



CHILD ENROLMENT

Blue Mountains Family Day Care

At Blue Mountains Family Day Care we are passionate about providing a home learning environment that makes each child feel nurtured. Together with families we work to build strong relationships that allow each child to reach their full potential.

Please help us to get to know you and your child by completing the details below.
To finalise the enrolment email this form to familydaycare@bmcc.nsw.gov.au

Child's details					
SURNAME		FIRST NAME		GENDER	
STREET NUMBER / NAME			VILLAGE / SUBURB		POSTCODE
COUNTRY OF BIRTH / CULTURAL BACKGROUND			ABORIGINAL / TORRES STRAIT ISLANDER ORIGIN?		LANGUAGE SPOKEN IN THE HOME
SCHOOL ATTENDING (if applicable)		Before school routine	After school routine		Do you require your child to do homework?

Additional needs			
DOES YOUR CHILD HAVE A NEED FOR ADDITIONAL ASSISTANCE COMPARED TO CHILDREN OF A SIMILAR AGE, THAT IS RELATED TO AN UNDERLYING LONG-TERM (more than 6 months) HEALTH CONDITION OR DISABILITY?			
If yes, √ which area additional assistance is required?	Learning and applying knowledge, education		Communication
	Interpersonal interactions and relationships		Self care
	Mobility		Other
Outline requirements			

Child alerts		YES	NO	EVENT TRIGGER
DOES YOUR CHILD HAVE:				
Allergies?				
Asthma				
Eczema?				
HAS THE CHILD BEEN DIAGNOSED AS AT RISK OF ANAPHYLAXIS?				
ARE THERE ANY OTHER MEDICAL CONDITIONS OR SPECIFIC HEALTH CARE NEEDS?				
<i>If yes, outline below</i>				

DOES YOUR CHILD HAVE ANY DIETARY REQUIREMENTS / RESTRICTIONS?	
<i>If yes, outline below</i>	

IS THERE A MEDICAL ACTION PLAN, ANAPHYLAXIS MEDICAL MANAGEMENT PLAN OR RISK MINIMISATION PLAN TO BE FOLLOWED FOR THE SPECIFIC HEALTHCARE NEED, MEDICAL CONDITION OR ALLERGY?	
<i>If yes, please provide a copy of the plan with this application.</i>	

Health care	DOCTOR OR PRACTICE					CONTACT Number		
	ADDRESS							
	CHILD'S MEDICARE NUMBER							
		—		—		—		
PLEASE INDICATE THE IMMUNISATION STATUS OF THE CHILD								
<p>By law, a copy of the immunisation statement or immunisation exemption must be provided with this form (s.87 Public Health Act). Should an exemption apply, a vaccination objection or medical contraindication form must be completed. Copies of these forms are available from www.humanservices.gov.au Updated certificates must also be sent by a parent / guardian to the service whenever the child reaches the aged in which it is appropriate for the child to be further immunised.</p>								

Parent / guardian	SURNAME			FIRST NAME			RELATIONSHIP TO THE CHILD		
	STREET NUMBER / NAME						VILLAGE / SUBURB		POSTCODE
	eMAIL ADDRESS						MOBILE number		LAND LINE number
	GENDER		COUNTRY OF BIRTH / CULTURAL BACKGROUND			ABORIGINAL / TORRES STRAIT ISLANDER ORIGIN?		LANGUAGE SPOKEN IN THE HOME	
	OCCUPATION / FIELD OF STUDY						If in paid work / study please indicate whether it is full / part time		

Childcare subsidies <i>Full fees apply where CRN numbers are not provided</i> <i>From the 1 January 2016, childcare subsidies may be affected by immunisation requirements</i> <i>See www.humanservices.gov.au</i>	ARE YOU CLAIMING CHILDCARE SUBSIDIES AS A FEE REDUCTION OR LUMP SUM?								
	FULL NAME of person who applied for Family Assistance through Australian Government Family Assistance Office								
	PARENT / GUARDIAN CUSTOMER REFERENCE NUMBER (CRN)						DATE OF BIRTH		
		—		—					
	CHILD CUSTOMER REFERENCE NUMBER (CRN)						DATE OF BIRTH		
	—		—						

Child access <i>Attach a copy of the order, plan or any other signed agreement with this application</i> <i>For shared care two enrolments maybe necessary for fee management purposes</i>	ARE THERE COURT ORDERS, PARENTING ORDERS, PARENTING PLANS OR ANY OTHER ACCESS ARRANGEMENTS IN PLACE FOR THIS CHILD?								
	<i>If yes, outline your powers, duties, responsibilities or authorities in relation to the child or access to the child.</i>								

Emergency contacts <i>Please provide details of up to three people who may be contacted in case of an emergency</i>	NAME		CONTACT Number		RELATIONSHIP TO THE CHILD		LEVEL OF AUTHORISATION				
							Emergency contact	Authorised Nominee	Medical consent	Authorised person	
	1.										
	ADDRESS										
	2.										
ADDRESS											
3.											
ADDRESS											
<i>For each person you will need to nominate the level of authorisation that they have - more than one may be selected</i>											

DEFINITIONS	
<i>Emergency contact</i>	<i>is the person to be notified of an emergency involving the child if you cannot be immediately contacted.</i>
<i>Authorised nominee</i>	<i>is a person who has your permission to collect the child from the Childcare Educator</i>
<i>Medical consent</i>	<i>is the person authorised to consent to medical treatment of, or to authorise administration of medication to, the child</i>
<i>Authorised person</i>	<i>means a person who can authorise a form for a Childcare Educator to take the child outside the education and care premises (such as for an excursion)</i>

Authorisation	MEDICAL		
In the event that the child develops a temperature above 37.5 degrees and / or are in discomfort or pain, I authorise the Childcare Educator to administer one dose of paracetamol / ibuprofen (as recommended by age) to the child.			
If yes, select the preferred form of medication to be administered. Both may be selected.		Paracetamol	Ibuprofen
I agree to my child being given medical treatment in the event of an emergency. If transport to hospital is require I agree to my child being transported by ambulance. I understand that medical treatment and ambulance transportation is at my expense.			
SIGNED:		DATE:	

Child profile

A child profile helps us to develop an awareness of your child and family's uniqueness. You may give as much or a little information as you see appropriate.

	HOW DOES YOUR CHILD COPE WITH NEW EXPERIENCES?
	DOES YOUR CHILD HAVE ANY SPECIAL INTERESTS OR LIKES?
	ANY PARTICULAR FEARS OR DISLIKES?
	HOW DOES YOUR CHILD INTERACT WITH PETS? DO YOU HAVE ANY CONCERNS WITH ANIMALS?
	WHAT EXPERIENCES DOES YOUR CHILD ENJOY AT HOME?
	ARE THERE ANY RELIGIOUS OR CULTURAL BELIEFS THAT ARE RELEVANT TO THE CARE ENVIRONMENT?