



## Crèche Enrolment Form

A parent or guardian who has lawful authority in relation to the child must complete this form.

Information about your child/ren					
Family Name					
First Name		Date of birth		Sex	M F
First Name		Date of birth		Sex	M F
First Name		Date of birth		Sex	M F
First Name		Date of birth		Sex	M F
Home Address				Postcode	
Email					
Does your child have a developmental delay or disability including intellectual, sensory, physical impairment; or any other condition that we should be aware of to best care for your child?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain in further detail					
Parents and/or guardians information					
Parent/ guardian name					
Relationship to child		Mobile number			
Email Address					
Address as per child	<input type="checkbox"/> Or different address				
Does the child live with this parent/ guardian					<input type="checkbox"/> Yes <input type="checkbox"/> No



Parent/ guardian name			
Relationship to child		Mobile number	
Email Address			
Address as per child	<input type="checkbox"/> Or different address		
Does the child live with this parent/ guardian			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Court orders relating to the child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to your child or access to your child?

<input type="checkbox"/>	No, go to next section
<input type="checkbox"/>	Yes, please complete the following

- If there are court orders in place relating to your child, you must bring the original court order/s for staff to see and a copy to attach to this enrolment form.
- (a) If these orders change the powers of a parent/guardian to: - authorise the taking of the child outside the service by a staff member of the service; - consent to the medical treatment of the child; - request or permit the administration of medication to the child; - collect the child from the service; and/or  
(b) give these powers to someone else  
Please describe these changes and provide the contact details of any person given these powers.

## Child's health information

1. Does your child have any additional needs?  Yes  No

If yes, please provide details of any additional needs and the management procedure to be followed with respect to your child's special needs

2. Does your child have any allergies or sensitivity?  Yes  No

If yes, please provide details of any allergies and the management procedure to be followed with respect to your child's allergy/ies



3. Anaphylaxis any allergies or sensitivity?

- Has your child been diagnosed with a risk of anaphylaxis?

Yes  No

- Does your child have an auto-injection device (eg.Epipen)?

Yes  No

- Has an Anaphylaxis or Allergic Reaction Action Plan been provided to the service?

Yes  No

In the case of anaphylaxis you will be required to provide the crèche with an individual Action Plan for your child signed by the medical practitioner who is treating them. This will be attached to your child's enrolment form.

4. Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are relevant to the care of your child?

Yes  No

Condition

5. If there is anything else that the crèche should know about your child (e.g. excessive fears, favourite activities, attending other early childhood service or early intervention service, etc.)?

**Child immunisation record**

Has your child been immunised?

Yes  No

**Consent**

**Photo consent**

I/we give permission for Five Dock Leisure Centre educators to take photographic images for use in program documentation, newsletters, social media platforms and inhouse training/education purposes

Yes  No

**Sun care**

I give permission for sunscreen to be applied to my child for outdoor play.

Yes  No

**Emergency evacuation**

In the event of an emergency evacuation/drill (e.g. Fire at the centre),

Yes  No



the children will be required to evacuate the premises and assemble at a central point of safety. The children will be fully supervised by FDLC staff. I understand this and give the centre permission for my child to leave the centre premises for emergency fire practices.

 

**Head Lice**

I give permission for the centre to check my child's hair for head lice. I understand that if live head lice are found my child be excluded and will not be able to return until effective treatment has commenced.

 Yes  No

**Declaration and consent to emergency medical treatment**

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform Five Dock Leisure centre in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell in the crèche; and
- Consent to Five Dock Leisure Centre to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

 Yes  No

**Procedures**

I agree to abide by the centre procedures.

Signature

Date