

Date Enrolment Fee Paid: _____

Receipt No.: _____

Little Mate Pty Ltd
T/AS Cobbers Child Care Centre
ABN. 86 118 922 348



8 Tincogan Street
Mullumbimby NSW 2482
Ph. (02) 6684 2164
Email: admin@cobberschildcare.com.au

ENROLMENT FORM

Child's Full Name _____ Gender _____

Date of Birth _____ Preferred Name _____

Child's Customer Reference Number (CRN) _____

Address _____ Postcode _____

Place and Country of Birth _____

Languages spoken at home _____

Cultural Background _____

Is the child of Aboriginal or Torres Strait Islander origin? _____

Other children in the family:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Mother

Father

Full Name _____

Full Name _____

Preferred Name _____

Preferred Name _____

Date of Birth _____

Date of Birth _____

CRN _____

CRN (if applicable) _____

Address _____

Address _____

Occupation _____

Occupation _____

Place of work or study _____

Place of work or study _____

Phone (h) _____

Phone (h) _____

Phone (w) _____

Phone (w) _____

Phone (m) _____

Phone (m) _____

Email _____

Email _____

Cultural Background _____

Cultural Background _____

EMERGENCY CONTACTS/AUTHORITY TO CONSENT

In the case of an emergency, if we are unable to contact you, please indicate two people over 18 years of age, who may act on your behalf, consent to medical treatment, authorise the administration of medication or provide authority for an educator to take your child outside the service premises.

Full Name _____

Full Name _____

Address _____

Address _____

Email _____

Email _____

Phone (m) _____

Phone (m) _____

Relationship _____

Relationship _____

AUTHORITY TO COLLECT

Particulars of persons over 18 years, other than parents, authorised to collect your child. Please note: Staff will not allow persons not listed below to collect your child unless notice is provided in advance either in writing or by telephone.

Full Name _____

Full Name _____

Address _____

Address _____

Phone (m) _____

Phone (m) _____

Email _____

Email _____

Relationship _____

Relationship _____

Full Name _____

Full Name _____

Address _____

Address _____

Phone (m) _____

Phone (m) _____

Email _____

Email _____

Relationship _____

Relationship _____

Full Name _____

Full Name _____

Address _____

Address _____

Phone (m) _____

Phone (m) _____

Email _____

Email _____

Relationship _____

Relationship _____

CHILD'S LEGAL ARRANGEMENTS

Does the child live in a single parent home? _____

Are there any court orders, parenting orders or parenting plans affecting the child? _____
(A photocopy must be attached and the Service is to be notified if circumstances change)

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? _____
(A photocopy must be attached and the Service is to be notified if circumstances change)

CHILD'S MEDICAL AND HEALTH INFORMATION

Name Doctor/Medical Practice _____ Phone _____

Address _____

Medicare number (emergency use only) _____

Family Dentist _____ Phone _____

Does your child have any allergy or sensitivity? No Yes (please circle)

If **Yes**, the following management procedures are to be followed (or a copy of the management plan is attached): _____

Does your child have any medical conditions or needs (eg. Epilepsy, Diabetes, Asthma etc) which are relevant to their attendance at Cobbers? No Yes (please circle)

If **Yes**, the following management procedures are to be followed (or a copy of the management plan is attached): _____

Does your child have any dietary requirements or restrictions? No Yes (please circle)

If **Yes**, please provide details: _____

Does your child have any additional needs? No Yes (please circle)

If **Yes**, please provide details: _____

Is your child under the care of a Specialist or Therapist? No Yes (please circle)

If **Yes**, Specialist/Therapist Name & telephone: _____

Diagnosis? _____

Immunisation

Is your child up to date with their immunisation? (please circle below)

Yes

No, please explain _____

Please note:

1. An Immunisation History Statement from the Australian Childhood Immunisation Register showing that your child is “up to date” with their immunisations or where a child has an approved medical contraindication or natural immunity to one or more vaccine must be provided with this Enrolment Form.

A copy can be obtained through Medicare Online Services at www.medicareaustralia.gov.au/online or by calling the Immunisation Register on 1800 653 809.

2. In the event of an outbreak of a notifiable communicable disease in the service, children not up to date with their immunisation may be required to remain at home for the required exclusion period, depending upon advice from NSW Health, Public Health Division, even if they are well. Child care fees will still be payable during this time.

3. Once a child has their fourth Birthday they are required to have their four year old immunisations within sixty days, otherwise child care subsidy will be terminated and the full daily fee will be payable.

ATTENDANCE REQUIREMENTS

What is the preferred commencement date for your child? _____

How many days do you require? _____

Which days do you require? (Please circle)

Monday

Tuesday

Wednesday

Thursday

Friday

Comments: _____

ABOUT YOUR CHILD

Are there any special customs or traditions celebrated by your family? _____

Are there any cultural or religious practices that need to be observed whilst your child is at Cobbers? _____

Does your child have a sleep at home during the day? _____

Is your child toilet trained? _____

Does your child have any special comfort toy or security item? _____

Does your child have any fears? _____

Has your child attended any other children's services or been cared for outside the home?

Does your child have any pets? _____

What are your child's favourite activities or play preferences at home? _____

Is there anything else we need to know about your child? _____

Do you have any skills, talents or interests that you would like to contribute to the centre's programme? _____

AGREEMENTS

Emergency Medical Treatment

Although every possible care will be taken with your child whilst at the Service, staff can in no way be held responsible for any accident that may occur. In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the parents. However, if this is not possible, it will be necessary for authority to be given for treatment to be undertaken and expenses to be reimbursed.

I authorise the staff of Cobbers Child Care Centre to seek emergency medical, dental or hospital treatment including transportation by ambulance service and for medical, dental or hospital treatment to be carried out. I agree to reimburse Cobbers Child Care Centre for any expenses incurred.

Name: _____ Signature: _____

Permission to Photograph

During your child's attendance at Cobbers they may be photographed either individually or in a group. Please circle your choice for the three options below:

1. I DO/DO NOT give my permission for photographs of my child to be used in photo displays, placed in the Cobbers photo album or in their individual portfolio;
2. I DO/DO NOT give my permission for photographs of my child to be placed on the Cobbers Child Care Centre closed group Facebook page;
3. I DO/DO NOT give my permission for photographs of my child to be placed on the Cobbers Child Care Centre website or public Facebook page.

Name: _____ Signature: _____

Sunscreen/Insect Repellant

I DO/DO NOT give my permission for my child to have sunscreen and insect repellant applied whilst at Cobbers.

If DO NOT, the reasons are: _____

Name: _____ Signature: _____

DECLARATION

I, _____ (print full name)
declare that the information in this Enrolment Form is true and correct and undertake to inform Cobbers Child Care Centre in the event of any change to this information.
I agree to collect or make arrangements for the collection of my child if s/he becomes unwell whilst at Cobbers.

Signature: _____ Date: _____