

# ENROLMENT YEAR: 20 /

## About your child

**Child's name** Full name

**Child's address** Street & Locality

**Other details** Date of birth  Place of birth

Birth certificate verified  Yes  No Gender  Male  Female

Cultural identity  Language/s spoken

**Special care requirements** eg, religious practices

## Attendance

**Service attending** Tick relevant service

<input type="checkbox"/> Bandara Children's Services	<input type="checkbox"/> Sapphire Mobile Preschool:
<input type="checkbox"/> Eden Child Care Centre	<input type="checkbox"/> Bemboka
<input type="checkbox"/> Eden Preschool	<input type="checkbox"/> Candelo

**Hours of attendance on enrolled days** eg, 9am – 3pm

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Parent/Guardian details

Eligible for Childcare benefits : Approved care only and person responsible for accounts.

	parent/guardian 1	parent/guardian 2
<b>Name</b> Full name (include other names you have been known as)	<input type="text"/>	<input type="text"/>
<b>Residential address</b> Street & locality	<input type="text"/>	<input type="text"/>
<b>Postal address</b> (if different from above)	<input type="text"/>	<input type="text"/>
<b>Place of work/study</b> Name of company or educational institution	<input type="text"/>	<input type="text"/>
<b>Contact details</b>	business hours <input type="text"/>	<input type="text"/>
	after hours <input type="text"/>	<input type="text"/>
	mobile <input type="text"/>	<input type="text"/>
	email <input type="text"/>	<input type="text"/>
<b>Other details</b>	<input type="checkbox"/> Newsletter <input type="checkbox"/> Family CCB/rebate statement <input type="checkbox"/> Tax Invoice/Statement	
	Date of birth <input type="text"/>	<input type="text"/>
	Country of birth <input type="text"/>	<input type="text"/>

Are you or your children of Aboriginal or Torres Strait Island origin?  No  Yes, Aboriginal  Yes, Torres Strait Islander  No  Yes, Aboriginal  Yes, Torres Strait Islander

Do you have a low income health care card?  Yes ↓  No  Yes ↓  No

**If yes**, please provide your healthcare card no.

Expiry date <input type="text"/>	Expiry date <input type="text"/>
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Are there any Court Orders affecting the custody, access or residence of your child?  No  Yes → **A photocopy of the Court Order must be attached in order to enforce.** The Nominated Supervisor must be notified if circumstances change.

Do you have any additional information not covered in this questionnaire?  Yes →   No

## Family details

### Other children in the family

Name	<input type="text"/>	Birthdate	<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> F
Name	<input type="text"/>	Birthdate	<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> F
Name	<input type="text"/>	Birthdate	<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> F
Name	<input type="text"/>	Birthdate	<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> F

### Other family members residing in the home

## Authorised nominees

Means a person who has permission by a parent or guardian to collect the child from the Education & Care Service. See section 170(5) of the Law.

Please note the service reserves the right to refuse authorisation of a minor or other person in order to protect a child from risk of harm

Name	<input type="text"/>	Tel (mobile)	<input type="text"/>
Home address	<input type="text"/>	Tel (home)	<input type="text"/>
Business hours location	<input type="text"/>	Tel (business)	<input type="text"/>

Name	<input type="text"/>	Tel (mobile)	<input type="text"/>
Home address	<input type="text"/>	Tel (home)	<input type="text"/>
Business hours location	<input type="text"/>	Tel (business)	<input type="text"/>

Name	<input type="text"/>	Tel (mobile)	<input type="text"/>
Home address	<input type="text"/>	Tel (home)	<input type="text"/>
Business hours location	<input type="text"/>	Tel (business)	<input type="text"/>

Name	<input type="text"/>	Tel (mobile)	<input type="text"/>
Home address	<input type="text"/>	Tel (home)	<input type="text"/>
Business hours location	<input type="text"/>	Tel (business)	<input type="text"/>

Name	<input type="text"/>	Tel (mobile)	<input type="text"/>
Home address	<input type="text"/>	Tel (home)	<input type="text"/>
Business hours location	<input type="text"/>	Tel (business)	<input type="text"/>

Name	<input type="text"/>	Tel (mobile)	<input type="text"/>
Home address	<input type="text"/>	Tel (home)	<input type="text"/>
Business hours location	<input type="text"/>	Tel (business)	<input type="text"/>

 Signature required

I will provide prior notice in writing to staff if people other than those listed above collect my child.

**X**

Date  /  /

## Authorised nominees (cont'd)

In the case of emergency or illness, if we are unable to contact you please indicate who may act on your behalf and give authorisation for emergency medical, hospital, ambulance, dental or administration of medication treatment.

1st preference: Name	<input type="text"/>	Tel (mobile)	<input type="text"/>
Home address	<input type="text"/>	Tel (home)	<input type="text"/>
Business hours location	<input type="text"/>	Tel (business)	<input type="text"/>
2nd preference: Name	<input type="text"/>	Tel (mobile)	<input type="text"/>
Home address	<input type="text"/>	Tel (home)	<input type="text"/>
Business hours location	<input type="text"/>	Tel (business)	<input type="text"/>
3rd preference: Name	<input type="text"/>	Tel (mobile)	<input type="text"/>
Home address	<input type="text"/>	Tel (home)	<input type="text"/>
Business hours location	<input type="text"/>	Tel (business)	<input type="text"/>

Health records		doctor	dentist
<b>Name</b>	Full name	<input type="text"/>	<input type="text"/>
<b>Address</b>	Street & locality	<input type="text"/>	<input type="text"/>
<b>Contact details</b>	Tel (business)	<input type="text"/>	<input type="text"/>
<b>Other details</b>	Child's healthcare fund name and card number	<input type="text"/>	<input type="text"/>
	Child's Medicare card number	<input type="text"/>	<input type="text"/>
	In an emergency situation, is this your preferred doctor/dentist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Emergency action

Every reasonable care is taken to ensure your child's well being while s/he attends the centre. However, in an emergency situation we require your permission to respond quickly to any accident that may occur. In the event of an accident or illness requiring emergency medical or hospital, ambulance or dental treatment, every effort will be made to contact you as the parent/guardian of your child. However, should this prove impossible, we ask you to indicate that you have given us permission to respond to emergency by signing below.

I authorise the Approved Provider, Nominated Supervisor or Responsible Person of the children's service to seek emergency medical, dental and hospital treatment, and ambulance service and transport for my child should this be necessary. I authorise appropriate medical, dental or hospital treatment be given to my child in such an emergency.

X

Date

/ /



Signature required

Forms can be lodged at

**Bega Services:** PO Box 672, Bega NSW 2550 | Cnr Laws Drive & Rawlinson Street | T: 6492 4360 | F: 5854 | e: bandara@begavalley.nsw.gov.au

**Eden Services:** 2A Bimmil Street, Eden 2551 | T: 6496 1660 | F: 6496 4447 | e: edenccc@begavalley.nsw.gov.au

## Agreements

### Individual child records

I understand that staff of the Children's Service will collect observations, photographs and information about my child to plan the relevant educational program, use photos in displays at the Children's Service; maintain copies of photos in children's journal, which may include photos of groups of children.

I understand that I may access and discuss information about my child with staff at any time.



Signature required

X

Date

/ /

### Priority of access guidelines

I understand the Children's Service is required to comply with the priority of access guidelines set out by the NSW and Australian government.

I understand that if there is a person on higher priority or if my priority of access changes, I may be required to reduce my child's days at the centre.



Signature required

X

Date

/ /

### Student

I give permission for my child to be the subject of observations taken by students in training placements. I understand that this information will remain confidential and be used only for training purposes.



Signature required

X

Date

/ /

### Excursions

I give permission for my child to take part in excursions including regular walks that are part of the program. I understand that I will be provided with information about each excursion permission notice.



Signature required

X

Date

/ /

**Payment of Fees** (Refer to: Fees and Charges Procedure 1.05.17 and Debt Recovery 1.05.037) Our fees and charges procedure states that fees should be paid on a weekly or fortnightly basis. Failure to follow the Fees and Charges procedure will mean that Councils debt recovery policy will be enforced. This can result in the cancellation of your child's placement at the centre your child is attending. Any legal action will result in associated legal costs, and may affect your credit rating.

If at any time you are experiencing financial difficulties you should speak with the Nominated Supervisor or the Administrative officer of your Education and Care Service.

I understand and accept the terms and conditions for payment of fees.



Signature required

X

Date

/ /

### Attendance, fees and absences

I understand that if my child does not attend the centre because of sickness or for other reasons I am still required to pay for his/her position. If my child does not attend for two consecutive weeks or if I fall four weeks behind in fees without notifying the centre in writing as to the cause, I acknowledge the Children's Service right to relinquish my child's position. Re-enrolment in the service is dependent on my fees being kept up to date or having an established fee payment plan in place.



Signature required

X

Date

/ /

### Sickness

I have read the sickness and exclusion guidelines in the Children's Service information booklet and I agree to comply with them. I understand that this means I am not permitted to bring my child when s/he is not well.

I agree to make alternative care arrangements for my child when s/he is sick. This includes when s/he has a fever, heavy cold or cough, vomiting or diarrhoea.



Signature required

X

Date

/ /

## Agreements

In the case of a child under 5 years with a fever over 38° and pain I give permission for an educator to administer a single dose of children's paracetamol in the recommended amount listed on the bottle. I understand this can only occur with my prior permission by telephone and confirmed in writing. I understand paracetamol will not replace collecting my child from the education and care service within 1 hour and seeking medical advice.



Signature required

X

Date

/ /

### Medication

I understand staff must follow National Regulations and can only administer medication as prescribed and instructed by a medical practitioner. I understand I must comply with all recommended exclusionary periods.



Signature required

X

Date

/ /

### Sunscreen

I give permission for educators to apply sunscreen to my child as recommended by recognised Authorities.



Signature required

X

Date

/ /

### Publicity

I consent to my child's name, photograph, age and suburb being used for publicity for the Children's Service, if required. This includes newsletters, BVSC website, Public Media ie. website and print material. BVSC doesn't automatically extend this permission to external organisations or individuals.



Signature required

X

Date

/ /

### Annual Closure for staff training

Each year all educators take part in professional training that helps us to improve the quality of our education and care programs for your child. I understand that as a result of this Children's Services will close for one full day at a date to be set by management (usually July). This closure may affect your child's attendance. Children's Services management will ensure that you are given reasonable notice of the closure date. I understand that no fee will be charged for this day.



Signature required

X

Date

/ /

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# Special care & well-being questionnaire

Date completed

## Child's details

Name

Date of birth

## Booked days (please circle)

Monday

Tuesday

Wednesday

Thursday

Friday

## Parent/Guardian Name

Parent/Guardian 1

Parent/Guardian 2

## Health

1. Does your child have any allergies? (eg bees, pollen)  
**If yes**, what causes your child's allergy and how does your child react?  Yes  No  
 (eg rash, diarrhoea) ⇨
- 1a. How long before this reaction occurs? (eg immediately, next day)  
 ⇨
- 1b. What should we do if your child has an allergic reaction?  
 (eg ring ambulance, administer my child's prescribed antihistamine)  
 ⇨
2. Does your child have asthma or epilepsy?  Yes  No  
**If yes**, please complete the separate Asthma or Epilepsy management plan in consultation with your doctor and attach to this form.
3. Is your child at risk of anaphylaxis. If yes, please attach medical management Plan.  Yes  No
4. Does your child have a continuing serious medical condition? (eg haemophilia)  Yes  No  
**If yes**, please attach any details and information about your child's illness that will enable us to care for your child while s/he is under care.
5. Has your child ever been hospitalised? (eg asthma, febrile convulsions)  Yes  No  
**If yes**, please provide details  
 ⇨
6. Does your child need regular medicine? (eg Ventolin, corrective eyedrops)  Yes  No  
**If yes**, please provide details.  
 ⇨
7. Does your child have any special needs? If yes, please tick following boxes that are appropriate:  Yes  No
 

<input type="checkbox"/> hearing	<input type="checkbox"/> speech	<input type="checkbox"/> interpersonal interactions and relationships
<input type="checkbox"/> self care	<input type="checkbox"/> vision	<input type="checkbox"/> learning and applying knowledge
<input type="checkbox"/> physical or mobility skills	<input type="checkbox"/> Other areas including general tasks, domestic life, community and social life	
8. Has your child been immunised?  Yes  No  
**If yes**, your child's immunisation records will need to be copied by the Administrative Officer, kept on file and updated whenever necessary. **If your child is not** immunised and an outbreak of a vaccine preventable disease occurs in the centre, you will be asked to keep your child at home until the outbreak has passed.



Signature required

X

Date

 /  / 

9. Does your child have any other medical or health requirements or do you have any concerns not mentioned here previously?  Yes  No  
 ⇨

## Food and nutrition

1. Does your child have any particular dietary requirements or restrictions? (eg vegetarian, religious, medical)  Yes  No  
**If yes**, please provide details  
 ⇨
2. Is there any food your child particularly likes?  Yes  No  
**If yes**, please provide details  
 ⇨
3. Is there any food your child particularly dislikes?  Yes  No  
**If yes**, please provide details  
 ⇨
4. Does your child feed him/herself?  Yes  No
5. Are there any particular requirements at meal times? (eg use of chopsticks)  Yes  No  
**If yes**, please provide details

## Special care & well-being questionnaire (p2)

### Toileting

1. Is your child:  in nappies |  being toilet trained |  need reminding |  independent
- 
2. What words does your child use when asking to go to the toilet?
- ⇒

### Sleep

1. Does your child need a sleep or rest during the day? **If yes**, at what time and for how long?  Yes  No
- ⇒
2. Does your child need a nappy, dummy or bottle at rest time? **If yes**, please provide details  Yes  No
- ⇒
3. Does your child have any special toys or objects at rest time? **If yes**, please provide details  Yes  No
- ⇒
4. Does your child have a special routine when going to bed? **If yes**, please provide details  Yes  No
- ⇒
5. Is there any important language to use at this time? **If yes**, please provide details  Yes  No
- ⇒

### General

1. Does your child have deep fears about anything in particular? (eg noise, darkness) **If yes**, please provide details  Yes  No
- ⇒
2. Are there any words that we need to know that have special meaning for your child? (Please translate if appropriate) **If yes**, please provide details  Yes  No
- ⇒
3. Has your child attended other children's services (eg playgroup) or been cared for outside the home before? **If yes**, please provide details  Yes  No
- ⇒
4. How would you describe your child's reaction to being with other children?
- ⇒
- ⇒
5. Does your child get upset when left with other people?  Yes  No
6. Is there any more information you feel may assist us in providing the best care for you and your child this year? (eg religious beliefs, family situation, recent significant events)?
- ⇒
- ⇒
7. Please tell us how we can help your child this year (eg what you want most for your child at the centre) and if there is any particular area that concerns you and/or that we need to know about.
- ⇒
- ⇒
8. What information do you consider important to know from us each day?
- ⇒
- ⇒
9. How would you like to contribute to the centre's program? (eg committee work, information about your child, story reading, helping on excursions)
- ⇒
- ⇒

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