

# Enrolment Form



PH: (07) 49832084

OPEN MONDAY - FRIDAY  
7.00AM - 5.30PM

*PROVIDING HIGH QUALITY CARE  
FOR YOUR CHILDREN*

**(It is a requirement that this Form be completed in full  
for your Enrolment to be accepted)**

Date of First Attendance: \_\_\_\_\_

AGE OF FIRST ATTENDANCE: \_\_\_\_\_

Membership Added on Account: Yes/No

## **FAMILY CONTACT INFORMATION**

### **Child's Details**

Child's Name: \_\_\_\_\_ Child's Surname: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child's CRN: \_\_\_\_\_

If you are enrolling for our Approved Kindergarten Program - Please attach a copy of your child's **Birth Certificate** and if applicable, provide your Health Care Card for sighting by our administration.

Address:

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Do you intend to use another Child Care service? **YES** **NO** (please circle)

Is the Child Aboriginal or Torres Strait Islander? No  Aboriginal   
Torres Strait Islander  Both

### **Primary Guardian Contact Information**

Name: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ CRN: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Secondary Guardian Contact Details**

Name: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ CRN: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Family**

Do both parents have residency of the child? **YES** **NO** (please circle)

If no, who has residency? \_\_\_\_\_

Are there any Court orders affecting the enrolled Child? **YES** **NO** (please circle)

**If yes, please provide documentary evidence. A copy must be kept on file.**

Other languages spoken at home: \_\_\_\_\_

Does your family have any special religious or cultural requirements? \_\_\_\_\_

Name and Age of other Children: \_\_\_\_\_

**CHILD'S MEDICAL HISTORY**

Does your child have a long-term illness, or is there any medical history we should know about?

\_\_\_\_\_

**If possible, please attach information relevant to your Child's illness. This will help us understand your Child's illness, and ensure their needs are meet.**

Has/does your Child attend/ed any specialist agencies (e.g. Speech Therapy ect)?

**YES** **NO** (please provide details)

\_\_\_\_\_

Is your child currently under medical treatment or taking medication?

**YES** **NO** (please provide details)

\_\_\_\_\_

Has your child been suspected of having, or has been diagnosed with having Asthma, Febrile Convulsions, Anaphylaxis, Diabetes, or Reactions to Insect Stings?

**YES** **NO** (please provide details)

\_\_\_\_\_

\_\_\_\_\_



## ALLERGY INFORMATION FORM

Dear Parent/Guardian,

In order for us to better provide for the best possible safety to your child, please complete this form to advise if your child has any known allergies:

Child's Name: \_\_\_\_\_ Child's Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please circle yes or no to indicate if your child has an allergy to that specific item.

YES	NO	Peanuts;
YES	NO	Tree Nuts (pecans, walnuts, almonds, cashews, Brazil nuts filbert/hazelnut, pistachio, macadamia, pine nut, hickory nut ect)
YES	NO	Fish, Shellfish;
YES	NO	Eggs;
YES	NO	Soybeans;
YES	NO	Gluten;
YES	NO	Dairy;
YES	NO	Corn; and
YES	NO	Other

Please note the reaction and severity:

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We will also need the following items to go with this Allergy Form:

1. Emergency Allergy Action Plan signed by you **and** your child's doctor (if life threatening).
2. One epinephrine kit (EpiPen) if prescribed or other medication to be used if an allergic reaction occurs. It will be kept in your child's classroom.
3. One Asthma Kit if prescribed or other medication to be used if an asthma attack occurs. It will be kept in your child's classroom.

We will need all of the above for your child's first day of care at Clermont Kindergarten Day Care.



## Additional Needs

If you answered **yes** to any of the following questions, please attach relevant information and/or supporting documentation (i.e letter of diagnosis from your specialist or therapist). This will help us provide the best environment and care for your child.

Is your Child currently undergoing assessment for a suspected disability? **YES NO**

(please detail) \_\_\_\_\_

Has your Child been identified as requiring further assessment? **YES NO**

Has your Child been diagnosed with a specific need? **YES NO**

(please detail) \_\_\_\_\_

Does your Child experience difficulties communicating? **YES NO**

Does your Child have any specific learning needs? **YES NO**

Does your Child have any specific mobility needs? **YES NO**

Does your Child have any difficulties with interpersonal skills and/or relationship building? **YES NO**

## IMMUNISATION

A copy of your Child's Immunisation Records is required to complete the enrolment process.

**Please attach a copy to this Enrolment Form.**

**Please Note:** if your child is not immunised, the Centre will make all efforts to inform you if there is an outbreak of an infectious disease within the Centre. You will be required to keep your child excluded from the Centre until further notice.

### **Parent/Guardian to Acknowledge:**

If my child is not immunised and becomes ill, due to catching a disease which can be immunised against, I will not hold Clermont Kindergarten Day Care Centre responsible.

\_\_\_\_\_  
(Parent/Guardian to Sign)

**EMERGENCY CONTACT INFORMATION**

Doctor or Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an emergency do you give your consent for Clermont Kindergarten Day Care Centre to take your child to Hospital by Ambulance?

\_\_\_\_\_  
(Parent/Guardian to Sign)

**In the event of the Child requiring immediate medical attention, the Centre will contact the Ambulance. We will always contact the parent ASAP so please make sure we have current contact details.**

**Name of 2 persons other than parent/s to be called in an emergency (must be over 18+)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Name of persons authorised to collect child/ren from Clermont Kindergarten Day Care Centre (must be over 18+)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**I understand that written consent must be given for any adult, other than those authorised above, to collect my child/ren.**

**All authorised persons who are able to Sign In or Sign Out your child/ren will need to create their own login details at the Sign In/ Sign Out Kiosk (no one is to use someone else's pin)**

**Persons collecting child/ren will be asked to produce photo identification.**



## AUTHORITY TO GIVE MEDICAL ATTENTION

I hereby give any member of staff at Clermont Kindergarten Day Care Centre the authority to administer first aid and/or provide appropriate medical attention to my child if they should become ill or injured while attending care.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## ADMINISTRATION OF PARACETAMOL

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent 1: \_\_\_\_\_ Name of Parent 2: \_\_\_\_\_

### Parent Authorisation

I hereby give permission for the staff of Clermont Kindergarten Day Care Centre to administer Paracetamol to my Child should he/she have a fever (over 38 degrees) and all other methods used to lower the temperature have failed, i.e removal of excess clothing, and cooling the environment.

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The Centre provides for the use of Panadol Drops and Panadol Elixir. If I wish my Child to have an alternative form or brand of paracetamol, then I will provide it for my child at the Centre.

I understand that an effort will be made to notify me (or another nominated responsible adult) at the time Panadol needs to be administered, and that I (or another nominated responsible adult) must collect my Child within the hour of contact if the temperature has not fallen below 38 degrees.

If contact is unable to be made and the child has been in care for at least 4 hours, then in the interest of the health and comfort of my child, the Panadol (paracetamol) will be administered.

Signature of Parent 1: \_\_\_\_\_ Signature of Parent 2: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**This form will be retained in the Centre in a special medical file for a period of twenty-five (25) years.**

**ADMINISTRATION OF NAPPY RASH CREAM, TEETHING GEL, SUNSCREEN & INSECT REPELLENT** (please tick)

- I give permission for my child to have nappy rash cream applied, when required.
- I give permission for my child to have 1 application of teething gel, **as supplied by me**, when required.
- I give permission for my child to have Sunscreen applied. Where I require my child to use a specific brand, I will provide this sunscreen to Clermont Kindergarten Day Care Centre, **labelled with my child's name**.
- I give permission for my child to have Insect Repellent applied, **as supplied by me**, when required.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE INFORMATION** (please tick)

- I give permission for my child to attend excursions that I am notified of.
- I give permission for my child to be photographed and filmed at the centre.
- I give permission for students to care and study my child under supervision of Centre Staff.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**COOKING ACTIVITIES/BIRTHDAY CAKE**

- I give permission for my child to consume Cooking Activities and Birthday Cake Celebrations while attending Clermont Kindergarten Day Care Centre.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**INDIVIDUAL JOURNALS**

Staff at the Centre will observe your Child through individual journals when they attend Clermont Kindergarten Day Care Centre. This will include photos (of your child and other children attending the centre) and learning stories. Children's journals are available to families for viewing. We also value any input you can provide to your child's journal.

**I am aware that it is possible my child's photograph may appear in another child's journal during documented group experiences, and my child's name may appear in other children's documentation. I give permission for my Child's photograph to be included in another child's journal (for learning purposes).**

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

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## ENROLMENT AGREEMENT

In consideration of enrolling my child, I the undersigned do hereby agree that:

1. I have visited the centre and discussed with the Director and Staff, the enrolment of my child. I understand the importance of family co-operation and agree to participate as far as possible in the activities of the Centre.

**Parent/Guardian to Sign:** \_\_\_\_\_

2. I understand and accept that fees must be paid fortnightly for permanent bookings 2 weeks in advance. **Failure to keep fees paid 2 weeks in advance will forfeit my child's booking.** If my child holds a booked place, I agree to pay the required fee if they are absent. By completing and signing this enrolment form I agree to the payment of the annual Membership Fee of \$2.00. The centre closes for two weeks over the Christmas/New Year period. No fee is payable for this period. I understand that there is a requirement of two weeks' notice in writing if my Child is withdrawn, otherwise I agree to pay two weeks' fees in lieu of notice. I understand that if fees are not paid my child's continued enrolment in the centre cannot be guaranteed and legal action may be taken.

**Parent/Guardian to Sign:** \_\_\_\_\_

3. I agree to keep my child at home or collect my child if he or she is unwell and unable to cope, or be accommodated within the group situation due to any medical conditions or illnesses, including infectious diseases. I agree to supply correct labelling on any prescription medication. The label must contain the following information: **Patient's Name, Dose, Frequency, Name of Doctor which scripted the medication and the Date that the medication was commenced.** Educators must have authorisation by parents/caregivers (in writing) to administer medication/panadol, they will not be responsible for any reactions. I further agree to inform the Centre if my child is diagnosed with any condition that will affect the child's health or behaviour. I will also inform the Centre of any changes in medication.

**Parent/Guardian to Sign:** \_\_\_\_\_

4. I understand that in the case of sudden illness or an accident, the parent/guardian/emergency contact, director or any other responsible staff member may act as agents for the parent/s, and as such shall have the discretionary power to seek and administer immediate attention at my expense, including transport by ambulance if the situation requires it. The acting guardian/emergency contact must be an adult, aged 18 years or over.

**Parent/Guardian to Sign:** \_\_\_\_\_

5. I agree to notify the Director promptly of any absence and the reasons for such absence. I am aware that the centre is required to document infectious diseases, sick days and allowable absences.

**Parent/Guardian to Sign:** \_\_\_\_\_

6. I will ensure that the delivery and collection of my child/ren to and from the Centre, is by a responsible, authorised adult (18 years or over).

**Parent/Guardian to Sign:** \_\_\_\_\_



**GETTING TO KNOW YOUR CHILD**

**DATE COMPLETED:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ **Male Female** (please circle)

The following information will help us provide the best quality care for your child and family whilst at our centre.

**Sleep and Rest**

Please provide information about your child's sleep routine (e.g. what time they sleep, how many sleeps and how long?)

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Does your child have a sleep or rest at home? **YES NO** (please circle)

Please provide information that may assist us in helping your child go to sleep, should your child need help falling asleep.

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Does your Child use any type of comforter whilst going to sleep? (e.g. Pacifier, rug or special toy)  
**YES NO** (please provide details)

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**Diet and Eating**

Is your child (please tick)

- Bottle fed and on solids?
- Bottle fed only?

While at Day Care, are you providing your Child with: (please tick)

- Breast Milk?
  - Formula? (please provide details e.g. brand, amount ect)
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Please indicate the number of bottles per day and at what times:

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Times of the day that your child usually eats:

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Does your Child have (please tick and provide details)

- Milk/Food Allergies? \_\_\_\_\_
- Food Restrictions/Intolerances? \_\_\_\_\_

Is your Child a fussy eater? (please provide details)

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Can you provide helpful tips on how you overcome this at meal times?

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**Toileting**

Is your child (please tick)

- Using nappies most of the time?
- Using a nappy for rest time?
- Using the toilet?       Bladder Trained       Bowel Trained

If toilet trained, is this independently, or does your child require assistance?

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Please detail any important information regarding your child's toileting needs?

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**Behaviour/Personality Traits**

Does your child have any behaviours or personality traits you would like to share with us?

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If there is any other information that you feel is relevant and would assist us in providing consistent, safe, secure and comfortable care for your child, please provide details below:

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**The following information will ensure we can provide experiences that incorporate you child's likes, interests and hobbies.**

Favourite Activities - Does your child have any favourite activities or current interests that they enjoy, e.g. stories, painting, playdough?

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Likes - List all the things your child likes:

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Dislikes - List all the things you know your child dislikes:

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Does your Family have any favourite activities that you enjoy engaging e.g. camping, fishing, cooking ect?

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Do you have any pets and if so what are their names?

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6 Beatty Street  
Clermont Q 4721

Ph: (07) 49832084

Fax: (07) 49832420

Email: [clermontdaycare@bigpond.com](mailto:clermontdaycare@bigpond.com)

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## Media Release and Image Consent Form

On commencement at Clermont Kindergarten Day Care Centre, I acknowledge that the personal information about my child, photographs, videos, film or sound of my child may be used by Clermont Kindergarten Day Care for publication in internal and external channels produced on the behalf of Clermont Kindergarten Day Care in relation to its business activities.

At times your child's information may appear in the following:

**(please circle your preference and sign)**

- **Centre Website: Clermont Kindergarten Day Care Centre** **YES/NO**  
 The Centre website is publicly accessible by all internet users.  
 The Centre may share information, photographs and videos related to the Centre programs, activities and initiatives with users through the website.
  
- **Other Children's Portfolios** **YES/NO**
- **Programming and Planning Material** **YES/NO**
- **Newsletters** **YES/NO**
- **Displays** **YES/NO**
- **Written Work** **YES/NO**
- **Fundraising Events** **YES/NO**
- **Advertising** **YES/NO**

Name of Individual:	Address of Individual:
Name of Service which child is enrolled:	
Signature of parent or guardian:	Date:
Name of signing parent or guardian:	Address of parent or guardian:

If you require any further clarification, please feel free to discuss with Management.



**CLERMONT KINDERGARTEN DAYCARE CENTRE ASSOC. INC.**  
**MEMBERSHIP REGISTER**

Child/ren Name: \_\_\_\_\_

At least one parent/guardian of each child enrolled at this Centre must become a financial member of the Incorporated Association. Membership entitles you to stand for nomination to our Management Committee and to vote at General Meetings.

I, (please print name) \_\_\_\_\_

(address printed) \_\_\_\_\_

Herby apply for membership of the Clermont Kindergarten Day Care Centre Association Incorporated.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\* Association Membership fees must accompany this form. Membership is re-newed at the beginning of each year.

**PROPOSER**

I, \_\_\_\_\_  
(Print Name)

As a financial Member of the above association hereby propose that \_\_\_\_\_  
(Print Name of Applicant in Full)

Becomes a financial member of the Clermont Kindergarten Day Care Centre Association Incorporated

\_\_\_\_\_  
(Signature of Proposer)

\_\_\_\_\_  
(Date)

**SECONDER**

I, \_\_\_\_\_  
(Print Name)

As a financial Member of the above association hereby propose that \_\_\_\_\_  
(Print Name of Applicant in Full)

Becomes a financial member of the Clermont Kindergarten Day Care Centre Association Incorporated

\_\_\_\_\_  
(Signature of Seconder)

\_\_\_\_\_  
(Date)