



Family Day Care PTY LTD

CHILD ENROLMENT FORM

Child Information

First Name	
Last Name	
Date of Birth	
Sex	Male Female
CRN	
Medicare Number	
Languages Spoken At Home	
Is your child of Aboriginal or Torres Strait Islander Decent?	Yes No
Do you have a child who is attending another service?	Yes No
Will your child be attending another child care service?	Yes No

Further Information About Your Child

<p>Does your child have any medical conditions?</p> <p>Yes No</p>	<p>Details:</p>
<p>Does your child take medication on a regular basis? Please provide details as to when they are provided.</p> <p>Yes No</p>	<p>Details:</p>
<p>Does your child have a disability or development delay including intellectual, sensory or physical impairment?</p> <p>Yes No</p>	<p>Details:</p>

<p>Does your child have any allergies?</p> <p>Yes No</p>	<p>Details:</p>
<p>Has your child been diagnosed at risk of anaphylaxis? If yes, please provide management plan before your child commences care.</p> <p>Yes No</p>	<p>Details:</p>
<p>Are there any custody orders in place? If yes please attach copies of the order.</p> <p>Yes No</p>	<p>Details:</p>
<p>Does your child have any special needs or dietary restrictions (e.g. Vegetarian, Halal, Lactose Intolerance)?</p> <p>Yes No</p>	<p>Details:</p>
<p>Are there any customs/beliefs you would like us to know about?</p> <p>Yes No</p>	<p>Details:</p>
<p>Does your child need help with going to the toilet? If yes, please provide instructions.</p> <p>Yes No</p>	<p>Details:</p>
<p>Please provide details of what you would like your child to gain from their time with the educator (e.g. interact with other kids, engage in activities etc.).</p>	<p>Details:</p>

Please list any other information that KidStart family day care and the educator should know about your child (e.g. eating habits, dislikes, fears, special toys etc.).	Details:
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Family Doctor Details

Name	
Telephone	
Address	

Dentist Details

Name	
Telephone	
Address	

Timetable

Days and times child expected to attend day care. Please provide a time range (e.g. 9am – 4pm).

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Session A							
Session B							

Parent/Guardian Claiming CCB

Surname	
First Name	
Date of Birth	
CRN	
Country of Origin	
Main Language Spoken	

Address	
Suburb	
Telephone (Home)	
Telephone (Mobile)	
Telephone (Work)	
Email Address	

Other Parent/Guardian

Surname	
First Name	
Date of Birth	
Country of Origin	
Main Language Spoken	

Address	
Suburb	
Telephone (Home)	
Telephone (Mobile)	
Telephone (Work)	
Email Address	

Are you or your partner a Family Day Care Educator?

Yes

No

If Yes:

I am aware that I am not entitled to receive child care payments for my child in a family day care service if I am working as a family day care educator on that same day.

If No:

I am aware that I must notify Kidstart FDC if I and/or my partner become a family day care educator in the future within 7 days of commencement as a family day care educator.

Authority to Collect Child and Emergency Contact Details

I additionally authorize the following individual to take my child from the child care premises in the event that I am unable to whether it be an emergency or unforeseeable circumstance.

Authorised Nominee 1

Surname	
First Name	
Relation to Child	
Telephone (Home, Mobile and Work)	
Home Address	

Authorised Nominee 2

Surname	
First Name	
Relation to Child	
Telephone (Home, Mobile and Work)	
Home Address	

Authorised Nominee 3

Surname	
First Name	
Relation to Child	
Telephone (Home, Mobile and Work)	
Home Address	

Parent/Guardian Consent

In the event of emergency, illness or accident, the educator can arrange for my child to be transported to hospital if I cannot be reached

 Yes No

Educator can take my child to an excursion (Each excursion needs consent from the parent)

 Yes No

To exclude my child from care if he/she contracts infectious disease for the period recommended by the department of health and will provide medical certificate if requested

 Yes No

The educator to administer basic first aid and or CPR to my child in an emergency

 Yes No

If I don't require care for my child I understand I must give four weeks notice to KidStart Family Day Care

 Yes No

I give consent to the Educator to take photos of my child and display them around their premises. I am aware that they will be displayed to all visitors of the premises.

 Yes No

The details on this form to be released to emergency personnel and to the department of community services

 Yes No

Provide a copy of birth certificate/citizenship papers/passport

 Yes No

Provide a copy of immunisation records or conscientious objection form

 Yes No

Provide copy of guardianship, custody or parenting court orders, or apprehended violence orders that affect the child

 Yes No

I, _____
(Full name of parent/guardian) hereby agree and consent to the care of

(Full name of child/ren)

Signature

Date ____/____/____

I, _____
(Full name of parent/guardian) hereby agree and consent to

(Full name of child/ren)

Signature

Date ____/____/____

Birth certificate

Immunisation records

Court orders (if applicable)

CCB details

OFFICE USE ONLY

CRN details of the parents

CRN details of the child received

Parent/guardian signature(s)

Medical management report

Staff Coordinator Name

Signature

Date ___/___/___