

BLOOMING KIDS EARLY LEARNING & LONG DAY CARE CENTRE



81-83 Marian Drive

Port Macquarie

NSW 2444

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Date: __ / __ / ____

ENROLMENT FORM – OUT OF SCHOOL HOURS CARE/ VACATION CARE

CHILD DETAILS: CRN: MEDICARE: _____

Family Name: _____ Given Names: _____

Address: _____ Postcode: _____

Date of Birth: __ / __ / ____ Place of Birth: _____ Gender: _____

CULTURE: Aboriginal Torres Strait Islander Other _____

DATE OF FIRST ATTENDANCE: __ / __ / ____ AGE: _____

BEFORE SCHOOL CARE **AFTER SCHOOL** **VACATION CARE**

DAYS OF ATTENDANCE: (Please circle) **MON TUES WED THURS FRI**

SCHOOL ATTENDED: _____

PARENT 1 CRN:

PARENT 2

Christian Names: _____

Christian Names: _____

Surname: _____ D.O.B : __ / __ / ____

Surname: _____ D.O.B : __ / __ / ____

Culture: _____ Language: _____

Culture: _____ Language: _____

Address: _____

Address: _____

_____ P/Code: _____

_____ P/Code: _____

Phone: (H) _____ (M) _____

Phone: (H) _____ (M) _____

Occupation : _____

Occupation : _____

Employer : _____

Employer : _____

Phone:(W) _____

Phone:(W) _____

Signature: _____

Signature: _____

Email: _____

Email: _____

If we are unable to contact you please indicate two people in order of preference who may act on your behalf,

Emergency Medical Pickup
Authorised excursion out of the Centre

Emergency Medical Pickup
Authorised excursion out of the Centre

Name: _____

Name: _____

Address: _____

Address: _____

_____ P/Code: _____

_____ P/Code: _____

Relationship to child: _____

Relationship to child: _____

Phone (H) : _____

Phone (H) : _____

Phone (W) : _____

Phone (W) : _____

Phone (Mob) : _____

Phone (Mob) : _____

N.B : Staff will not allow anyone to collect your child without your prior permission.

CULTURAL / RELIGIOUS REQUIREMENTS: YES / NO

Details: _____

LANGUAGE SPOKEN AT HOME: _____

COURT ORDERS: (custodial / access orders) : YES / NO

If yes, please supply a copy to the Director – Copy filed: YES / NO

BIRTH CERTIFICATE SIGHTED: YES / NO

IMMUNISATIONS: YES / NO RECORDS SIGHTED: YES / NO

SERIOUS ILLNESSES: YES / NO REGULAR MEDICATION: YES / NO

ALLERGIES: (e.g. food, skin) YES / NO (A doctor/dietician letter MUST be supplied)

Details: _____

I have been informed of me fees per week at the centre and I am aware that I must stay 1 week in advance with me fees at all times. I understand that a \$10 administration fee will be charged on process of an overdue account.

SIGNED: _____ DATE: _____ WITNESS: _____

AUTHORITY FOR ADMINISTERING PARACETAMOL IN AN EMERGENCY:

I _____ (parent/guardian) authorize staff of Blooming Kids Early Learning and Long Daycare Centre to administer **one dose of paracetamol** to my child.

I understand that this authority is a guideline for administration for a specific dose.

I understand that I will be contacted for my permission for each specific emergency.

In the event of an emergency I agree to collect my child as soon as possible.

I understand the potential risks and side effects of the medication for my child.

CHILD'S NAME : _____ **D.O.B :** _____ Signed: _____

Trade Name of Paracetamol: Children's Panadol Original Baby drops 1mth – 2 yrs

Children's Panadol Elixir 1-5 years

Children's Panadol Elixir 5-12 years

Dosage to be administered (one only): _____

Condition of circumstance under which to be administered: _____ (other)

Fever or temperature over 38.5 C

EMERGENCY MEDICAL AID:

I authorize the Staff of Blooming Kids Early Learning & Long Day Care Centre to arrange transport by ambulance to hospital in the event of illness or accident of my child when either parent cannot be contacted. **YES/ NO**

Signed

Print Name

PHOTOGRAPHS:

I give permission for my child's photograph to be taken and used in displays whilst attending this Centre. **YES/ NO**

SUNSCREEN:

I give permission for the staff at Blooming Kids Childcare Centre to apply sunscreen on my child. I understand that as the parent I am responsible for applying sunscreen in the mornings. I also understand that this is a SunSmart Centre therefore I must supply my child with a hat each day. **YES/ NO**

PERMISSION NOTE FOR CHILDREN TO LEAVE CENTRE

By signing this permission slip you are agreeing that you are giving your child permission to be off premises during any Vacation Care or After School Care program which they are enrolled in.

I give permission for my child _____ to travel by Centre Bus to the designated areas whilst participating in the Vacation Care Programs during any School Holidays in which they attend the Centre.

I understand that the carer responsible for them is Qualified and takes along sufficient food, drink and a completely stocked First Aid kit.

Signed

Print Name

EXCURSION POLICY:

I have read and understood the excursion policy which is attached to the Vacation Care handbook.

Signed

Print Name