



# NOOSA OUTLOOK CHILDCARE CENTRE

## ENROLMENT INFORMATION

### CHILD'S DETAILS

Child's Given Name: \_\_\_\_\_ Child's Family Name: \_\_\_\_\_

Other names/former names: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_

### Required Documents Provided

**Birth Certificate:** Y/N    **Immunisation Record:** Y/N    **Health Care Card:** Y/N

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

**Child's CRN:** \_\_\_\_\_ **Date of First Attendance:** \_\_\_\_\_

Days of Attendance: M T W TH F

### PARENT DETAILS

**Parent One** Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ **CRN:** \_\_\_\_\_

**Parent Two** Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ **CRN:** \_\_\_\_\_

### CUSTODIAL DETAILS

Legal Guardian: \_\_\_\_\_

Is anyone prohibited from having contact with or collecting your child/ren? \_\_\_\_\_

Please provide copies of any documentation or court orders that may apply.

**CULTURAL BACKGROUND:** At Noosa Outlook Childcare Centre we honour the histories, languages, cultures and traditions of all families. Please share with us information about yours.

Language/s spoken at home: \_\_\_\_\_

Does either parent/guardian or your child identify as Aboriginal or Torres Strait Islander? Y or N

Child's Cultural Identity: \_\_\_\_\_

Family customs or practices to be respected by the Centre: \_\_\_\_\_

## **CHILD'S HEALTH DETAILS**

Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_

### **Medical Details:**

Does your child require regular medication or have any special needs, food sensitivities, asthma, epilepsy, diabetes, anaphylaxis, allergies or any other medical condition we should know about?

If so, please provide details: \_\_\_\_\_

If your child has a Management Plan for any medical conditions please discuss with the Director.

Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

## **EMERGENCY CONTACTS - AUTHORISED NOMINEES**

Please list at least 3 people (other than the child's parents) authorised to collect the child or be contacted in case of an emergency.

NAME	RELATIONSHIP TO THE CHILD	HOME PHONE	WORK PHONE	MOBILE PHONE

**It is the responsibility of parents to notify all emergency contacts of their inclusion on this form.**

In the event of an emergency, illness or accident concerning my child, I consent to the Centre, on my behalf, seeking urgent medical, dental or ambulance service for my child/ren and I accept liability for any costs that may be associated.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## **IMMUNISATION DETAILS**

Is your child fully immunized according to the Qld Government Immunisation Program?

2-4 Months as per the Immunisation Schedule	YES	NO
6 Months as per the Immunisation Schedule	YES	NO
12 Months as per the Immunisation Schedule	YES	NO
18 Months as per the Immunisation Schedule	YES	NO
4 Years as per the Immunisation Schedule	YES	NO

**PLEASE PROVIDE YOUR IMMUNISATION RECORDS TO BE PHOTOCOPIED.**

## **PARENTAL CONSENT**

### **PLEASE CIRCLE THE FOLLOWING CLAUSES TO AUTHORISE:**

#### **GENERAL:**

I / We give Permission for this child to:

Have SPF 30+ or greater applied prior to sun exposure which is supplied by the service. If <b>NO</b> parents will be required supply their own preferred sunscreen.	YES	NO
Have Band-Aids or sticking plasters applied if necessary.	YES	NO
Have Educators apply nappy rash creams/paste that are provided by the parents.	YES	NO
Have Educators apply insect repellent that has been provided by the parents.	YES	NO

#### **PHOTOS and SOCIAL MEDIA:**

I / We give Permission:

For photos to be taken of my/our child for centre use and staff training purposes.	YES	NO
For photos of my/our child to be used in their developmental portfolio or in the portfolios of other children at the centre as part of observations and learning stories.	YES	NO
For photos to be used on the Noosa Outlook Childcare Centre Facebook page.	YES	NO
For group photos that may include my/our child to be shared with other families that attend the centre.	YES	NO
For photos of my/our child to be used for media purposes	YES	NO

I/We hereby acknowledge that we have read the Parent Handbook and agree to the conditions of this Service. I/We agree to pay the fees as per the Noosa Outlook Childcare Centre Fee Agreement and acknowledge that Public Holidays and Absences are charged for. In the event of an emergency I/we authorise staff to seek medical, hospital, dental or ambulance assistance.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Office Use Only:**

Commencement Date: \_\_\_\_\_ Child's Room: \_\_\_\_\_

Days of Attendance: M T W TH F Court Orders: Y / N / NA Kindergarten Enrolment: Y / N

Copy of Birth Certificate: Y / N Health Care Card Copied: Y / N Copy of Immunisation: Y / N

Added family details to Emergency Contact List: Y / N

Added family details to both IT systems: Y / N

Have NOCCC T-Shirts been provided: Y / N

Enrolled by: \_\_\_\_\_

