

Welcome to Blue Mountains Family Day Care



Child enrolment form

IMPORTANT INFORMATION

In order to complete the enrolment of your child Blue Mountains Family Day Care is required to obtain all the information requested in this form. Your information will be kept confidential and secure by the service.

Enrolment cannot be completed without your Centrelink Customer Reference Number and your Immunisation History Statement. Your child's immunisation information can be obtained from the Australian immunisation Register online or by calling 1800 653 809.

Childs personal details

Name: _____ Surname: _____

Date of birth: _____ Gender: M F

CRN: _____ Medicare NO: _____

Attending School?: Y N School Name: _____

Care start Date: _____

Country of birth: _____ Ethnic Group: _____

Aboriginal / Torres Strait Islander (please circle) Primary Language: _____

Does your child have any of the following (please circle and comment)?

Disability Special Needs Illness Allergy

Medical Health Plan attached Y N (If your child has specific care needs your educator must have a plan before care commences)

Comments: _____



Child's personal details

Details of your child's regular medication (if applicable):

Does your child have any dietary requirements?

Are there any custody arrangements, court orders or parenting plans in place? Y / N

Please provide a copy of any documentation.

Immunisation details

Children who are NOT immunised must be excluded from care during outbreaks of some infectious diseases in line with the National Health and Medical Research Council advice for recommended minimum exclusion periods for infectious conditions. During exclusion periods child care fees will be charged. Please provide Blue Mountains Family Day Care Day Care Service with updated immunisation status information on your child each time they are immunised

Immunisation status:

• Vaccination objection

• Up to date

Please attach documentation to support your child's immunisation status.

AUTHORISATION TO SEEK MEDICAL ASSISTANCE

In an emergency situation I authorise an Educator/staff member of Blue Mountains Family Day Care to seek medical treatment for my child from a registered medical practitioner, hospital, or ambulance service; and authorise transportation of my child by an ambulance

service.

Name: _____ Signature: _____ Date: _____



Guardians Details

First Name: _____ Middle Name: _____

Surname: _____ DOB: _____

CRN: _____

Email: _____ Email Reports: Y N (please circle)

PH: _____ Mobile: _____

Guardian type: _____

Employment Status: FT PT Non-working Student Other _____

Workplace: _____ Work PH: _____

Occupation: _____

Country of Birth: _____ Ethnic Group: _____

Primary Language: _____ Aboriginal / Torres Strait Islander (Please circle)

Address: Number/st: _____ Suburb: _____

State: _____ Postcode: _____

Postal Address: Copy residential Y N

Number/St: _____ Suburb: _____

State: _____ Postcode: _____

Post correspondence? Y N

Comments:



Partner details

Name: _____

Email: _____

Copy Guardian address: Y N

Number/St _____ Suburb: _____

State: _____ Postcode: _____ Ph: _____

Mobile: _____

Employment status: FT PT Causal Student Not Working

Workplace: _____ Work Ph: _____

Occupation: _____

Country of birth: _____ Ethnic group: _____

Primary language: _____ Aboriginal / Torres Strait Islander Y / N (Please circle)

Emergency contacts

Relationship to child: _____

Name: _____ Address: _____

Ph: _____ Mobile: _____ Wk: _____

Relationship to child: _____

Name: _____ Address: _____

Ph: _____ Mobile: _____ Wk: _____

Relationship to child: _____

Name: _____ Address: _____

Ph: _____ Mobile: _____ Wk: _____

All information provided is true and correct , I authorise Blue Mountains Family Day Care Service to process CCB and CCR payments on my behalf.

Name: _____ Sign: _____ Date: _____