

Enrolment Form

Child's Surname: _____

Child's First Name: _____



Sunshine Beach Childcare

100-102 Ben Lexcen Drive
SUNSHINE BEACH
QUEENSLAND 4567

Phone: (07)54480411

Email: jelly_babies@bigpond.com

www.noosachildcare.com.au

CHILD'S NAME: _____

DATE OF BIRTH: / / COUNTRY OF BIRTH: _____

MALE / FEMALE (Circle) Aboriginal/Torres Strait Heritage (Circle) _____

CHILD'S ADDRESS: _____

CHILD'S CRN: _____ (Centrelink Customer Reference No:)

MOTHER'S / GUARDIANS NAME: _____ D.O.B _____

ADDRESS: _____

HOME PH: _____ MOBILE: _____

WORK PH: _____ EMAIL: _____

WORKPLACE AND ADDRESS: _____

MOTHER'S / GUARDIANS SIGNATURE: _____

FATHER'S / GUARDIANS NAME: _____ D.O.B _____

ADDRESS, IF DIFFERENT TO THAT OF CHILD:

HOME PH: _____ MOBILE: _____ WORK PH: _____

EMAIL: _____

WORKPLACE AND ADDRESS: _____

FATHER'S SIGNATURE: _____

As all family information is now lodged online by the service to FaCSIA information is required to link the family with the service to enable funding to be allocated accurately to families. The information must be identical to the information you have provided to Centrelink.

Full name and date of birth of parent to whom CCB for the child is linked:

_____ D.O.B: _____

CRN – Parent: _____

Are there any siblings attending another Childcare Centre?

(CCB increases with multiple children) Name: _____ D.O.B: _____

OTHER CONTACTS: The following names are of adults who are authorised to collect your child in an emergency or on other occasions.

CONTACT'S NAME: _____ PH: _____

RELATIONSHIP TO CHILD: _____

CONTACT'S NAME: _____ PH: _____

RELATIONSHIP TO CHILD: _____

MEDICAL / IMMUNISATION DETAILS:

FAMILY DOCTOR: _____ PH: _____

ADDRESS: _____

MEDICARE NO: _____

Please indicate if immunisations are current: **(Yes/No)**

Birth	
2 Months	
4 Months	
6 Months	
12 Months	
18 Months	
4 Years	

Please provide Immunisation History Statement

HEALTH DETAILS (Illnesses, injuries, allergies, conditions, diet etc):

SPECIAL REQUIREMENTS (Cultural, religious, disabilities, languages spoken etc):

SPECIAL ORDERS: _____

PARACETAMOL AGREEMENT: Where every effort has been made to contact the parent/guardian to no avail, I authorise the staff to administer the stated amount of paracetamol to my child if needed YES / No

In the case of a **medical emergency** I authorise a staff member of Jelly Babies Child Care Centre to obtain treatment by my family doctor where possible and where this is not possible by a doctor of their choice. I also authorise this person to call an ambulance in an emergency and will be responsible for all costs incurred.

Signature: _____

Date: _____

Name: _____

PERMISSION FOR PHOTOS/VIDEO:

I hereby do not give/give (please circle) permission for my child _____ to be photographed and/or to appear in a video/slideshow throughout the Centre as well as Centre Newsletters, emails and Story Park (digital portfolio of child). Images are also kept for record keeping.

Signed: _____

Notes: _____

REQUESTED STARTING DATE: _____

ROOM: TODDLER JNR KINDY PRE KINDY KINDY BSC ASC VACATION

DAYS REQUIRING CARE:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

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I have read the Parent Handbook and understand the guidelines and regulations set out by Jelly Babies Childcare Centre, in the handbook and policies. I hereby agree to abide by same in relation to having my child attend this Centre.

Name: _____ Signature: _____

Date: _____

Please indicate how you were made aware of Jelly Babies Childcare Centre and why you chose to enroll your child.

	Website		Location
	Signage		Long Day Care
	Visited Centre		After School Care
	Friends/Family		Centre Environment
	Word of mouth		Staff/Management
	Advertising		Programs Provided
	Facebook		Kindergarten
	Other		Fees
			Other

Please attached a copy of your child's Birth Certificate