

BERMAGUI PRESCHOOL – LONG DAY CARE

OUTSIDE SCHOOL HOURS CARE – VACATION CARE

27 Young St, Bermagui, NSW, 2546 Tel: (02) 6493 4183
 bermikids@hotmail.com www.bermaguipreschool.com.au



ENROLMENT FORM

Child's Given Name/s: Family Name:
 Other Names the Child is/has been known by:
 Gender: M / F DOB:/...../..... Address:
 Place of Birth:
 Home Phone: Postal Address:
 Bill Fees To: Mother / Father / Other Receive Statement of Account via email: Y / N
 Legal Guardian: Special Needs: Y / N Disability: Y / N
 Aboriginal/Torres Strait Islander Status: Primary Language:
 Cultural/Religious Background:
 Health Care Card: Y / N (You will need to provide a copy of your valid HCC to keep on file)
 Receive Newsletters via email: Y / N Email address:

Information required to claim CCB:

CCB Hours Nominated: Y / N If Yes – Number of Hours to be used in this Centre:
 Child CRN: Claimant CRN:
 Claimant: Mother / Father / Other DOB:/...../..... Name:
 Claimant Email:
 Receive Usage Statements via Email: Y / N

Mother's Given Name: Family Name:
 Other Names the Mother has been/is known by:
 Address:
 Home Phone: Mobile Phone:
 Email Address:

Work Details: Employer: Suburb:
 Work Phone: Hours: Occupation:

Father's Given Name: Family Name:
 Other Names the Father has been/is known by:
 Address:
 Home Phone: Mobile Phone:
 Email Address:

Work Details: Employer: Suburb:
 Work Phone: Hours: Occupation:

Other Children in the Family

Child's Name: DOB:/...../.....
 Child's Name: DOB:/...../.....
 Child's Name: DOB:/...../.....
 Child's Name: DOB:/...../.....

Office Use Only

Date of Commencement/...../.....					
StarCare Updated	2017	<input type="checkbox"/>	2018	<input type="checkbox"/>	2019	<input type="checkbox"/>
Health/Additional Needs/Diet/Immunisation List	2017	<input type="checkbox"/>				
Birth Certificate	2017	<input type="checkbox"/>	Court Orders (if applicable)	<input type="checkbox"/>		
Immunisation Statement	2017	<input type="checkbox"/>	2018	<input type="checkbox"/>	2019	<input type="checkbox"/>
Health Care Card	2017	<input type="checkbox"/>	2018	<input type="checkbox"/>	2019	<input type="checkbox"/>
Program Allocation	2017	Preschool	<input type="checkbox"/>	Long Day Care	<input type="checkbox"/>	OSHC <input type="checkbox"/>
	2018	Preschool	<input type="checkbox"/>	Long Day Care	<input type="checkbox"/>	OSHC <input type="checkbox"/>
	2019	Preschool	<input type="checkbox"/>	Long Day Care	<input type="checkbox"/>	OSHC <input type="checkbox"/>
						Vacation Care <input type="checkbox"/>
						Vacation Care <input type="checkbox"/>
						Vacation Care <input type="checkbox"/>
						Class List/List of All Children <input type="checkbox"/>
						Attendance Sheets <input type="checkbox"/>
						Locker Photo (3)/Name (1L, 3S) <input type="checkbox"/>
						Parent Contact List <input type="checkbox"/>
						Birthday <input type="checkbox"/>

Medical Details

It is important to keep this information current at all times. Special medical needs or disabilities WILL NOT affect your child's acceptance into our programs. Please note if you child is unwell, you may be asked to collect your child from the service.

Does your Child take regular medication or have any disabilities, food sensitivities or allergies we should know about? Y / N

If Yes – Details:

Does your Child have asthma or anaphylaxis? Y / N

If Yes – Details:

Do you have a management plan for any of the above? Y / N (Please attach any relevant information)

If Yes – Details:

Has your Child ever experienced any language or speech difficulties? Y / N

If Yes – Is your child accessing speech therapy? Y / N

Details:

Is there any other information you wish us to know about your child?.....

Has your Child had any of the following?

Measles German Measles Ear Infection Hepatitis

Mumps Chicken Pox Throat Infection Other

Medicare No: Private Health Particulars:

Has your Child been immunised? Y / N

Please supply a copy of your Child's ACIR Immunisation History Statement, ACIR Conscientious Objection Form, or ACIR Medical Contraindication Form. Please note if your child is not immunised and an outbreak occurs at the service, you will be asked to keep your child at home until the outbreak has passed. CCB & CCR are not available to non-immunised children.

Emergency Details

Doctor's Name: Phone: Contact Doctor: Y / N

Address:

Dentist's Name: Phone: Contact Dentist: Y / N

Religious Requirements in case of Accident:

Nominate at least three people to act on your behalf in the following circumstances:

Pick Up from care; Pick Up in an emergency; Authorisation of medication; Authorisation of excursions

Please note, staff will not allow anyone to collect your child unless prior notice is given by the parent or guardian.

Name: Relationship to child:

Home Phone: Mobile Phone: Work Phone:

Home Address:

Work Address:

Daily Pick Up: Y / N Emergency Pick Up: Y / N Authorise Medication: Y / N Authorise Excursion: Y / N

Name: Relationship to child:

Home Phone: Mobile Phone: Work Phone:

Home Address:

Work Address:

Daily Pick Up: Y / N Emergency Pick Up: Y / N Authorise Medication: Y / N Authorise Excursion: Y / N

Name: Relationship to child:

Home Phone: Mobile Phone: Work Phone:

Home Address:

Work Address:

Daily Pick Up: Y / N Emergency Pick Up: Y / N Authorise Medication: Y / N Authorise Excursion: Y / N

Name: Relationship to child:

Home Phone: Mobile Phone: Work Phone:

Home Address:

Work Address:

Daily Pick Up: Y / N Emergency Pick Up: Y / N Authorise Medication: Y / N Authorise Excursion: Y / N

Please add more Authorised Nominees on an attachment if necessary. See attachment: Y / N

Family Circumstances:

Is there anyone who is prohibited from having contact with or collecting your child? Y / N

Details:

If Separated, does the other parent have access to your child? Y / N

Are there any court orders affecting the custody of your child? Y / N

(A photocopy must be attached and the Director needs to be notified if circumstances change)

If separated do you require two copies of information from the service (e.g. newsletters, portfolio, artwork etc.)? Y / N

If Yes – Copies of information to be sent to:

Toileting

Is your Child independent in toileting? Y / N (If Yes – Continue onto **Sleeping Section**)

Is your Child in nappies? Y / N Being toilet trained? Y / N Needs reminding? Y / N

Does your Child need adult support with toileting? Y / N

If Yes – Details:

What words does your Child use when asking to go to the toilet?

Sleeping

Does your Child need a sleep or rest during the day? Y / N (If No – Continue onto **General Needs Section**)

If Yes – at what time and for how long?.....

Does your child need a nappy, dummy or a bottle at sleep time? Y / N

Any special toys or objects? Y / N

Does your child have any special routine on being put to bed? Y / N

Is there any important language to use at this time? Y / N.....

General Needs

What is your child interested in?

What is your child’s general disposition?

How would you describe your child’s reaction to being with other children?

Does your child get upset when left with other people? Y / N

Does your child have a special toy or object during the day (apart from sleep time)? Y / N

Does your child have deep fears about anything particular (e.g. noise, darkness)? Y / N

Are there any words that we need to know that have special meaning for your child? (Please translate if appropriate) Y / N

Has your child attended other children’s services (long day care, family day care, playgroup etc.) or been cared for outside the home before? Y / N

Is there any further information which you feel may assist us in providing the best service for you and your child (e.g. family situation, recent significant events)?

Please tell us how we can assist your child this year (e.g. What do you most want for your child at the Preschool/Long Day Care/OSHC/Vacation Care?)

Is there any particular area that concerns you and that we need to know about?

What information do you consider important to know from us each day?

Do you have any skills you would like to contribute to our programs?

We look forward to caring for your child and welcome your family into the Preschool-Long Day Care-OSHC-Vacation Care program. If you have any suggestions you would like us to put forward, please ask staff or place your comments in the suggestion box. We also hope that you will approach us with any concerns about the service we provide. A copy of our policies and procedures is located in the office.

Parental Permission

Although every possible care will be taken with your child while attending Preschool-Long Day Care-OSHC-Vacation Care, staff can in no way be held responsible for any accident that may occur.

In the Event of an emergency, illness or accident concerning my child, I consent to the service seeking on my behalf urgent medical, dental, hospital and ambulance services for my child and I consent to the carrying out of appropriate medical, dental or hospital treatment in the event that such action appears to be necessary because my child has been injured, or is ill, at the premises. I accept any liability for medical, dental, hospital and ambulance that may be incurred.

I understand that the approved provider or nominated supervisor of the service will, as soon as practically possible, notify me or other persons so authorised by me of the accident or illness and the treatment or services arranged for my child.

I give permission for the following:

Emergency medical, dental, hospital, ambulance care	YES	NO	
Administration of Phenergan/Epipen if anaphylactic reaction occurs	YES	NO	
Administration of Ventolin if an asthma attack occurs	YES	NO	
Supporting my child with toileting	YES	NO	N/A
Changing my child's clothes if necessary	YES	NO	N/A
Changing my child's nappies	YES	NO	N/A
Excursions within walking distance	YES	NO	
Photos to be taken and used in the media, Pre School social media, portfolios and our Pre School website	YES	NO	
My child's first name to be published in the media, Pre School social media, portfolios and Pre School website	YES	NO	
Information to be shared between Bermagui Pre School and local Primary Schools	YES	NO	
The collection, use and disclosure of my child's statistical information to the NSW Department of Education and Communities (DEC) for the purpose of funding	YES	NO	
To apply sunscreen (natural/chemical & UV absorber free) to my child	YES	NO	
To watch G/PG rated movies/DVD's (Vacation Care ONLY)	YES	NO	N/A
For OSHC staff to sign my child in/out of service programs	YES	NO	
I have read & understand the information in the parent handbook and enrolment form	YES	NO	

Signed: Date: / /

Name of Parent/Guardian.....