



## Enrolment Form: Child

Given names: \_\_\_\_\_ Last name: \_\_\_\_\_  
 \_\_\_\_\_ Sex: M/F  
 Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
 \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Language Spoken: \_\_\_\_\_  
 \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Address; \_\_\_\_\_  
 NSW. \_\_\_\_\_  
 Court Orders: (please provide a copy at the centre)

Copy on File: Yes or No

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

### Days / Times Required

|                                 | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------------|--------|---------|-----------|----------|--------|
| <u>Arrival</u><br><u>Time</u>   |        |         |           |          |        |
| <u>Departure</u><br><u>Time</u> |        |         |           |          |        |
|                                 |        |         |           |          |        |

**Health:** Has your child been immunised Yes / No:  
 \_\_\_\_\_ must show evidence of blue book

|          |          |
|----------|----------|
| Doctor;  | Dentist; |
| Address; |          |
| Phone;   |          |
|          |          |

**Allergies:** Does your child have any allergic reactions? Eg; food, medicines, bees, face paint, sunscreen etc:

Have any behaviour difficulties we should know about? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regularly visit a specialist e.g. speech, etc: \_\_\_\_\_

**Health Con't:** Have any special condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any special medical condition:

\_\_\_\_\_  
Take any regular medication:

\_\_\_\_\_  
Child's present health status:

\_\_\_\_\_  
**General Needs:**

Does your child participate in festivals/celebration? Yes/No If no please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any words we need to know in any language to help make your child's day smoother? \_\_\_\_\_

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Does your child have any special comforter: \_\_\_\_\_  
Fears eg; Mowers, plug holes, thunder etc: \_\_\_\_\_  
Any other special needs: \_\_\_\_\_

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**Eating:**

Special dietary needs e.g. vegetarian, religious beliefs etc: \_\_\_\_\_

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Any food likes: \_\_\_\_\_

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Dislikes: \_\_\_\_\_

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**Sleep:**

Does your child have a mid day nap? Yes / No

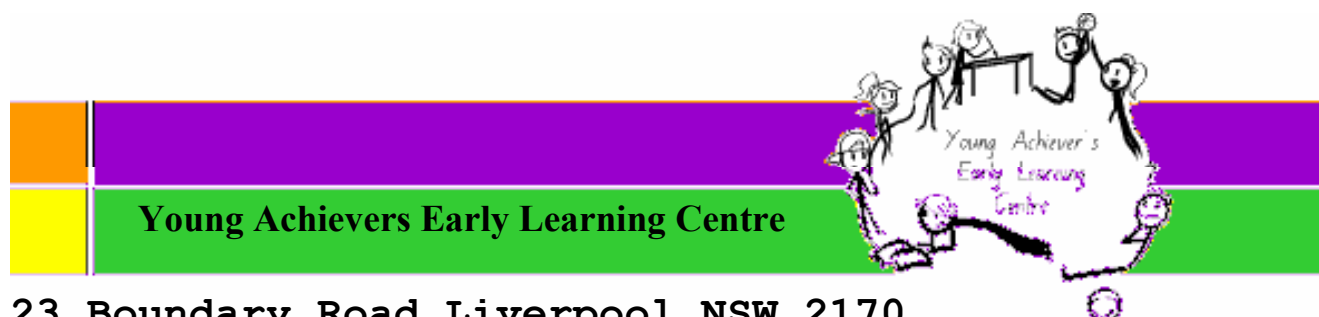
How long does he/she sleep for? \_\_\_\_\_

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Does your child need any comforter for sleep time? \_\_\_\_\_

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Young Achievers Early Learning Centre Enrolment form  
child's information



23 Boundary Road Liverpool NSW.2170  
Phone; 02 9600 8333

Enrolment Form

| Parent1.                        | Parent2. |
|---------------------------------|----------|
| Title / Last<br>Name _____      |          |
| First Name: _____               |          |
| Home<br>Address: _____<br>_____ |          |
| Home Phone: _____<br>_____      |          |
| Mobile: _____<br>_____          |          |
| Ethnicity: _____<br>_____       |          |
| Language Spoken: _____<br>_____ |          |

Date of Birth:

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Occupation:

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Work Name:

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Work Address:

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Work Phone:

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Medicare No. : \_\_\_\_\_ Health fund:  
\_\_\_\_\_ Number \_\_\_\_\_

Email Address:

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Other Children living at home names / ages:

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We have an open door policy and welcome parents and families to our program. Can you contribute any skills to our centre's program or have time to volunteer. Eg; Sewing, typing reading stories to children etc...

Other Comments:

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Young Achievers  
Early Learning Centre Enrolment pack / Parent  
Information



## Young Achiever's Early Learning Centre

### **Authority to Collect and / or Emergency Contacts: DO NOT INCLUDE PARENT/S NAMES**

I authorise the staff of Young Achievers Early Learning Centre to give the following names access to my child/dren: (Note the person nominated must be over 18 and over). Please ensure these emergency contact persons are willing and able to collect your child/dren in the event of an emergency. At least 2 contact names must be completed before enrolment commences.

When ever a new Emergency contact person arrives to pick up the child/ children at the centre they must bring a drivers' licence so that the staff at Young Achievers Early Learning Centre can correctly identify them.

|                       | Contact No.1 | Contact No.2 | Contact No.3 |
|-----------------------|--------------|--------------|--------------|
| First Name            |              |              |              |
| Last Name             |              |              |              |
| Address               |              |              |              |
|                       |              |              |              |
| Home Phone            |              |              |              |
| Mobile                |              |              |              |
| Work Phone            |              |              |              |
| Relationship to child |              |              |              |

#### **Signatures**

\_\_\_\_\_

#### **Of Emergency Contacts**

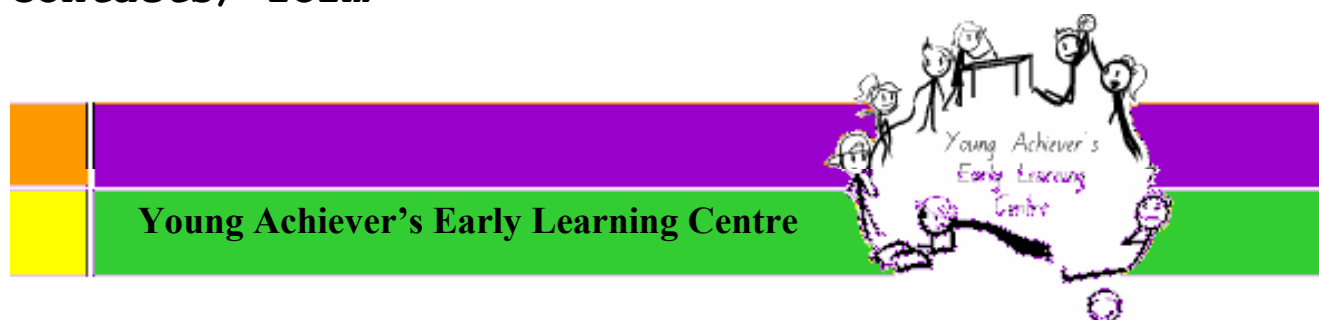
The staff at Young Achievers Early Learning Centre will not allow your child or children to go with

any adults unless their names and signatures are on this form.

I \_\_\_\_\_ Mother / Father of \_\_\_\_\_

Authorise for the listed Emergency Contacts above to collect my child/children from Young Achievers Early Learning Centre.

**Young Achievers Early Learning Centre Emergency Contacts/ form**



| Permissions and Conditions of Enrolment:  | Parent Signature |
|---|------------------|
| Fees must be paid on due date and always be 1 week in advance and in addition to a 2 week bond.   |                  |
| I agree to abide by the Centre Policies and Procedures as set out in the Parent Handbook and policy and Procedure Manual as discussed with the Centre Director.   |                  |
| I understand and accept that fees are payable for absences such as illness, holidays and Public holidays and that fees must be paid in advance. I understand that failure to pay fees on time will incur a \$10 per |                  |

|   |  |
|---|--|
| week charge and that child's position may be jeopardised.   |  |
| I agree to give the Centre two week's written notice of intention to change booked days or withdraw the child from the Centre. I agree to pay two weeks fees in lieu of notice, if two weeks notice is not given.   |  |
| I agree to ensure that the child is brought to and collected from the Centre by a responsible adult and that the adult signs the child into and out of the Centre. The responsible adult will ensure that staff is aware of the child's arrival departure. I will sign for any absences, as requested by staff.   |  |
| <p>I agree that we will abide by the Medication Policy of the Centre and provide a Doctor's letter outlining the medication, dosage and administration times or prescription medication that shows the child's name, current date plus medication, dosage and administration times, Parents are asked to give the medication to a staff member and complete a Medication Request Form for the child each day. <b>Do not leave medication in your child's bag.</b></p> <p>I agree to keep my child at home if he / she is generally unwell or suffering from any contagious conditions and</p> |  |



|   |  |
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| therefore unfit to participate in the normal daily activities of the Centre. I will collect my child promptly if the child becomes ill while at the Centre.   |  |
| I agree to inform the Centre Promptly of any changes to my child's family situation, any situation, any absences and any changes to any person collecting my child.   |  |
| I understand that I must collect my child from the Centre by licensed closing time of 6:00pm or I will be charged a late fee of \$25 for the first minute and \$1.00 for each minute thereafter.  |  |
| I understand that the staff at the Centre will take every precaution to ensure the safety of my child. In the event of an incident/accident occurring to my child, I give permission for the Centre staff to administer first aid.  |  |
| In an emergency situation, if deemed necessary, I give permission for the person in charge of the Centre to call ambulance for my child (at family's cost) and seek emergency medical/dental for my child. I understand that the Centre will make every effort to contact me. |  |
| I give permission for my child to be given one age appropriate dose of Paracetamol if he / she has  |  |

|   |  |
|---|--|
| a temperature of 38 degrees Celsius or higher and I am uncontactable or unable to collect my child within half an hour.   |  |
| I give permission for my child to be photographed and videoed while at the Centre for use within centre only.   |  |
| I give permission for my child to have sunscreen applied at the Centre. The Brand and ingredients of the sunscreen used is available for parent's inspection.   |  |
| I give permission for staff to use wet wipes for my child, the ingredients of the wipes is available for parents to inspect at the Centre.  |  |
| I understand that from time to time students may be present in the Centre. I understand a separate permission will be sought if a student wishes to observe my child.   |  |
| Young Achievers Early Learning Centre Permission Form   |  |
| I give permission for the Department of Community Services and the National Childcare Accreditation Council to have access to my child's records as required.   |  |
| I understand that occasionally an excursion may be organised for the children at the centre. We will be presented with all the details of the excursion prior to the event and asked for a specific approval. |  |
| I understand that violent and abusive manner will not be tolerated at the Centre.   |  |

|  |   |
|--|---|
| My family understand that complaints and grievances are to be formally lodged as Complaint Policy specify.   |   |
| I understand that swearing and bullying will not be tolerated at the Centre and will guide my child/children's' behaviour to avoid any un desirable behaviour. If my child continues to disrupt and causes discomfort to other children in care, a notice to vacate the Centre will be issued. |   |
| <p>I have read and signed all permissions and Conditions set out in this Enrolment Form. I certify that the information supplied is true and correct to the best of my knowledge.</p> <p>Signed: Parent 1.</p> <p>Signed: Parent 2.</p>  | <p>Name:                      Date:</p> <p>Name:                      Date:</p> |



# Child's Personal Profile

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

D.O.B: \_\_\_\_\_

Days of Attendance: M, T, W, Th, F

Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

Likes: \_\_\_\_\_

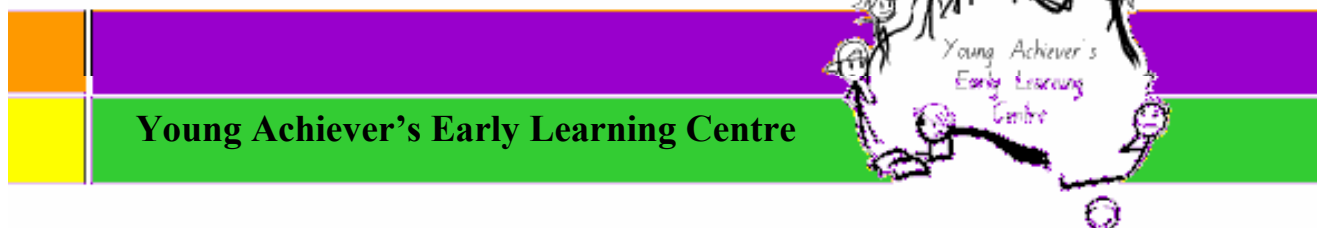
Dislikes: \_\_\_\_\_

Strengths: \_\_\_\_\_

Areas to be developed: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_



# Child's Multicultural Background

My name is:

\_\_\_\_\_

Cultural Background:

\_\_\_\_\_

My home language is:

\_\_\_\_\_

I can also speak:

\_\_\_\_\_

At my house we celebrate the  
following events:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My religion is:

As part of our Custom we:

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Due to Religious belief:

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