

TOTOM HOUSE MULTICULTURAL EARLY CHILDHOOD CENTRE

ENROLMENT FORM

All information, including details on this form, is kept confidential and your privacy is respected at all times. If you require translation of this form into another language, we are only too happy to arrange this.

Child's Surname:

Child's Given Names:.....

Date of Birth: __/__/__

Child's sex: Male/Female

CRN:.....

Home Address:.....

.....

.....

Cultural Group to which child belongs:.....

Main language spoken at home:.....

Other languages spoken at home:.....

Parents' Skills:.....

(10 hours of your time or \$100 is required each year, eg. helping at working bees, assisting with repair jobs, reading/music with children, teaching languages, cooking multicultural foods for celebration days etc. If you are unable to help out in this way, \$50 will be added to your account mid-year and another \$50 at the end of each year, or when your child leaves the centre).

Care required (please tick) FULL TIME / PART TIME

Monday:.....

Tuesday:.....

Wednesday:.....

Thursday:.....

Friday:.....

Enrolling Parent (Claims CCB):

Family Name:.....
Other Names:.....
Date of Birth:.....
CRN:.....
Medicare No.:.....

Relation to Child: Mother/Father/Other

Home Address:.....
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Email address:.....

Home Telephone:.....
Work Number:.....
Mobile:.....

Occupation:.....

Place of Employment:.....

Other Parent/Partner's details:

Family Name:.....
Other Names:.....
Date of Birth:.....
CRN:.....
Medicare No.:.....

RelationtoChild:Mother/Father/Other

Home Address:.....
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Email Address:.....

Home Telephone:.....
Work Number:.....
Mobile:.....

Occupation:.....

Place of Employment:.....

Other persons to be contacted in parents' absence:

Person 1:

Name:.....

Relationship to Child:.....

Is this person authorised to collect
your child from Totom House?
YES / NO

Home Address:.....
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Home Telephone:.....
Work Number:.....
Mobile:.....

Person 2:

Name:.....

Relationship to Child:.....

Is this person authorised to collect
your child from Totom House?
YES / NO

Home Address:.....
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Home Telephone:.....
Work Number:.....
Mobile:.....

Brothers and Sisters:

- | | | |
|---------------|-----------|----------|
| 1. Name:..... | Age:..... | Boy/Girl |
| 2. Name:..... | Age:..... | Boy/Girl |
| 3. Name:..... | Age:..... | Boy/Girl |
| 4. Name:..... | Age:..... | Boy/Girl |

IN CASE OF EMERGENCY:

FAMILY DOCTOR:

Name:.....

Address:.....

Telephone:.....

Details of any special needs eg: allergies, physical, foods etc.

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Routines/Rituals/Comforters:

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Additional Information:

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PARENT VERIFICATION:

Prior to commencement, it is a requirement that the child's Parent/Guardian sign the following:

1. I have read, understand and agree to the Policies and Procedures outlined in the Parent Handbook.

Signed:

Date:

Director's Signature:

Date:

2. I acknowledge that the care and education of children is a shared responsibility between the staff and the families.

Signed:

Date:

Director's Signature:

Date:

3. I give permission, in the case of an emergency or accident, for the Centre to call an ambulance and /or Medical Practitioner at my expense. I further authorise that Medical Practitioner to carry out such treatment as he/she may consider necessary for my child.

Signed: _____ Date: _____

Director's Signature: _____ Date: _____

4. I give permission for Panadol (or approved alternative) to be administered to my child if required.

Signed: _____ Date: _____

Director's Signature: _____ Date: _____

5. I give permission for the staff to use the Centre's cream for nappy changes. I am not aware of my child being allergic to any creams.

Signed: _____ Date: _____

Director's Signature: _____ Date: _____

6. (Please circle)

I give permission:

I do not give permission: for my child to go for walks around the local area with a small group of children, for the purpose of an excursion. A permission note/phone call will not be required for local walks as they often occur spontaneously. I understand that no major roads will be crossed and that the correct number of staff will attend the children (ratio 1:4). All major excursions will require a signed permission note. I am aware that parents may have the choice of whether or not their child attends an excursion or local walk.

Signed: _____ Date: _____

Director's Signature: _____ Date: _____

LIST OF ATTACHMENTS (please tick)

1. Copy of Immunisation details:

2. Medication Forms:

3. Emergency Action Plan:

4. Custody or Access details:

Any other attachments (please list)

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