Enrolment Form

Please hand to director upon first day of arrival

• Original copies of your child’s birth certificate.
  • Current Immunisation record

75 Regiment Road
Rutherford NSW 2320
Phone: (02) 49326332
Fax: (02) 49326101
Email: info @rutherfordplaytimepreschool.com.au
Website: www.rutherfordplaytimepreschool.com.au
Child’s Full Name: ____________________________________________
Child’s Date of Birth: _____ / _____ / _____
Country of Birth: _______________________
Child’s Sex- Male / Female
Child’s CRN: _ _ _ _ _ _ _ _ _ _
(CRN = Centrelink customer reference number.)

1. Parent/Guardian Full Name: ________________________________
   Parent/Guardian’s Date of Birth: _____ / _____ / _____
   Parent/Guardian’s CRN: _ _ _ _ _ _ _ _ _ _

2. Parent Guardian Full Name: ________________________________
   Parent/Guardian’s Date of Birth: _____ / _____ / _____
   Parent/Guardian’s CRN: _ _ _ _ _ _ _ _ _ _

Have you contactted Centrelink on 136 150 and linked your child to our service and received a CCB% (to help reduce you fees)

   Our CRN is 407 259 872H

   ○ Yes, I have contactted centrelink and I am approved
   
   For _____ hours of care at _____% (CCB). _______ (CCR)
   
   ○ Yes, I have my child’s Birth Certificate to be copied and sighted by staff.
   
   ○ Yes, I have my child’s record of immunisation to be copied and sighted by staff.

If you require assistance please contact our office on 4932 6332

THIS FORM MUST BE COMPLETED AND HANDED TO DIRECTOR BEFORE YOUR CHILD COMMENCES CARE
Days Attending. Please Circle:

Monday    Tuesday    Wednesday    Thursday    Friday

Please specify what times you need your child in care for.

Monday:   __:__am - __:__pm
Tuesday:  __:__am - __:__pm
Wednesday:  __:__am - __:__pm
Thursday:   __:__am - __:__pm
Friday:   __:__am - __:__pm

Please note: only pick your child up after 5pm if you are working.

CHILD’S DETAILS

Child’s Full Name:__________________________________________

Other Name/s Child is known as:______________________________

Ethnic and cultural identity of child:__________________________

Address:__________________________________________________ Postcode:

Phone:____________________Date of child’s First attendance:________

Is your child Aboriginal / Torres Strait Islander?   OYes   ONo

Birth certificate sighted and copied by Staff:_______________ Date:

Immunisation sighted and copied by Staff:_______________ Date:

FAMILY DETAILS

Family Nationality/cultural background:______________ Religion:_____

Language spoken at home:________________________________________

Your child lives with (please include names and ages):__________________________

Parent / Guardian

Name:____________________________________________________
E-mail:__________________________________________________
CRN:____________________________________________________
Other name/s by which parent/ guardian is known as:______________
D.O.B:__________________________________________________
Address:__________________________________________________ Post Code:________
Home Phone:____________________________________________
Mobile:____________________________________________________
Work Phone:____________________________________________
If applicable occupation:____________________________________
Employer:________________________________________________
Address:__________________________________________________ Post Code:________

Parent/ Guardian

Name:____________________________________________________
E-mail:__________________________________________________
CRN:____________________________________________________
Other name/s by which parent/ guardian is known as:______________
D.O.B:__________________________________________________
Address:__________________________________________________ Post Code:________
Home Phone:____________________________________________
Mobile:____________________________________________________
Work Phone:____________________________________________
If applicable occupation:____________________________________
Employer:________________________________________________
Address:__________________________________________________ Post Code:________
EMERGENCY CONTACTS & PERSONS AUTHORISED TO COLLECT CHILD:

Please ensure that emergency contacts are available to collect your child during the day, if you are not available. A contact phone number is essential. This person will be authorised to collect your child.

All emergency contact person’s must be over the age of 16 and proof of identity is required if staff are unfamiliar with the person.

Parents please do not list parents/ guardians in this section.

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<tr>
<th>FIRST CONTACT PERSON</th>
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<td>Relationship to child:</td>
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Is there any court orders involving your child: Yes No

If yes please submit a copy of the legal documents to director. Court orders cannot be enforced in the centre without this copy

PERMISSIONS:

I give the staff at Rutherford Playtime Preschool Permission to administer:

Insect Repellent Yes No Parent Signature:__________

Sting Goes: Yes No Parent Signature:__________

Sunscreen Lotion Yes No Parent Signature:__________

Dettol Yes No Parent Signature:__________

I ________________give permission for staff of Rutherford Playtime Preschool to take photos of my child within their learning environment, for use in the development of their personal portfolio, observations, for displays on our Facebook page our webpage and for advertisement purposes.

Parents Signature:______________ Date:______________
Health Details

Medicare Number-_______________________Expire date:______________
Child’s Name, as on card:______________________________________________

Private Health Fund:_________________Health Fund Number:___________
Do you have Hospital insurance?_______________________________________
Do you have Ambulance Cover?________________________________________

Family Doctor:______________________  Family Dentist____________________
Doctors Address:_______________    Doctors Address______________
                                      _____________________________
Phone:_____________________________    Phone:____________________________

I_____________________________________________authorise the staff of Rutherford Playtime
Preschool to seek emergency ambulance, medical, hospital or dental
treatment for my child_____________________________should this be
considered necessary. I understand that I will be liable for any costs
involved. I understand staff will contact me as soon as possible.

Signature:_________________________    Date:_____________________________

LONG TERM MEDICATION

Is your child on any long term medication? i.e. Asthma, epilepsy?  Yes/ No
Please list medications:_________________________________________________
Reason for Medications:_________________________________________________

If Yes, please complete the attached Medication Authority Form as well as
the Risk Minimisation plan & Communication plan

Does your child have a current medical
condition?:_____________________________________________________________

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES?    Yes / No

Please specify:__________________________________________________________

PLEASE NOTE*** for all children who do suffer from asthma, anaphylaxis or any
other medical condition we will need an asthma action plan or any applicable
action plan from your medical practitioner.
PARACETAMOL

If you would like the primary contact staff member at Rutherford Playtime Preschool to administer paracetamol to your child, in the event of an emergency, please complete the attached-

AUTHORITY FOR ADMINISTERING PARACETAMOL IN AN EMERGENCY form.

Without completion of this form, we are unable to administer paracetamol to your child in an emergency.

I____________________, (Parent/ Guardian Name) authorise Rutherford Playtime Preschool to provide one dose of paracetamol to my child__________________________ (Child’s Name)

I understand that this is a guideline for administration of a specific dose. I understand that every effort will be made, for my verbal permission, for each specific emergency.

I understand that if I cannot be contacted, the authorised supervisor will make the judgment as to whether to administer the paracetamol to my child.

In the event of an emergency, I agree to collect my child as soon as possible.

I understand the potential risks and side effects of this medication for my child.

Parent/ Guardian Name:________________________(Please Print)
Signature:________________________ Date:__/__/.
CHILD’S WELL BEING

The following is used by staff, to assist your child routine and in settling into the preschool environment.

Is your child Toilet Trained  Yes / No

What stage is your child at with this process?__________________________

Does your child have any soothers/ comforters? Yes/ No

If yes please list:____________________________________________________

Does your child have a dummy or a bottle? Yes / No

When?____________________________________________________________

Does your child have any fears? Yes / No

If yes please list:___________________________________________________

Does your child have any allergies? Yes / No

If yes please list:___________________________________________________

What’s your child’s favourite Songs, Games, Actions?

_______________________________________________________________

_______________________________________________________________

What is your child’s current likes, dislikes, interest?

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

What is your child’s usual day routine? (Sleep, rest etc.)

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Goals:

What would you like for your child to achieve during their time at Rutherford Playtime Preschool?_________________________________

_______________________________________________________________

_______________________________________________________________