



## Child Details

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Child's Given Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Child's Sex: M/F \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

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

Private Health Fund/Ambulance: \_\_\_\_\_

Child CRN: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cultural Background/  
Nationality: \_\_\_\_\_ Language Spoken  
at Home: \_\_\_\_\_

## Primary Parent/ Guardian To Collect

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### Parent/ Guardian 1

First Name & Surname: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Work Address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Parent CRN: \_\_\_\_\_

Cultural Background/  
Nationality: \_\_\_\_\_ Languages spoken  
at home: \_\_\_\_\_

### Parent/ Guardian 2

First Name & Surname: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Work Address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Parent CRN: \_\_\_\_\_

Cultural Background/  
Nationality: \_\_\_\_\_ Languages spoken  
at home: \_\_\_\_\_

## Nominee Authorisation

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*The nominee(s) below must sign where indicated and by doing so, are authorised to collect the child from the centre. The nominee(s) may also be contacted in the event of an emergency when The Family Tree has been unsuccessful making contact with the parent/guardian. The centre requires written notice from the parent/guardian for people NOT nominated on this form to collect the child and identification will be required.*

### Authorised Nominee (1)

First Name & Surname: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_

### Authorised Nominee (2)

First Name & Surname: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_

### Authorised Nominee (3) *optional*

First Name & Surname: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_

# Authorised Nominee (4) *optional*

First Name & Surname: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_

Are there any Court Orders, Parenting Plans,  
or Parenting Orders pertaining to your child? Y/N

If so, you MUST provide a copy of this order for your child's file.

Days child to attend (please tick)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Early Learning Centre (All Day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of School Hours Care (AM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of School Hours Care (PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your Child's Health

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Does your child have any disabilities, medical conditions/ long term medications or any other specific health care needs?	
Does your child have any known allergies or any illnesses that we should be aware of? If anaphylactic please go to next section	
Please list any previous serious injuries or illnesses related to your child that may affect their time at the centre.	
Does your child have any dietary requirements/ restrictions?	

## Anaphylaxis

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Has your child been diagnosed as at risk of anaphylaxis? Y/N

Does your child have an auto injection device e.g EpiPen or other medication related to their Anaphylaxis?	
Does your child have dietary requirements related to their Anaphylaxis? If so, please describe briefly.	
Does your child have any environmental requirements related to their Anaphylaxis? If so, please describe briefly	

Child's health record has been sighted

Signed: \_\_\_\_\_

I have received; the policies and procedures relevant to my child's Anaphylaxis care needs and have been assisted to complete the relevant documentation.

Parent/ Guardian

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

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

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

In case of an accident or illness requiring emergency treatment, the team member in charge will call an ambulance. Every effort will be then made to contact the parents or your nominee to inform of the situation. Parents are asked to complete the following:

I / we authorise the staff of the centre to seek/ provide urgent medical, dental, hospital treatment or ambulance service for my child should it be required. I have read, understood and agreed to abide by the conditions of the centre.

Initials: \_\_\_\_\_

I/ we authorise for the administration/ application of sunscreen, Sudocrem/ Bepanthen or Bonjella at times deemed appropriate by the centre.

Initials: \_\_\_\_\_

I/we authorise the educators at The Family Tree ELC to take photographs of my child individually and in a group, for the purpose of their portfolios, learning stories and craft projects.

Initials: \_\_\_\_\_

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

## Immunisation

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What is your child's current immunisation status?  
Please circle

Birth	2 mths	4 mths	6 mths	12 mths	18 mths
4 yrs	Chicken Pox	Pneumococcal	Other:		

## Maintaining Fees

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I agree to abide by the centre's policy of maintaining fees one (1) week in advance. I also understand fees are to be paid for all the days the child is absent or sick and public holidays. If I am late picking up my child, I agree to an additional \$2 per minute to be charged. If fees fall behind, my child's place at this centre may be jeopardised.

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

## Enrolment Confirmation

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I am aware The Family Tree ELC has policies and procedures they abide by and that they are kept in the foyer and are available to me to read at all times.

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

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

## Transport

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(Applicable to Out Of School Hours Care Only)

I \_\_\_\_\_ give permission for The Family Tree OSHC to transport my child/ren \_\_\_\_\_ when necessary, for the purpose of delivering/collecting from school and/or planned excursions.

## Fee Structure As of October 2016

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Out Of School Hours Care

Before school: \$20.00

After school: \$30.00

Vacation Period: \$60.00

Above prices are prior to any Centrelink entitlements. Please contact Centrelink to discuss your eligibility.

The Family Tree Early Learning Centre

\$109.00 per day.

Price is prior to any Centrelink entitlements. Please contact Centrelink to discuss your eligibility.