



Country of Birth	
Languages other than English spoken at home	
Parent Centrelink Reference Number (CRN)	
Please provide any relevant cultural background details	
Occupation	
Work Address	
Marital Status	
Does the child live with you?	YES / NO / SHARED

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes / No If yes, please provide all relevant documentation and paperwork	Attached Yes / No
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<p>Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?</p>	<p>Yes / No</p> <p>If yes, please provide all relevant documentation and paperwork</p>	<p>Attached Yes / No</p>
<p>Have photographs and names of unauthorised people been attached to this form?</p>	<p>Yes / No</p>	<p>Attached Yes / No</p>
<p>Briefly outline court order requirements</p>		



To ensure your child's safety, it is essential that you inform our Service of any medical conditions,

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Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school? <hr/>	Yes / No	Parent 1 Signature	
	Yes / No	Parent 2 Signature	
	Permission to exchange information: Yes / No		
While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them into your child's program.			

There may be times or situations where your child has had an accident, injury, trauma, or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of _____ from the Service and must provide identification when collecting the child. Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name	
Relationship to child	
Phone Number/s	Home:
	Mobile
	Work:

Do you <u>ONLY</u> give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	YES	NO
For my child's photo and name to be displayed if Medical Conditions, Allergies and Food Intolerances apply	YES	NO



	I agree to inform the Service in writing immediately of any changes to the above information.
	I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.
	I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
	If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
	I agree to pay a late fee of _____ or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, the Responsible Person or educators may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
	I agree to provide _____ written notice to withdraw my child or reduce booked days.
	I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer, they use their own sunscreen, please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
	I authorise a qualified staff member to administer a single dose of paracetamol appropriate to my child's age, in the event of my child experiences a high temperature of ____ and above and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.

I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's _____ form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Service

