

Long Day Care

ENROLMENT
FORM



Child Care Enrolment



Please indicate which centre and room you are enrolling your child into:

<input type="checkbox"/> Belconnen Early Childhood Centre	<input type="checkbox"/> Ginninderra Early Childhood Centre	<input type="checkbox"/> Bruce Children's Centre
<input type="checkbox"/> Nursery [0-2] <input type="checkbox"/> Toddlers [2-3] <input type="checkbox"/> Preschool {3-school age}	<input type="checkbox"/> Nursery [0-18months] <input type="checkbox"/> Toddlers [18 –30 months] <input type="checkbox"/> Young Preschool [30m –3years]	<input type="checkbox"/> Nursery [0-2] <input type="checkbox"/> Toddlers [2-3] <input type="checkbox"/> Preschool [3-5]

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Full Day					
Occasional Care					

Care will commence on _____ and cease (if applicable) _____

PARENT INFORMATION

	Parent/Guardian 1		Parent/Guardian 2	
First Name:				
Surname/Family Name:				
Parent/Family CRN				
Authorised to collect child?	YES	NO	YES	NO
Address:				
Suburb P/Code				
Date of Birth				
Home Phone:				
Work Phone:				
Mobile:				
Email address:				
Ethnicity:				
Country of Birth				
Aboriginal or Torres Strait Islander:				
Are there current Court Orders or Parenting Plans relating to your child?	YES	NO	YES	NO
If yes, a copy must be provided.				
Please circle your preferred method for receiving statements: Post Email Parent 1 Email Parent 2				

 **TELL US ABOUT YOUR CHILD**

First Name:

Surname/Family Name:

Gender (please circle): Male Female

Date of Birth:

Child's CRN:

Address:

Suburb/State/Post Code:

Ethnicity:

Country of Birth:

Language 1:

Language 2:

Aboriginal or Torres Strait Islander Yes No

Has your child previously been in care? Yes No

Does your child have any cultural or religious requirements? Yes No

If yes, please provide details:

INFORMATION TO HELP US CARE FOR YOUR CHILD

Developmental History

Is your child:

Crawling	Yes/No	Age Achieved
Walking	Yes/No	Age Achieved
Eat independently	Yes/No	Age Achieved

Eating

Favourite Foods:

Feeding Difficulties:

Special Diet:

Toileting Is your child toilet trained? Yes/No

Sleep

How long does your child usually sleep at night?

Does your child have a day time sleep?

Does your child have a comforter for sleep time?

Babies and Toddlers (Birth to 3 years)

Current feeding routine:

Does your child have a dummy/comforter in bed?

YOUR CHILD'S MEDICAL INFORMATION

MEDICAL INFORMATION

Name of child's Doctor:

Doctor's Address:

Doctor's Phone Number:

Does your child have asthma? Yes No

Does your child suffer from allergies to any drugs, food, animals or anything other? Yes No

If yes, please provide details:

Allergy:

Symptoms/Reaction:

Treatment:

Note: If your child has asthma or severe allergy, you will need to provide an action plan approved by your doctor.

Does your child have any known medical condition ? Yes No

If yes, please provide details:

Does your child have any known developmental delay or disability? Yes No

If yes, please provide details:

Is your child taking regular prescribed medication? Yes No

If yes, please provide details:

A current immunisation record or authorised exemption must be provided to the centre prior to care commencing.

EMERGENCY CONTACTS

At least 1 emergency contact, other than parents, **must** be provided. These emergency contacts are also nominated as authorised persons to collect your child.

	Emergency Contact 1	Emergency Contact 2
Name		
Address:		
Telephone:		
Mobile:		
Relationship to child:		
Authorised to Collect child in emergency?	Yes No	Yes No

CONTRACT OF CARE

Every effort is made to ensure the safety of your child/ren while they are attending the centre. However, in the unlikely event of an accident or emergency we require the following authorisations:

ACCIDENT AND EMERGENCY

Please sign and date each statement

I hereby give permission for the staff at GECC, BECC, Bruce to give basic first aid treatment to my child in the event of any minor injury to my child.

I agree to my child being given medical treatment in an accident or emergency.

If transport to hospital is required, I agree to my child being transported in an ambulance.

I understand that the associated costs of medical treatment or ambulance transportation are my responsibility.

I hereby give permission for the staff at GECC, BECC, Bruce to administer Panadol in accordance with the dosage guidelines provided by the manufacturer if my child has a temperature of 38° or greater and they are unable to contact me.

I agree to be contactable, or have an appropriate contactable person available. I agree to keep you informed of any changes to contact numbers.

PARENT/GUARDIAN AUTHORISATION

Please sign and date each statement

I hereby give permission for my child to participate in activities organised for them in conjunction with the operation of the centre.

I hereby permit my child to take part in walks away from the centre within the local area.

I hereby give permission for centre staff to apply sunscreen lotion to my child as required throughout the day.

I hereby give permission for my child to be photographed or videoed during various activities at the centre for educational and informational purposes only.

I/we agree to pay for all contracted hours of care including public holidays and absences by my child for holidays or sick days.

I/we agree that a bond equivalent to 2 weeks full fees must be paid when accepting the child care offer. Care cannot commence until the bond payment has been received.

I/we acknowledge that child care fees must be paid on the due date otherwise late payment fees of \$10 may be added and my enrolment may be cancelled immediately.

I/we acknowledge that should my/our childcare fees fall into arrears care may be cancelled immediately and recovery action will commence. Any debt recovery expenses, court costs and legal fees reasonably incurred by Belconnen Community Service Inc. will be added to the total amount due.

I hereby agree that should I wish to terminate care I am required to give two weeks notice, in writing, of my intention to cancel care or agree to pay two weeks fees in lieu for which I won't be eligible for CCB.

I hereby agree to notify the centre in writing of my intention to change my care requirements by providing two weeks notice.

I acknowledge that I have received and read the Parent Handbook and hereby agree to abide by all the centre policies and guidelines.

Details of person/s completing this contract

Person 1

Person 2

Name:

Signature:

Date:

Relationship to child:

Centre Director Name:

Centre Director Signed:

Date: