

Muddy Boots Enrolment Form

Please note:

It is essential that prior to commencement the following information is complete and up to date.

This form must be completed by a parent or guardian who has lawful authority in relation to the child.

Please notify the centre of any change of address, phone number or care arrangements.

Thank you for your cooperation

Days of Enrolment			
Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>		
Child Details			
First Name:		Surname:	
Home Address:			P/C:
Sex:	M / F	Date of Birth:	
Languages(s) spoken at home:			
Is the child of Aboriginal and/or Torres Strait Islander descent	Yes / No		
Mothers Details			
First Name:		Surname:	
Home Address:			P/C:
Telephones:	(H) _____	(W) _____	(M) _____
Does the child live with the mother?	Yes / No		Date of Birth _____
Occupation:	Place of Employment _____		
Fathers Details			
First Name:		Surname:	
Home Address:			P/C:
Telephones:	(H) _____	(W) _____	(M) _____
Does the child live with the father?	Yes / No		Date of Birth _____
Occupation:	Place of Employment _____		

Court Orders Relating to the Child

Are there any court orders relating to the powers and responsibilities of the parent in relation to the child or access to the child?

No Proceed Yes Please complete the following

1. Bring the court order/s for staff to see and a copy to attach to this enrolment form;
2. a) If these orders affect the powers of a parent or guardian of the child to:
 - Authorise the taking of the child outside the service by a staff member of the services'
 - Consent to the medical treatment of the child
 - Request or permit the administration of medication of the child;
 - Collect the child;
- b) Give these powers to someone else;

Please describe these changes and provide the contact details of any person given these powers

THE INFORMATION BELOW IS GUARDIAN INFORMATION – NOT EMERGENCY CONTACT INFORMATION

Guardian's Full Name: _____ (not emergency contact)

Home Address: _____ P/C: _____

Telephones: (H) _____ (W) _____ (M) _____

Does the child live with the Guardian? Yes / No

Occupation: _____

Place of Employment _____

Emergency Contact Person other than parent

There may be times when the child has an accident, injury, trauma or illness and the parent/s or guardian/s cannot be contacted. To deal with these situations we will notify the following person who is authorised to collect and care for the child. **Identification must be produced on request from staff.**

Details of Other People who can collect the Child

In the event that the child is not collected and the parent/s or guardian/s cannot be contacted, we will use this list to arrange someone to collect the child. This list may be added throughout the year. .

Identification must be produced on request from staff.

Full Name:

Home Address:

P/C:

Telephones:

(H)

(W)

(M)

Full Name:

Home Address:

P/C:

Telephones:

(H)

(W)

(M)

Full Name:

Home Address:

P/C:

Telephones:

(H)

(W)

(M)

Full Name:

Home Address:

P/C:

Telephones:

(H)

(W)

(M)

Full Name:

Home Address:

P/C:

Telephones:

(H)

(W)

(M)

Medical and Health Information

Name of Doctor / Medical Services: _____

Address: _____ P/C: _____

Telephone: _____

Medicare No: _____

Ambulance Subscription? Yes / No

Private Health Cover: Yes / No

Does the child have any allergy or sensitivity? Yes / No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

Does the child have Asthma Yes / No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

Does the child have any other medical conditions and needs (eg. epilepsy, diabetes, etc), which are relevant to the children's service?

Yes / No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

Does the child have any dietary restrictions? Yes / No If yes the following restrictions apply:

In the case of an emergency, do you consent to a blood transfusion? Yes / No

Immunisation Record

Has the child been immunised? Yes / No

Permission to Act in Case of an Emergency

Although every care will be taken of your child at preschool, the staff can in no way be held responsible for any accident which may occur.

In the event of an accident or illness requiring emergency medical or dental treatment (from either a doctor or dentist nominated by the parent or another doctor or dentist) or hospital treatment or ambulance service, every effort will be made to contact the parents before such treatment is sought.

However, should this prove impossible, it will be necessary for authority to be given for the treatment to be undertaken?

I, _____ **authorise the Director or second in charge of Muddy Boots Preschool to seek and authorise emergency treatment for my child**

Child's full name _____

Should this be considered necessary after all efforts to contact myself have been made?

Furthermore, I have read and agree to abide by conditions from the preschool and to accept such responsibility as enrolment at the preschool imposes.

Name

Signature

Date

Permission to Administer Medicines

Under the Child Care Services Welfare Regulation it is illegal to give medicine to the children at preschool without written permission of the parents.

A medicine book is available in the kitchen beside the microwave and this must be filled out completely and then shown to a staff member before your child can receive their medication.

Occasionally it occurs that a child becomes ill whilst at the preschool either developing an ear ache, the flu, a virus or a temperature of 37.5. In these circumstances with your permission as stated below, a staff member will be able to administer one(1) dose of Paracetamol according to the manufacturer's instructions for his/her age on one day whilst your child is at the centre

I hereby give permission of my child _____

to be administered one dose of Paracetamol as directed by the manufacturer for his/her age should he/she become ill whilst at the centre.

Name

Signature

Date

SHOULD A SECOND DOSE BE REQUIRED THE PARENT SHALL BE CONTACTED FOR VERBAL AUTHORITY.

Sunscreen Protection

In line with the NSW Cancer Council, we recommend that all children are protected by SPF 30+ sunscreen when exposed to sunlight. In conjunction with Muddy Boots Preschool Sun Smart Policy, we ask that each parent apply SPF 30+ sunscreen to their child prior to their arrival here at Muddy Boots Preschool.

- Yes reapply SPF 30+ sunscreen to my child
- No do not reapply SPF 30+ sunscreen to my child

Name

Signature

Date

Authority to use Photos

At different times during your child's day at preschool we may photograph them at play, for use with programming and planning, updates on our CLOSED Facebook page and also at times for advertising purposes. As part of the Privacy Act we need to have permission to be able to use your child's photographs for this purpose.

I give permission for the staff at Muddy Boots Preschool to use photographs of my child

Child's full name _____

Name

Signature

Date

Claim Child Care Benefit (CCB)

Centrelink Guardian Reference
Number: _____

Childs Reference Number: _____

Guardians Name: _____

Guardian DOB: _____

Telephone: _____

Celebrates

Would you like your child to take part of the religious celebrate eg Christmas, Easter etc?

Yes / No

Other information

If there is anything else that we should know about the child (excessive fears, favourite activities, development delay or disability etc) please provide details:

To apply for enrolment we ask you to:

1. Complete the Enrolment Application form and return it to us together with a **non-refundable** administration fee of **\$40.00**
2. When you accept a position you will need to pay a **\$200 bond per child.**
Please note that **2 weeks written notice** must be given once you have intention of leaving the centre your bond will be refunded towards your fees as soon as the centre receives your child care benefit payment.
3. The first two weeks fees are payable on enrolment and then on the first day of attendance each week thereafter.

Declaration

I, _____

A person with lawful authority of the child referred to this enrolment form,

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform Muddy Boots Preschool in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at Muddy Boots Preschool
- Consent to the staff at Muddy Boots Preschool seeking, or where appropriate, administering medication if so requested by me.
- Consent to my child to being photographed during regular preschool sessions and I also consent to these photographs being used for publicity purpose by Muddy Boots Preschool, on website and Facebook Page
- Have read, understand and agree to follow the fee payment structure and policies.
- I am happy for my child to be involved in gardening activities where they will come in contact with soil and organic materials.

Name

Signature

Date

Office Use Only

Checklist

- Birth Certificate
- Immunisation Record
- Application Fee
- Bond
- Enrolment Form Completed