



White Rabbit Child Care Centre

35 Merrenburn Avenue, Naremburn NSW 2065
Telephone: 9906 5521

Auskids Pty Limited
ABN 93 178 596 964

Medicare Provider No: _____ Starting Date: _____

CONFIDENTIAL

Department of Community Services requires records to be kept for 7 (seven) years after the child has left the Centre.

ENROLMENT INFORMATION FORM

GENERAL INFORMATION

CENTRE: **White Rabbit Child Care Centre**

CHILD'S FAMILY NAME: _____

CHILD'S FIRST NAME: _____

CHILD'S PREFERRED FIRST NAME: _____

DATE OF BIRTH: _____ SEX: _____

ADDRESS AT WHICH YOUR CHILD LIVES: _____

_____ POST CODE: _____

PHONE NO. (HOME): _____

DAYS AND TIMES OF ATTENDANCE:

	MON	TUE	WED	THUR	FRI
STARTING TIME					
FINISHING TIME					

FAMILY DETAILS

One PARENT'S OR
GUARDIAN'S FULL NAME: _____

RELATIONSHIP TO CHILD: _____

HOME ADDRESS: _____

_____ POSTCODE: _____

PHONE NO. (HOME): _____ MOBILE/PAGER No: _____



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OCCUPATION OR COURSE OF STUDY: _____

EMPLOYER OR PLACE OF EDUCATION: _____

DEPARTMENT OR SECTION: _____

BUSINESS ADDRESS: _____

PHONE NO. & EXTENSION: _____

OTHER PARENTS OR
GUARDIAN'S FULL NAME: _____

RELATIONSHIP TO CHILD: _____

HOME ADDRESS: _____

_____ POST CODE: _____

PHONE NO. (HOME): _____ MOBILE/PAGER NO: _____

OCCUPATION OR COURSE OF STUDY: _____

EMPLOYER OR PLACE OF EDUCATION: _____

DEPARTMENT OR SECTION: _____

BUSINESS ADDRESS: _____

PHONE NO. & EXTENSION: _____

NAME OF PARENT OR GUARDIAN WITH WHOM THE CHILD LIVES (IF APPLICABLE):

DETAILS OF ARRANGEMENTS FOR CONTACT WITH OTHER PARENT OR GUARDIAN:

You must give the Centre Director a copy of any Order or Orders of the Family Court, which detail contact arrangements.

OTHER CHILDREN IN FAMILY

<u>NAME</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>



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CULTURAL BACKGROUND

White Rabbit Child Care Centre aims to create an environment at its Centre in which each child's cultural background is respected and each child's individual identity can be nurtured. To assist us in achieving this aim, we ask you to answer the following series of questions.

COUNTRY OF BIRTH:
 (Optional)

Child Mother Father

PRIMARY LANGUAGE SPOKEN:

Child Parents or Guardian

CHILD'S ETHNIC OR CULTURAL IDENTITY:

RELIGION (optional):

FAMILY CUSTOMS OR RELIGIOUS OR CULTURAL PRACTICES TO BE RESPECTED BY THE CENTRE:

DIETARY RESTRICTIONS:

AUTHORISATION FOR OTHERS TO COLLECT CHILD AND EMERGENCY CONTACTS

Using the boxes below, list at least two people authorised to collect your child and at least two people that staff may call if you cannot be contacted in an emergency. You may list the same people for both purposes, if you wish.

Person's Name	Relationship to child	Phone No. (Home)	Phone No. (Work)	Mobile or Pager	Emergency Contact	Authorised to collect child
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address						
Work Address						

Person's Name	Relationship to child	Phone No. (Home)	Phone No. (Work)	Mobile or Pager	Emergency Contact	Authorised to collect child
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address						
Work Address						



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Person's Name	Relationship to child	Phone No. (Home)	Phone No. (Work)	Mobile or Pager	Emergency Contact	Authorised to collect child
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address						
Work Address						

Person's Name	Relationship to child	Phone No. (Home)	Phone No. (Work)	Mobile or Pager	Emergency Contact	Authorised to collect child
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address						
Work Address						

If you wish to remove a person from the list of emergency contacts or people who are authorised to collect your child, you MUST amend this form yourself and sign and date the changes.

MEDICAL/HEALTH INFORMATION

CHILD'S MEDICARE NO: _____

CHILD'S DOCTOR'S NAME AND ADDRESS: _____

POSTCODE: _____

PHONE NO: _____

CHILD'S DENTIST'S NAME AND ADDRESS: _____

POSTCODE: _____

PHONE NO: _____

RELIGIOUS/CULTURAL REQUIREMENTS IN CASE OF ACCIDENT _____



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IMMUNISATION RECORD

Copy of immunisation record to be provided. Details must be kept current.

HEALTH

A. Does your child currently have any serious illness? No Yes

If Yes, please give details: _____

B. Has your child had any serious illness in the past? No Yes

If Yes, please give details: _____

C. Has your child ever been hospitalised? No Yes

If Yes, please provide details of each stay, including child's age, length of stay, and cause of hospitalisation:

D. Does your child have any ongoing disability? No Yes

If Yes, please give the Centre Director a copy of a referral or assessment by an appropriate professional.

Name of Referring Agency/Doctor: _____

E. Does your child require any medical procedures to be performed on a regular basis?
No Yes

If Yes, please give details and complete the appropriate forms: _____

F. Is your child receiving regular medication? No Yes

If Yes, a) Please give details: _____

b) Does the medication have any side effects of which Centre staff need to be aware?
No Yes

If Yes, please give details: _____



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G. Does your child have any allergies (Including, for example, allergies to sunscreens, antiseptics, etc.)?
No Yes

If Yes, please give details: _____

H. Does your child have any distinguishing birthmarks or suffer from any recurring skin disease?
No Yes

I. Do you agree that if your child has a temperature higher than 37.5°C whilst at the Centre or is otherwise in White Rabbit's care, a staff member may administer a single dose of a paracetamol mixture (such as Panadol) to your child?
I agree I do not agree

Would you like to be contacted before administering? No Yes

EMERGENCY MEDICAL ASSISTANCE

Do you also agree that if your child/ren has/have been injured or is/are ill while at the Centre or otherwise in White Rabbit's care and if the Centre Director thinks it necessary, he/she may arrange:

- urgent medical or dental care from a doctor or a dentist for your child/ren, and/or
- an ambulance for your child/ren, and/or
- for your child/ren to be taken to a hospital.

I agree I do not agree

EXCURSIONS

Do you agree that the Centre Director or her/his designated representative may take your child on routine excursions without asking you for further consent? A *routine excursion* might be, for example, a daily walk to a nearby park or library, and will not involve crossing a major road or using transport other than walking.

I agree I do not agree

OTHER INFORMATION

Is there any other information about your child/family that you would like the Centre staff to know, to enable them to meet the needs of your child?



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PARENT'S OR GUARDIAN'S DECLARATION AND AGREEMENT

I confirm that all the information, which I have given in this Enrolment Information Form, is correct.
I understand that White Rabbit will rely on that information.

I understand that I may view:

- Details of Emergency and Evacuation Procedures;
- Staffing and daily procedures at the Centre;
- Details of the curriculum;
- Centre records concerning my child;
- Other Centre policies and procedures; and
- Other information about the Centre.

SIGNED: _____

NAME (please print): _____

RELATIONSHIP TO CHILD: _____

DATE: _____

WITNESS: _____

NAME OF WITNESS (please print): _____