



Smithfield Child Care Centre
64 Cheviot St SMITHFIELD QLD 4878
Phone: (07) 4057 7866 Fax: (07) 4057 7821
email: smithfieldchildcare@bigpond.com
 Proudly sponsored by Cairns & District Child Care Development Association Inc

ENROLMENT FORM

CHILD'S NAME _____ (M/F) _____ D.O.B. _____
 ADDRESS _____

PARENT

PARTNER

Name _____
 Address _____

 _____ P/code _____
 D.O.B. _____
 Home Phone _____
 Mobile Number _____
 Occupation _____
 Work Address _____

Name _____
 Address _____

 _____ P/code _____
 D.O.B. _____
 Home Phone _____
 Mobile Number _____
 Occupation _____
 Work Address _____

Work Phone _____
 Hrs/Days/Ext _____
 Nationality _____
 Cultural Background _____
 Religion _____
 Language spoken _____
 Sole Parent YES/NO

Work Phone _____
 Hrs/Days/Ext _____
 Nationality _____
 Cultural Background _____
 Religion _____
 Language spoken _____
 Relationship to child _____

**Please specify any talents, skills, knowledge you may be able to share with us at the centre:* _____

EMERGENCY CONTACTS:

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Family Doctor _____ Phone _____
 Medicare Number _____

Medical Record _____
(e.g. illness, hospitalisation) _____
Additional needs or disabilities _____

Regular medication _____
Known Allergies _____

Immunisations *	Triple Antigen/Sabin	2m	4m	6m	18m	4yr
	Measles/Mumps/Rubella	1yr	4yr			
	Hepatitis B	1st	2nd	3rd	4th	
	HIB	2m	4m	12m		
	Other					

** (Please bring along your Immunisation booklet for us to copy as a record)*

Please note: non-immunised children are not excluded from accessing care, but families will be advised if an outbreak of an illness does occur and non-immunised children may be excluded for a specified period, as per Qld Health guidelines and centre policy.

Special Dietary requirements _____

Particular cultural requirements _____

Court orders/custody details _____

DAILY ROUTINES

Food likes/dislikes _____

Toilet training _____

Sleep routines _____

Does your child have a security object? _____

Particular fears (eg thunder, dogs) _____

Any other relevant details? _____

ATTENDANCE DETAILS

Commencement date: _____ Child's age on this date: _____

Days of attendance: Mon Tues Wed Thurs Fri

Time From:

To:

AGREEMENT FORM — CONFIDENTIAL INFORMATION

AUTHORISATION FOR COLLECTION OF CHILD

I hereby authorise the staff of the centre to give my child/ren _____
to the following person/people _____

**** I will give prior notice to the Director or Group leader on each occasion.**

Parent's/guardian's signature _____ Date _____

PERMISSION FOR STAFF TO ACT IN CASE OF EMERGENCY/ACCIDENT

In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the parents/guardians before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for treatment to be undertaken. Parents are responsible for meeting any costs incurred.

Please complete and sign the following:

I authorise the staff of the centre to seek emergency medical treatment for my child should this be necessary.

Parent's signature _____ Date _____

FINANCIAL POLICY

I agree to the terms of the financial policy. Accounts will be printed each Monday and must be paid within the week (by cash, eftpos, cheque, credit card & direct deposit). Absences due to illness, parent RDO's etc will be charged at my usual rate. Holiday rates will apply when advance notice is provided (\$5 per day or \$25 per week for fulltime care) and no fees apply if the day can be re-sold to a centre family. No fees on Public Holidays. A late fee of \$25 will apply every 15 minutes if I collect my child after 6pm. Notice to withdraw from care is a minimum of 2 weeks.

Parent's/guardian's signature _____ Date _____

** Please refer to the complete policy for further details—located in foyer and children's rooms.*

COLLECTION STATEMENT

Smithfield Child Care is committed to protecting your privacy. The *Privacy Act 1988* sets out a number of principles concerning the protection of your personal and sensitive information. The information that we request from you on your child's enrolment forms, agreement forms, room information details, medical and incident report forms will be used specifically for the purpose intended - that is, to enable us to provide an individually appropriate, developmentally based program that meets all expressed needs of your child/ren.

We will take all reasonable steps to ensure the information is securely stored and as complete and up to date as possible. Disclosure of this information will only occur for the purpose which it was intended and only to those who need to know for the purpose of providing child care. Generally speaking, you have access to view information that we keep about you.

Please sign below to indicate your consent to Smithfield Child Care collecting, using, storing and disclosing your personal and sensitive information as outlined above.

Parent's/guardian's signature _____ Date _____

AGREEMENT FORM (cont.)

UPDATE OF INFORMATION / DAILY CONTACT

I agree to keep this service informed of any changes to the information supplied on these enrolment forms. (specific update form available). I will ensure someone listed on my enrolment form is contactable at all times whilst my child is in care (myself, partner or emergency contacts).

Parent's/guardian's signature _____ Date _____

PERMISSION TO TAKE CHILDREN ON LOCAL EXCURSIONS

I give permission for my child to participate in excursions from the centre, either by foot, car, bus or public transport, within the local community. I acknowledge that I will receive a notice and separate permission form on each occasion.

Parent's/guardian's signature _____ Date _____

ADMINISTRATION OF PARACETAMOL

I acknowledge that paracetamol will *not* usually be given to my child as part of first aid treatment as this inhibits the ability for parents and medical practitioners to correctly observe a child's illness and does not allow the body a chance to strengthen own healing abilities. If however, it is deemed *absolutely* necessary, I give permission for my child to be administered paracetamol by the Director or Group Leader.

I acknowledge every effort will be made to contact me prior to this event.

Parent's/guardian's signature _____ Date _____

USE OF SUNSCREEN & MOSQUITO REPELLANT

I authorise staff at Smithfield Childcare to apply sunscreen & mosquito repellent, supplied by the centre, onto my child's skin as necessary. I understand the sunscreen used is a minimal 30+ strength. Should I prefer, I will supply my own sunscreen & insect repellent (due to sensitive skin etc).

Parent's/guardian's signature _____ Date _____

PERMISSION FOR OBSERVATIONS

I consent to my child being the subject of observations for the purpose of their development and assessment and training for students on field placement. However if questioning or testing of my child is to be undertaken my permission will be sought, in writing, beforehand.

Parent's/guardian's signature _____ Date _____

PERMISSION FOR PUBLICITY

I give consent for my child's photograph, first name, age and suburb being used for centre publicity (eg newspaper, television, website, brochures etc), should this be required. I also agree for my child's photo to be possibly included in group pictures in other children's development portfolios. These portfolios will be sent home at the end of the year to each child's home.

Parent's/guardian's signature _____ Date _____

PERMISSION TO CHECK FOR HEADLICE

I authorise staff to check my child's hair for the presence of Headlice at any time as required. I agree to adhere to the advice of senior staff to collect and treat my child for Headlice should this be needed. Signed _____ Date _____

