



## Crestwood Early Learning Centre

44 Kalimna Drive Baulkham Hills NSW 2153

Tel: (02) 9624 5931 / (Lily Wijaypala-Director 0405 279 767 ) | Email: [crestwoodelc@gmail.com](mailto:crestwoodelc@gmail.com)

### ENROLMENT FORM

OFFICE USE ONLY	
	Bond (\$100) paid on:
Child's birth certificate or equivalent has been sighted by Nominated Supervisor/ Responsible person & photocopied  <input type="checkbox"/> Yes <input type="checkbox"/> No	Days of attendance: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
	Approx time of child's: arrival ____:____ pick-up ____:____
	Child's start date :

#### Child's Details

Child's Full Name:	
Date of Birth:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth:	
Home telephone number:	
Child's Home Address:	
Child lives with:	
Child's CRN:	

#### Parent Details

	Mother	Father
Full Name:		
Address:		
Date of Birth:		
Country of Birth:		
Home number:		
Mobile number:		
Occupation:		
Place of Work & Tel Number:		
Work days/times:		
CRN:		
Email address:		

## Family Information

Does the child have any siblings? If so, please provide their names & ages	
Language Spoken at home	
Ethnicity/Religion	
Does your family identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If vegetarian /or any special dietary requirement/ or any <b>allergy for food</b> please specify	
Any allergy for <b>egg</b> products:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please outline any cultural/religious considerations or practices you would like followed	
Please list any disabilities your child has	
Please list anything else that we should know about your child (e.g. sleeping patterns, any fears etc):	

## Court Order

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes please provide all relevant documentation and paper work. <b>Please note:</b> without this documentation we cannot legally enforce the Orders.
Or are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Immunisation Details

Child's immunisation status	<input type="checkbox"/> Immunised <input type="checkbox"/> I have chosen not to immunise my child  Please note that approved documentation must be provided before your child can attend.
Is your child's immunisations up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No  Please provide a copy of your child's immunisation history provided by Medicare.

## Health & Safety

I give consent to:

Having SPF30+ sunscreen applied to my child prior to sun exposure (if not, please provide release of any Liability relating to this service)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have staff apply Nappy Cream (supplied by parent)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Photography and Video

We authorise the following:

For photo& video footage of my child to be used in learning stories & to be shared with other families that attend the Centre.	<input type="checkbox"/> Yes <input type="checkbox"/> No
For photos and video footage of my child to be used for student training purposes (photos and video footage may leave the Service for students to present to lecturer and class for viewing and making)	<input type="checkbox"/> Yes <input type="checkbox"/> No
For photos and video footage of my child to be used on Service website, social media and internet advertisement and used in organisation's resources.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Medical Information**

Medicare Number		Medicare Expiry date	
Does your child have any <b>dietary restrictions?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide detail below and attach if any relevant details.		
Does your child have any specific health care needs or conditions including <b>allergies or anaphylaxis?</b>  (please circle)  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide medical management plan which the child's medical practitioner has prepared.  *The plan should include: *A photo of the child. If relevant state what triggers the *Medical condition allergy or anaphylaxis. *First aid needed *Contact details of the doctor who signed the plan. *When the plan should be reviewed.		

We were advised that if the child is diagnosed with **asthma or anaphylaxis** and an emergency occurs, or it is necessary to seek any medical treatment from registered medical practitioner, hospital or ambulance service, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.

Parent 1: Signature \_\_\_\_\_ Parent 2: Signature \_\_\_\_\_

Medication will only be administered if it is in the original container with the original label with child's name and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner, the parent must provide any verbal or written instructions provided by the medical practitioner. Any medication including non-prescription medication such as nappy cream /paracetamol, must be authorised by parents or authorised nominee on our "Administration of Authorised Medication" form.

Parent 1: Signature \_\_\_\_\_ Parent 2: Signature \_\_\_\_\_

We authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency.

Parent 1: Signature \_\_\_\_\_ Parent 2: Signature \_\_\_\_\_

**For After School Care Only:**  
 We authorise any educator from CELC to pick up my child from Crestwood P.S/ Mathew Pierce P.S for after School care session.  
 Parent 1 Signature.....Parent 2 Signature.....

**Child's Registered Medical/Dental Practitioner or Service Details**

	Medical Practitioner or Service	Dental Practitioner or service
Service Name		
Doctor's Name		
Address		
Telephone numbers		

**Health Cover**

Does your child have Private Health Cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Private Health Fund Name		Membership No	
Telephone numbers			
Ambulance cover	Please note during an emergency, costs of seeking any medical treatment including ambulance services, will be the responsibility of the parent.  Parent 1 Signature _____ Parent 2 Signature _____		

**Emergency Contacts**

In case of an emergency the Service will inform the following person/s to collect and care for the child. These persons must live a maximum of 30 minutes from the Service and must provide identification when collecting the child. Please obtain their consent before listing them as an emergency contact.

	Emergency contact 1	Emergency contact 2
Name		
Relationship to child		
Address		
Telephone numbers		
We confirm that the above persons have been contacted to give consent for medical treatment or to authorised Nominated Supervisor or educator to administer medication to the child if I cannot be contacted. Parent 1 Signature _____ Parent 2 Signature.....		
The above persons be contacted to give consent for educators to take the child outside the service’s premises if you cannot be contacted? <input type="checkbox"/> Yes Parent 1 Signature _____ Parent 2 Signature.....		

**Authorisation to collect the child**

We will only release your child to the persons listed on this form. If you would like to authorise anyone else to collect your child, please provide their details below.

	Person 1	Person 2	Person 3
Name			
Relationship			
Address			
Phone numbers			

**Agreement**

I confirm that the information provided above is complete and accurate. I agree to pay weekly fees one week in advance and understand that four weeks’ notice has to be given to terminate the child’s place from the Centre or the bond money will be forfeited. I agreed to pay late fees of \$30.00 for every 15 minutes or part thereof if I fail to pick up my child before 6pm. Non-payment of fees for two weeks with no arrangements made will result in your child’s place being reallocated to the next child on the waiting list. Non-attendance at the Service for two weeks without notification will result in your child being removed from the Service roll. You will also liable for the following two weeks’ payment in lieu of the notice period.

Parent 1 Signature	Parent 2 Signature
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**Bank Details:** Crestwood Early Learning Centre BSB :012410 Acc Number: 2270 22319

<b>OFFICE USE ONLY :</b> Staff name :	Date:
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