

**TORONTO COMMUNITY CHILD CARE CENTRE INC.**  
**ENROLMENT FORM**  
 (Confidential Information)

Child's Given Name/s:.....Surname:.....

All Other / Former Names.....

Date of Birth...../...../..... Sex:.....

Address:.....

.....Postcode:.....

Place of Birth.....Country of Birth.....

Is the child Aboriginal or Torres Strait? Yes\_\_\_\_\_ No (please circle one)

What is the ethnic and /or cultural identity of the child?.....

What religious or cultural practices should our centre be aware of?.....

.....

Languages spoken at home?.....

Languages familiar to the child?.....

**Family Details**

<b>Parent/Carer Details</b>	<b>Parent/Carer Details</b>
Name:.....	Name:.....
All other / former names:.....	All other / former names:.....
Address:.....	Address:.....
.....	.....
Phone: H).....	Phone: H).....
M).....	M).....
W).....	W).....
Email).....	Email).....
Place of employment:.....	Place of employment:.....
.....	.....
Occupation:.....	Occupation:.....
Work Days / hours:.....	Work Days / hours:.....
Place of Birth:.....	Place of Birth:.....
Date of Birth:.....	Date of Birth:.....
Religion:.....	Religion:.....

### Additional Contacts

I hereby authorise the Director / staff of the centre to permit the following people to collect my child if I am unavailable or during an emergency. I authorise them to give permission for excursion and medication where indicated.

Name..... Address:..... ..... Phone H)..... W)..... M)..... Relationship to the child:..... Pick up: Daily <b>Y/N</b> Emergency <b>Y/N</b> Excursion <b>Y/N</b> Medication <b>Y/N</b>	Name..... Address:..... ..... Phone H)..... W)..... M)..... Relationship to the child:..... Pick up: Daily <b>Y/N</b> Emergency <b>Y/N</b> Excursion <b>Y/N</b> Medication <b>Y/N</b>
Name..... Address:..... ..... Phone H)..... W)..... M)..... Relationship to the child:..... Pick up: Daily <b>Y/N</b> Emergency <b>Y/N</b> Excursion <b>Y/N</b> Medication <b>Y/N</b>	Name..... Address:..... ..... Phone H)..... W)..... M)..... Relationship to the child:..... Pick up: Daily <b>Y/N</b> Emergency <b>Y/N</b> Excursion <b>Y/N</b> Medication <b>Y/N</b>

### ACCESS

Are there any court orders denying access to the child or access to information related to the child?  
 Yes / No

Please Specify.....  
 .....

Date of Order..... Number of Order.....

Signature (Parent / Guardian)..... Date:.....

**Copy of order to be attached**

## Restrictions / Special Needs/ Health Information

This information will be referred to in any matter concerning your child's health. It is important that this information is updated regularly.

Medicare No..... Health Fund Name:.....

### Emergency Details

Doctors Name:..... Surgery:.....

Doctors Phone Number:.....

Doctors Address:.....

Dentist Name:..... Surgery:.....

Dentist Phone Number:.....

Dentist Address:.....

Religious requirements in case of an accident?.....

Has your child been diagnosed with being at risk of anaphylaxis? If yes please detail below and supply a medical action plan from doctor.....

Does your child have any other allergies? Yes / no If yes, please specify

Does your child suffer from Asthma? Yes / no

(If yes please complete an Asthma Action Plan from your doctor)

Does your child suffer from any other specified medical condition? If yes, please specify

Does your child require any regular medication yes / no

If yes, please specify and request a long-term medication authorisation form

Does the child have a disability? yes / no (please circle)

If yes, please specify.....

Are there any restrictions in terms of:

- What food your child eats (e.g. vegetarian)? yes / no (please circle)

Please specify.....

- Religious beliefs? yes / no (please circle)

Please specify.....

Has your child had any of the following?

Measles	Y / N	Chicken Pox	Y / N	Ear infections	Y / N
Mumps	Y / N	Convulsions	Y / N	Epilepsy	Y / N
German measles	Y / N	Diabetes	Y / N	Asthma	Y / N
Skin Problems	Y / N	Other.....			

Has your child experienced any:

- Language or speech difficulties? Yes / No
- Physical problems? Yes / No
- Other health related difficulties? Yes / No

Has your child ever had their vision tested? Yes / No Date:.....

Has your child ever had their hearing tested? Yes / No Date:.....

Has your child ever been hospitalised? Yes / No Date:.....

If yes, please explain.....

### Child's Information

Does your child have any siblings?

Name /s	Date of Birth	Sex	Name of preschool, long day care centre, after school Care or Vacation Care currently attending

Has your child previously or do they currently attend other Preschools or Long Day Care Centres?

Yes / No (please circle)

Where?.....

When?.....

Both The Family Assistance office and our Centre need to be notified of any changes of attendance by child or siblings.

What experiences has your child had of being separated from you?

Please specify.....

## Parent /Carer Agreement Form

1. I am aware of, and have access to a copy of the centre's Policies and agree to abide by them.
2. I understand that the centre is obliged to follow the Priority of Access Guidelines set down by the Australian Government and will notify the centre of any changes in my circumstances which may affect my priority. I also understand that my child may have their days reduced or cancelled if someone of higher priority (according to the Guidelines) is in need of a place. The priority guidelines set out by the Australian Government are
  - 1) Child/ren at risk of abuse of or neglect / families in crisis.
  - 2) Families with recognised work or work related commitments.
  - 3) Other.
3. I will pay the specified fee amount at least two weeks in advance and to pay fees regularly. I understand that fees are payable for any absences on the day my child/ren usually attend. I understand that failure to comply will result in my child/ren being withdrawn from the centre.
4. I give permission for the centre to release my contact details to a debt collector if deemed necessary by the Executive Management Committee.
5. I agree to notify the Director in writing as to the date and day my child/ren will be withdrawing from the centre and that this will be presented to the Director two weeks prior to the withdrawal of my child/ren.
6. I realise that it is expected that I will keep my child at home in case of illness. When the child has an infectious disease, I understand that it is necessary for them to be excluded from the centre for a period prescribed by the NSW Department of Health. I also understand that according to the illness policy, 24 hours need to have lapsed from the first dose of antibiotics before my child returns to the centre. I understand and abide by this policy.
7. I authorise the display of any emergency anaphylaxis and asthma plans of my child in the room and/or kitchen.
8. I hereby authorise the Director or staff of Toronto Community Child Care Centre to call an ambulance, if required, in the event of an accident or emergency.
9. I authorise the Director or First Aid qualified staff member to administer age appropriate Panadol in the event that my child's temperature reaches above 38 degrees and cannot be collected in a reasonable period of time. I understand I will be contacted by phone prior to Panadol being given to my child.
10. I am aware that I will need to keep the centre informed regarding my child's immunisation status and that this information needs to be kept up to date.
11. From time to time the Centre conducts local excursions to the oval next door to us or the neighbouring Community Centre. I give permission for my child to participate in local excursions that do not require crossing a road. **YES/ NO Signature \_\_\_\_\_**
12. I am aware that the centre accepts students from TAFE, University, colleges etc. to enable them to complete practical training experiences in child care. I am aware that this involves practice in assessing the children's developmental needs and planning appropriate learning experiences.

13. I understand that Toronto Community Child Care Centre follows the sunsmart recommendations for sun protection. I will provide my child with their own hat and give permission for staff to apply sunscreen to my child before outdoor play (only children over 12 months of age). I will apply sunscreen to my child on arrival.
14. As part of our environmental and sustainable practices Toronto Community Child Care Centre send out a bi monthly newsletter by email. Are you happy to receive your newsletter by email or would you prefer a printed copy? Please indicate which you would prefer by circling your choice. **email/ printed**
15. I give permission for the release of my child to the additional contact persons as nominated by me on this form, or subsequently.
16. I agree not to reproduce or use any photos obtained from Toronto Child Care Centre containing other children in any social media or other electronic media sites/formats eg email website or facebook.
17. I am happy for my child's photo to appear in a weekly slideshow and bi monthly newsletter which is emailed out to families and placed on our website. **Yes/ no.** I am happy for my child's photo to appear on the Facebook page. **Yes/ no** and the Centre website **Yes/ No**
18. The person responsible for paying this account will  
be.....

I certify that the above information is correct and agree to abide by Centre Policies and Procedures. I undertake to inform the Director immediately of any changes to this information.

**Parent/Carer one**

**Parent/Carer Two**

Name:.....

Name:.....

Signed:.....

Signed:.....

Date:.....

Date:.....

**Check list for parents**

Your enrolment cannot be completed until we have the following documentation. Please bring these things with you when enrolling:

1. Enrolment form **Y/N**
2. Birth Certificate **Y/N**
3. Immunisation print out from medicare **Y/N**
4. Customer reference number for you and your child: Parent\_\_\_\_\_
- Child\_\_\_\_\_
5. Association membership form **Y/N**