



ENROLMENT FORM

CHILD'S DETAILS

CHILD'S SURNAME: _____

CHILD'S FIRST NAMES: _____

PREFERRED NAME: _____

DATE OF BIRTH: _____ MALE/FEMALE

ADDRESS: _____

LANGUAGE (OTHER THAN ENGLISH) SPOKEN AT HOME AND CULTURAL BACKGROUND OF THE CHILD _____

BIRTH CERTIFICATE, ORIGINAL SIGHTED, COPY ATTACHED

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PARENT(S)/GUARDIAN(S) DETAILS (Authorized to give permission)

PERSON 1: FULL NAME (MRS/MISS/MS/MR) _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____ (HOME) _____ (WORK) _____ (MOBILE)

RELATIONSHIP TO CHILD _____

DO YOU HAVE LEGAL GUARDIANSHIP? _____

CULTURAL BACKGROUND _____

PERSON 2: FULL NAME: (MRS/MISS/MS/MR) _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____ (HOME) _____ (WORK) _____ (MOBILE)

RELATIONSHIP TO CHILD _____

DO YOU HAVE LEGAL GUARDIANSHIP? _____

CULTURAL BACKGROUND _____



Woodlupine Family Centre 3 year old Kindy
88 Hale Road, Forrestfield
Tel: 08 9359 1155
woodlupine-fc@bigpond.com

ARE YOU MARRIED, SINGLE, SEPARATED OR IN A DE-FACTO RELATIONSHIP? (please circle)

DOES THE CHILD HAVE ACCESS TO BOTH NATURAL PARENTS? (please circle) YES / NO

ARE THERE ANY ACCESS OR CUSTODY PROVISIONS WITHIN THE FAMILY UNIT? (please give details)

ARE THERE ANY COURT ORDERS RELATING TO CUSTODY CARE RESIDENCE OR CONTACT OF THE CHILD?
(please give details)

AUTHORISED NOMINEES OF CHILDREN

Persons listed below will be notified of any emergency involving the child, have authorisation to collect my child/children from the Centre, and/or give permission in place of a guardian in an emergency. They will be advised of an emergency when legal guardians or parents cannot be contacted.

Other than the persons listed on the front page.

Under no circumstances will the child/children be permitted to leave the Centre without written permission from the Parent/ Guardian. **Please always advise the staff of any changes to these details.**

AUTHORISED PERSONS:

1: FULL NAME : _____

ADDRESS : _____

TELEPHONE NUMBER : _____

RELATIONSHIP TO CHILD : _____

☐

Authorise administration of medication

☐

Agree to be emergency contact

☐

Give consent to medical treatment

☐

Transportation by ambulance

☐

Authorise Educator to take child from service

☐

Collection of child only

2: FULL NAME : _____

ADDRESS : _____

TELEPHONE NUMBER : _____

RELATIONSHIP TO CHILD : _____

☐

Authorise administration of medication

☐

Agree to be emergency contact

☐

Give consent to medical treatment

☐

Transportation by ambulance

☐

Authorise Educator to take child from service

☐

Collection of child only



AUTHORITY TO OFFER MEDICAL ASSISTANCE

I hereby give my consent for a doctor nominated by the Centre to be called for medical attention in the case of an emergency, or for my child to be transported to a Medical Facility via an ambulance in the event of an emergency. I agree to pay any expenses incurred for medical treatment and ambulance transport where applicable. In case of severe allergies, I agree to allow staff to use an epipen when required.

Signed : _____ Date : _____

Name : _____

NOTE: A CHILD CANNOT BE ACCEPTED INTO OUR CARE WITH SIGNS OF ANY COMMUNICABLE DISEASE OR CONDITION THAT MAY PREJUDICE THE HEALTH OF OTHERS.

RELEVANT HEALTH, SAFETY AND CARE OF CHILD

Is there any relevant medical information that should be passed on to staff?

Child's Doctor : _____

Address : _____

Telephone Number : _____

MEDICARE NUMBER: _____

IMMUNISATION RECORD, ORIGINAL SIGHTED, COPY ATTACHED:

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Does your child have any Additional or Special Needs ? (e.g. cultural, religious, dietary, Autism/disabilities etc)



ALLERGIES AND MEDICAL CONCERNS:

Are there other health or behaviour conditions that we should be aware of?
(Please include all allergies, fears, disabilities or disease, i.e. asthma, epilepsy, etc.)

Does your child take regular medication? (please circle) YES NO
If YES, please give further details _____

A medical form issued by the Centre must be completed by the parent/guardian.

The Woodlupine Family Centre 3 year old Kindy has my permission to administer Savlon, Stingose, Plastic band aids, and 30+ sunscreen at the discretion of the Educator.

ANY CHILD WITH ANAPHYLAXIS, ASTHMA OR OTHER SEVERE MEDICAL CONDITIONS WILL NEED TO PROVIDE AN ACTION PLAN TO STAFF.

Signed: _____ Date: _____

Name: _____

PRIVACY REQUIREMENTS

I hereby give my consent for my child to be photographed/videoed whilst at Kindy (e.g. Xmas concert, to be used as part of a craft activity, to be displayed in the kindy room). Photographs may be posted to social media on occasion however the children's faces will be obscured so they will be unable to be identified by the general public. Please refer to our Photograph Policy for further details. Any parents receiving observations or communication with photos that may include other children agree to the confidentiality of these and will not share to social media or other platforms.

I acknowledge that whilst participating in the program my child's name may be displayed in public view (e.g. attendance register, on child's work, etc).

EXCURSIONS ARE NOT USUALLY UNDERTAKEN AT 3 YEAR OLD KINDY.
On occasion children may be walked outside to local areas surrounding the kindy.
I give permission for my child to attend when these occasions occur.

Signed: _____ Date: _____

Name: _____

TRANSPORT TO AND FROM THE CENTRE IS THE SOLE RESPONSIBILITY OF THE PARENT/CAREGIVER