



WATER ST OCCASIONAL CARE CENTRE

(Sponsored by: Cairns & District Child Care Development Assoc Inc)

70 Water St, Cairns Qld 4870

Ph: (07) 4031 2983 Email: waterst70@bigpond.com

ENROLMENT FORM 2010/11

Today's Date: **Commencement Date:**

Child/ren:

1. Family Name: **Given Names:**

DOB: Age on first day of attendance: Gender: **M/F** Hours of Attendance:

Residential

Address: **CRN Number:**

2. Family Name: **Given Names:**

DOB: Age on first day of attendance: Gender: **M/F** Hours of Attendance:

Residential

Address: **CRN Number:**

Child Care Benefit: Are you already claiming CCB with another organisation? Yes No (*circle*)

PARENT/GUARDIAN

CRN No:

Name:

Date of Birth:

Address:

Phone No: Mobile:

Occupation:

Place of Employment:

Work Address:

Work Phone No:

Language spoken at home:

Authorised to collect child/ren: **Yes/No**

PARENT/GUARDIAN

CRN No:

Name:

Date of Birth:

Address:

Phone No: Mobile:

Occupation:

Place of Employment:

Work Address:

Work Phone No:

Language spoken at home:

Authorised to collect child/ren: **Yes/No**

Do you have any special requirements eg. Cultural or religious requirements? **Yes/No**

If **yes**, please give details

Do both parents have custody/guardianship of child/ren? **Yes/No**

If **no**, please provide a copy of the Custody/Guardianship Papers for our file.

(cont)

COLLECTION OF CHILDREN

Written permission is required if any-one other than the parent/s or nominated, authorised person is to collect your child/ren.

1. Name: Phone No: R/ship:

Address: Authorised to collect child: **Yes/No**

2. Name: Phone No: R/ship:

Address: Authorised to collect child: **Yes/No**

EMERGENCY CONTACT (*other than parent*)

In the event of an accident/incident you need to be able to come to the centre immediately. Emergency contact numbers are essential.

1. Name: Phone No: R/ship:

Address: Authorised to collect child: **Yes/No**

2. Name: Phone No: R/ship:

Address: Authorised to collect child: **Yes/No**

MEDICAL DETAILS:

Family Doctor: Address: Phone No:

Does your child/ren have any allergies? **Yes/No**

If **yes**, please complete an Allergy Details Form.

Does your child/ren experience an anaphylactic reaction when exposed to an allergen? **Yes/No**

If **yes**, please complete and Allergy Detail Form and an Emergency Action Plan for your child.

Does your child/ren suffer from Asthma? **Yes/No**

If **yes**, please complete an Asthma Management Plan for your child.

Does your child/ren have any other illnesses? **Yes/No**

If **yes**, please provide details

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Does your child/ren have a disability or other special need? **Yes/No**

If **yes**, please provide details

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Immunisation:

I accept that it is my responsibility to ensure that the Water St Occasional Care Centre has an up to date record of my child/ren’s immunisation, if requested. I understand that if my child is not immunised, he/she may be excluded from the centre for the recommended exclusion period, if another child contracts one of the illnesses for which there is an immunisation. I understand that this is for the protection of my own child/ren and for the protection of all concerned with the centre.

Is your child’s immunisation up to date? **Yes/No**

Signed:
(Parent/Guardian)

Date:

Excursions:

No provision is made for excursions in Occasional Care.

Photographs: *(please circle where applicable)*

I **do/do not** consent to photographs of my child/ren being taken for centre use only.

Head Lice:

If my child is believed to have head lice, I understand that I will be contacted immediately and asked to collect my child.

Medication:

All medication is to be given to a staff member and recorded in the medication register, which is located in the nursery; all medication is stored in the nursery for safe keeping. Any medication administered is to be witnessed by two (2) staff members and is also to be signed by the parent. All prescribed medication must be in the original container, with the child’s name, date of issue and as per written instructions by the Doctor. **NO** un-prescribed medication will be administered. Any injury or treatment given while your child is at the centre is recorded in our injury/incident form.

Ambulance/Medical Treatment:

In the event of an emergency, I authorise a staff person with a First Aid Qualification to administer First Aid. I give consent for my child/ren to be transported by the Queensland Ambulance Service to the Cairns Base Hospital, and hereby agree that I will be responsible for any expenses associated therewith.

Signed:
Parent/Guardian

Date:

I/We have read and understand the policies contained on this form and in the Water Street Occasional Care Centre Handbook.

I/We agree to abide by these policies.

Signed:
Parent/Guardian

Date:

Signed:
Parent/Guardian

Date:

If you would like to receive our monthly newsletter via email, please supply your email address.

Email Address: