



BLOOMING KIDS EARLY LEARNING & LONG DAY CARE CENTRE

81-83 Marian Drive
Port Macquarie
NSW 2444

Ph: (02) 65 812 515
Fax: (02) 65 812 815

Email: admin@bloomingkids.com.au

Date: ___/___/___

ENROLMENT FORM – LONG DAYCARE

CHILD DETAILS: CRN: MEDICARE NUMBER:

Family Name: _____ Given Names: _____

Address: _____

Postcode: _____

Date of Birth: ___/___/___ Place of Birth: _____ Male Female

CHILD CULTURE: Aboriginal Torres Strait Islander Other _____

DATE OF FIRST ATTENDANCE: ___/___/___ AGE: _____

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

ATTENDANCE OF ANOTHER CENTRE (Please circle) MON TUES WED THURS FRI

NAME OF PREVIOUS CENTRE _____

PARENT 1 CRN:

PARENT 2

Given Names: _____

Given 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) _____

Email _____

Email _____

Signature _____

Signature _____

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) : _____

Sample Signature : _____

Sample Signature : _____

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

LANGUAGE SPOKEN AT HOME: _____

CULTURAL / RELIGIOUS REQUIREMENTS WHILST AT THE CENTRE: YES / NO

Details: _____

SIBLINGS? YES/NO **AGES** _____

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

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

CHILD'S DOCTOR:

Name: _____

Address: _____

_____ P/Code: _____

Phone Number: _____

MEDICAL CONDITIONS: YES / NO

(A doctor to supply medical management plan) MUST be supplied)

DETAILS: _____

REGULAR MEDICATION: YES / NO

EMERGENCY MEDICAL AID:

I authorise 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

BIRTH CERTIFICATE SIGHTED & COPIED: YES / NO

IMMUNISATIONS SIGHTED & COPIED: YES / NO

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.

Signed: _____

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

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

PHOTOGRAPHS:

I give permission for my child's photograph to be taken and used in displays within the centre **YES / NO**

Signed: _____

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 Signed: _____

I give permission for my child's photograph to be used on the Blooming Kids (www.bloomingkids.com.au) website

YES / NO Signed: _____

EMAIL: Do you wish to receive receipts/statements/Newsletters via email? **YES/NO**

I have read and fully understand the terms and conditions of enrolment at Blooming Kids Early Learning & Long Day care centre detailed in the Parent Handbook. I agree to abide by these conditions which outline my obligations regarding my child's enrolment.

SIGNED: _____ **DATE:** ___/___/___ **WITNESS:** _____

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

SIGNED: _____ **DATE:** ___/___/___ **WITNESS:** _____

Blooming Kids Early Learning and Long Day Care Centre
ROUTINE FORM

Date: / /

Child's Name: _____ D.O.B: _____

Parent's Names: _____

| <u>Attendance days/times:</u> | MON | TUES | WED | THUR | FRI |
|-------------------------------|-------|-------|-------|-------|-------|
| | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |

Sleep details: (home routine, sleeping position, security toy, sound sleeper, difficult to settle, dummy, drinks before sleep, settles alone)

Food: (breast/bottle fed, formula-type/amount/frequency, solids- likes/dislikes, home diet, meal times/bottles, feeds self, special spoon, appetite – large/small)

Toilet: (nappies/toilet trained – toileting pattern, creams/lotions used, placid/difficult while changing)

Other: e.g. Access to early intervention, speech or occupational therapy, counseling or psychologist services

N.B The centre adopts the recommended safe sleeping positions and does not endorse giving babies feeding bottles while unattended in bed (see 'Clothing, Rest and Sleep Policy')