Maldon Neighbourhood Centre Inc
Friendship & Learning

CONFIDENTIAL ENROLMENT FORM

Admission Date: ______/______/______

CHILD ____________________ ____________________________ ______/______/______
First Name Last Name Date of Birth

☐ Female ☐ Male ☐ Other

Usually called ____

Child's Address ____ P/C __________

Postal ____ P/C __________

Country of Birth ____

Aboriginal and/or Torres Strait Islander origin? ☐ Yes ☐ No

Child Centrelink CRN ☐☐☐ ☐☐☐ ☐☐☐☐ Medicare Number ☐☐☐☐ ☐☐☐☐☐ ☐ ☐

Please note this is NOT the same as the parent CRN.

BROTHERS/SISTERS (Name/Sex/D.O.B.)____

____

PARENT/GUARDIAN 1 *Person who is registered with Centrelink*

Name ____________________________________

Usuallly Called ____________________________________

Address ____________________________________

______________________________ P/c __________

Postal ______________________________ P/c __________

Email ____________________________________

Can we email accounts/notices to you? ☐ Yes ☐ No

☎ Home ________________ Work ________________

Mobile ____________________________________

Does the child live with this parent/guardian? ☐ Yes ☐ No ☐ Shared

Date of Birth ____/____/____ Country of Birth ________________

Occupation ____________________________________

Employment Full Time ☐ Part Time ☐ Casual ☐ Not employed ☐

Employer ____________________________________

Address ____________________________________

Parent Centrelink CRN ☐☐☐ ☐☐☐ ☐☐☐☐

PARENT/GUARDIAN 2

Name ____________________________________

Usuallly Called ____________________________________

Address ____________________________________

______________________________ P/c __________

Postal ______________________________ P/c __________

Email ____________________________________

Can we email accounts/notices to you? ☐ Yes ☐ No

☎ Home ________________ Work ________________

Mobile ____________________________________

Does the child live with this parent/guardian? ☐ Yes ☐ No ☐ shared

Date of Birth ____/____/____ Country of Birth ________________

Occupation ____________________________________

Employment Full Time ☐ Part Time ☐ Casual ☐ Not employed ☐

Employer ____________________________________

Address ____________________________________

Parent Centrelink CRN ☐☐☐ ☐☐☐ ☐☐☐☐

ACCESS & CUSTODY ARRANGEMENTS [Reg 3b(b)(iv)]

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?
YES / NO

If YES, please provide a copy of the legal document and complete the following for the person who has legal custody of the child.

Name: ____

Address: ____

Home phone: ____

Work phone: ____

Mobile phone: ____

Relationship to child: ____

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?
YES / NO

Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, educators at Maldon Neighbourhood Centre Occasional Child care cannot enforce parents' requests.

REASON FOR ATTENDANCE (e.g. Work, Study, Socialisation)

____

LANGUAGE/S (spoken at home) ____

RELIGION (Optional) ____

EMERGENCY/AUTHORISED PERSON CONTACTS

In case of an emergency, staff at Maldon Neighbourhood Centre will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed. Your consent is required for other people to collect the child from the children's service on your behalf. Please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year.

In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Please provide the name, address and contact detail of any person authorized to consent to medical treatment of, and to authorize administration of medication to your child.

Contact one

First name: ____

Surname: ____

Relationship to the child: ____

Home Address: ____P/C______________________

Home phone number: ____

Mobile phone number: ____

Work phone number: ____

Email: ____

AUTHORISED FOR (please circle): MEDICAL EMERGENCY COLLECTION

Contact two
First name: ____

Surname: ____

Relationship to the child: ____

Home Address: ____P/C________

Home phone number: ____

Mobile phone number: ____

Work phone number: ____

Email: ____

AUTHORISED FOR (please circle): MEDICAL EMERGENCY COLLECTION

Contact Three
First name: ____

Surname: ____

Relationship to the child: ____

Home Address: ____P/C_____________________

Home phone number: ____

Mobile phone number: ____

Work phone number: ____

Email: ____

AUTHORISED FOR (please circle): MEDICAL EMERGENCY COLLECTION

MEDICAL HISTORY
Past Illnesses or hospitalisations (including infectious diseases) ____

____

GENERAL HEALTH: Please tick if your child has difficulties with any of the following:

Hearing	☐	Bladder	☐	Skin Problems	☐	Asthma	☐
Speech/Talking	☐	Hyperactivity	☐	Diabetes	☐	Anaphylaxis	☐
Sight	☐	Convulsions	☐	Epilepsy	☐	Other	☐

Please give details and complete ***Medical Information Sheet*** if required: ______________________________

____

Does your child have a diagnosed disability or additional need? **YES / NO**
If yes, please provide relevant details below:
____

Does your child take prescribed medication or treatment on a regular basis? **YES / NO**
If yes, please provide relevant details below:

Does your child suffer from anaphylaxis? **YES / NO**
If yes, please provide relevant details below: Please ask for a Risk Minimisation form, and provide a current Anaphylaxis Management Form.

DIETARY REQUIREMENTS

Does your child suffer from any allergies? **YES / NO**
If yes, please provide relevant details below including your child's allergy, side effects, treatment and action:

Does your child have any special dietary or cultural restrictions or particular food dislikes or likes? **YES / NO**
If yes, please provide relevant details below:

Please list any other details that could help us in providing your child with the most suitable dietary options:

___

___

___

IMMUNISATION Has your child been immunised? **YES** ☐ **NO** ☐ If YES, please tick each vaccine received

A copy of your child's immunisation record must be sighted by our Director or Assistant Director and a copy attached to this form.

2 months	DTPa ☐	Hib ☐	Hep B ☐	Polio ☐	Pneumococcal ☐	Rotavirus ☐
4 months	DTPa ☐	Hib ☐	Hep B ☐	Polio ☐	Pneumococcal ☐	Rotavirus ☐
6 months	DTPa ☐	Hib ☐	Hep B ☐	Polio ☐	Pneumococcal ☐	Rotavirus ☐
12 months	Hib ☐	Measles Mumps Rubella (MMR) ☐		Meningococcal C ☐		
18 months	Chickenpox ☐	MMR ☐	**4 years**	DTPa ☐	MMR ☐	

PLEASE ATTACH A COPY OF YOUR UP TO DATE IMMUNISATION RECORDS

MEDICAL INFORMATION

Is your child under the care of a Specialist or Therapist? **YES** ☐ **NO** ☐

If YES, for what reason? ___

___

Please provide details of the specialist or therapist.

___

___

___

Family Doctor Title: ___

First Name(s):___ Surname:___

Service Name: ___

Address: ___ P/C: ___

Contact Phone: ___

Family Dentist Title: ___

First Name(s):___ Surname: ___

Service Name: ___

Address: ___ P/C___

Contact Phone: ___

Ambulance Cover: **YES / NO**

Health Insurance Fund: **YES / NO**

Health Insurance Name: ___

Insurance Number: ____

Photos and Video Footage:
I/We give permission:
For photos and video footage to be taken of my/our child for Centre use and staff training purposes (Footage will not leave Centre) **YES / NO**

For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Centre. **YES / NO**

For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Centre for students to present to lecturer and class for viewing and marking). **YES / NO**

For photos and video footage of my/our child to be used on the Maldon Neighbourhood Centre's website, social media and other internet purposes, such as advertisement and used in organisation's resources. **YES / NO**

Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies? **YES / NO**

General
I/We give permission for:

Authorisation to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and transportation by an ambulance.
YES / NO

This child to participate in regular authorised outings such as fire evacuation drills **YES / NO**

This child to have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Centre of any Liability)
YES / NO

This child to have Band-Aids or sticking plasters applied when necessary. **YES / NO**

staff to apply Nappy Cream/Paste (supplied by parents) **YES / NO**

staff to apply Teething Gel (supplied by parents) **YES / NO**

staff to apply Insect Repellent (supplied by parents) **YES / NO**

______________________________	______________________________	____/____/____
SIGNED - PARENT/GUARDIAN	***SIGNED -*** *Staff Witness*	Date