonga Long Day Care Centre's* care at its premises. Should I give *Wahroonga Long Day Care Centre* less than four weeks prior notice, I shall still be obliged to pay *Wahroonga Long Day Care Centre* an amount equivalent to four weeks of childcare fees otherwise payable to *Wahroonga Long Day Care Centre* based on using the childcare service provided by *Wahroonga Long Day Care Centre* to the Child.
14. In this Agreement, the singular includes the plural; and the reference to the "Child" and "Parent/Guardian" means a reference to each Child and each Parent/Guardian where the reference permits.
15. I acknowledge and agree with *Wahroonga Long Day Care Centre's* expectation of me in relation to ensuring that any information relating to another child that I may be aware of, is to be kept strictly confidential and in no way shared with another person outside the service or on any social media account. This includes photographs/daybook information/my observations on other

children/any information that I may accidentally hear about which relates to another child at the centre/dropbox photographs, daybook information and any other information posted by the centre staff.

16. I acknowledge and understand that it is my responsibility to provide correct and updated details about my child, as requested by *Wahroonga Long Day Care Centre*. I will ensure that prior to my child's first day at *Wahroonga Long Day Care Centre*, that I provide all the completed details/required information listed on the checklist on the next page. I will also ensure that I provide *Wahroonga Long Day Care Centre* with updated documents when I am required to do so (for example, immunisation history statements, authorisation etc).

Checklist:

(Please tick before returning this form)

- I have completed each section of this enrolment form
- I have provided a copy of my child's current immunisation history statement (from Medicare)
- I have provided a copy of my child's birth certificate
- I have provided two emergency contact numbers on this enrolment form, in the case of an emergency, related to my child
- I have read and understood my obligation in relation to privacy and confidentiality relating to other children at the centre and information linked to Wahroonga Long Day Care Centre (please refer to terms and conditions)

.....
(Please print your name here)

Parent/Guardian (1)

.....
(Please sign here)

.....
(Please print your name here)

Parent/Guardian /Witness

.....
Director
Wahroonga Long Day Care Centre

OFFICE USE ONLY

4 WEEKS' DEPOSIT DETAILS

FEES/DAY	WEEKLY FEES	DEPOSIT AMOUNT REQUIRED	DEPOSIT AMOUNT PAID	CHEQUE/ CASH DETAILS	BALANCE IF ANY TO BE PAID

PARENT HANDBOOK GIVEN:

YES / NOT YET

GIVEN ON : / /

PHOTOGRAPHY PERMISSION

Child's Full Name	
Parent's Name	
Parent's Signature	
Date	

Please tick the relevant boxes

I consent to:

- my child being photographed by educators and staff members at the Service.
- my child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements.
- the photographs taken by educators and staff members being used to support the curriculum.
- the photographs taken by educators and staff members being used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles.
- the photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments.
- the posting of photographs taken by educators and staff members on the Service's Storypark account with which the Service has a professional relationship.

I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.