



Child Details

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

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

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

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

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

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

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

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

(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.

Complying Written Agreement

It is a government requirement that, in order to receive the new Child Care Subsidy, families must enter a Complying Written Agreement with their child care provider. This is an agreement between your provider (us, The Family Tree) and yourself to provide care in return for fees. There is certain information that the government requires. Please see below.

FAMILY NAME/S (person/s responsible for account)

DATE CARE COMMENCED

CHILDS NAME

CHILDS DATE OF BIRTH

DAYS CARE IS PROVIDED

HAVE YOU BEEN MADE AWARE OF THE CURRENT FEE SCHEDULE? (please circle) Y N

Signature: _____