



# Children's Services Enrolment Form

## Parent/Guardian information

Parent/Guardian one

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ CRN: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

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

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Guardian type:

(Please tick all that apply)

- 1 Parent Mother       1 Parent Father       Two Parents Home
- Single Guardian       Dual Guardian       Grandparent
- Other

(Please describe) \_\_\_\_\_

Employment status:

(Please tick all that apply)

- Full-time       Part-time       Casual
- Student       Pensioner       Unemployed
- Other

(Please describe) \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

Workplace: \_\_\_\_\_

Are you a Family Day Care Educator?      Yes       No

# Children's Services Enrolment Form



Country of birth:

Cultural background:

Primary language:

Do you identify as Aboriginal or Torres Strait Islander?

Yes  No

## Parent/Guardian two

First name:

Surname:

Home phone:

Mobile phone:

Email:

Date of birth:

Residential address:

Guardian type:

(Please tick all that apply)

- 1 Parent Mother     1 Parent Father     2 Parents Home  
 Single Guardian     Dual Guardian     Grandparent  
 Other

(Please describe) \_\_\_\_\_

Employment status:

(Please tick all that apply)

- Full-time     Part-time     Casual  
 Student     Pensioner     Unemployed  
 Other

(Please describe) \_\_\_\_\_

Occupation:

Work phone:

Workplace:

# Children's Services Enrolment Form



Country of birth:

Cultural background:

Primary language:

Do you identify as Aboriginal or Torres Strait Islander?

Yes  No

## Permissions

Can both parents/guardians be contacted regarding fees?

Yes  No

Can both parents/guardians drop off and collect the child?

Yes  No

## Authorised additional contacts

\*Must be 18 years or older

### Additional contact one

Name:

Relationship to child:

Home phone:

Mobile phone:

Work phone:

Email:

Residential address:

Do you authorise this person to drop off and collect your child/ren or your behalf?

Yes  No

Do you authorise this person to consent to medical treatment and/or authorise administration of medication to your child/ren on your behalf?

Yes  No

Do you authorise this person to consent to be contacted in the event of an emergency if you cannot be contacted immediately?

Yes  No

Eurobodalla Children's Services

PO Box 99

Moruya NSW 2537

T: 4474 7333

E: [childrensservices@esc.nsw.gov.au](mailto:childrensservices@esc.nsw.gov.au)

ABN: 47504455945

# Children's Services Enrolment Form



Do you authorise this person to consent to your child/ren to be taken outside the education and care service premises with an educator?

Yes  No

Do you authorise this person to consent to your child/ren to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?

Yes  No

## Additional contact two

Name:

Relationship to child:

Home phone:

Mobile phone:

Work phone:

Email:

Residential address:

Do you authorise this person to drop off and collect your child/ren or your behalf?

Yes  No

Do you authorise this person to consent to medical treatment and/or authorise administration of medication to your child/ren on your behalf?

Yes  No

Do you authorise this person to consent to be contacted in the event of an emergency if you cannot be contacted immediately?

Yes  No

Do you authorise this person to consent to your child/ren to be taken outside the education and care service premises with an educator?

Yes  No

Do you authorise this person to consent to your child/ren to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?

Yes  No

\*If you would like to add more additional contacts please attach a separate page with the above details completed for each.



# Children's Services Enrolment Form

## Child's details

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_

CRN: \_\_\_\_\_

Approximate start date: \_\_\_\_\_

Residential address: \_\_\_\_\_

(If different to parent/guardian one)

\*Please attach a copy of the child's birth certificate

Country of birth: \_\_\_\_\_

Cultural background: \_\_\_\_\_

Primary language: \_\_\_\_\_

Does your child identify as Aboriginal or Torres Strait Islander?

Yes  No

Educator name/Centre child will be attending: \_\_\_\_\_

Approximate start date: \_\_\_\_\_

Has your child started school?

Yes  No

If yes, please list the name of the school your child is attending?

\_\_\_\_\_

If yes, please list the date your child started school: \_\_\_\_\_



# Children's Services Enrolment Form

## Child's medical details

Medicare number:

Health Card number:

Medical Practitioner name:

Medical Practitioner phone:

Medical Practitioner address:

Private health fund:

Private health fund membership:

Does your child have any medical conditions?

Yes  No

If yes, please describe:

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\*Please attach all current medical /management plans

Does your child require medication?

Yes  No

If yes, please list the name of the medication and dosage:

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Does your child have additional or special needs?

Yes  No

If yes, please describe:

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Special needs start date:

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Does your child have a disability?

Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disability start date: \_\_\_\_\_

Are your child's immunisations up to date?

Yes  No

\*Please attach a copy of the child's current Australian Immunisation Register (AIR) History Statement.

Any comments regarding immunisation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies?

Yes  No

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any dietary requirements?

Yes  No

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Is your child at risk of anaphylaxis?

Yes  No

If yes, please describe:

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Does your child have asthma?

Yes  No

If yes, please describe:

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### Staff use only

Educator has received/sited a health record and completed a risk minimisation plan with the family?

Yes  No

Staff signature:

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### Preferred booking days

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Preferred Educator/s: \_\_\_\_\_

(Family Day Care only)





## Children's Services Enrolment Form

### Court and parenting orders

Are there any Court Orders in place?

Yes  No

Are there any Parenting Orders in place?

Yes  No

Are there any Parenting Plans in place?

Yes  No

\*Please attach copies of current orders/plans if applicable

### Authorisations

As your approved provider, Eurobodalla Children's Services has a duty of care to your child to seek medical treatment from a registered medical practitioner, hospital or ambulance service.

I authorise staff to apply sunscreen to my child:

Yes  No

I authorise staff to apply band aids to my child if required:

Yes  No

I authorise for staff to photograph my child and publish images for promotional purposes:

Yes  No

I accept Eurobodalla Children's Services' policies and guidelines and agree to abide by the contained conditions. I have been provided with an information package and understand the Eurobodalla Children's Services Policy Manual is always available for viewing:

Yes  No

# Children's Services Enrolment Form



## Declarations

I/We agree to:

Provide notice as early as possible if my child will be absent from booked care.

Yes  No

Pay my childcare fees on time, including all booked, permanent or casual care.

Yes  No

Provide two weeks written notice before leaving the service or, if leaving immediately pay two full week's fees in lieu of notice.

Yes  No

Pay a membership fee on joining the service in line with ESC's current fees and charges.

Yes  No

Provide sun protection and dress my child in appropriate sun-safe clothing with an adequate change of clothes for the day.

Yes  No

Provide necessary items for each individual child including nappies, bottles, hats, linen, sunscreen, insect repellent etc.

Yes  No

Provide adequate and nutritional food, meeting any dietary or special food requirements.

Yes  No

Settle any outstanding fees with alternative Family Day Care Educators and OOSH Centres prior to commencing care with Eurobodalla Shire Council.

Yes  No

Carefully read information regarding outings and excursions and complete relevant permission forms so my child can participate in activities outside the education and care environment.

Yes  No

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## Declaration of information provided

By signing this form, I/We agree to:

- the terms and conditions of Eurobodalla Children's Services' programs.
- not to make any claim or demand or take any action whatsoever against Eurobodalla Shire Council for any physical or psychological harm or financial loss suffered in connection with my child's participation in Eurobodalla Children's Services programs.
- to indemnify Eurobodalla Shire Council for any injury, damage or loss suffered by Eurobodalla Shire Council in connection with my child's participation in Eurobodalla Children's Services programs to the extent it results directly or indirectly from an act or omission by myself or my child.

As the person/s with Lawful Authority of the child referred to in this enrolment form, I/We declare the information provided in true and correct and agree to inform Eurobodalla Children's Services of any changes.

Parent/Guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Parent/Guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

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