

Bay Island Early Learning & Care

Enrolment procedure part B

ENR.004b

DETAILS FOR CHILD

All information is required IN FULL by the regulatory bodies and Bay Island Early Learning and Care

Attendances cannot begin until Enrolment details have been confirmed

First Name		Days of care required (Please circle)	
Last Name		Commencement date of Enrolment: ___ / ___ / ___	
Preferred Name		MON	TUES
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	WED	THURS
CRN Number		FRI	
Country of Birth		Census Information: This information is required ONLY for the purposes of our responsibility to comply with the annual Commonwealth Childcare	
Date of Birth	Grade in 2017	ATSI Descent: <input type="checkbox"/> Aboriginal not TS Islander <input type="checkbox"/> TS not Aboriginal <input type="checkbox"/> Aboriginal and TS <input type="checkbox"/> Not Aboriginal or TS	
My child may attend the selected programs for Child Care benefit in the following services for the current year.	<input type="checkbox"/> Long Day Care		
	This is not a booking but it links your child to Child Care Benefit for selected services when they are used throughout the year		
Child's Address	Is the address the same as the Bay Island Early Learning and Care Account Holder <input type="checkbox"/> Yes <input type="checkbox"/> No If no please provide the child address below		
Street Name & Number	Special considerations <input type="checkbox"/> Child at risk <input type="checkbox"/> Disabled Parent <input type="checkbox"/> Learning Needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Mobility Needs <input type="checkbox"/> Interpersonal Needs <input type="checkbox"/> Other Needs		
Suburb			
Post Code			
Doctor's Information			
Doctor's Name			
Doctor's Street and Number	Language spoken at home other than English:		
Suburb	Childs Immunisation record		
Post Code	Has your child been Immunised <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone No	If yes please provide the details by <input type="checkbox"/> Attaching a copy of the immunisation record book page; Or <input type="checkbox"/> Attaching a copy of immunisation record print out.		
Medicare No	If No : I certify that I have a true conscientious objection/medical reason for my child not being immunised and have discussed this with my doctor. I understand that I may be required to keep my child away from the centre if there is an outbreak of an immunisation-preventable disease. I understand that my fees will still be payable. Sign _____		
	Health Information		
For example: food intolerances, illness, allergies, disabilities, severity of symptoms, current management plan <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe (i.e.: At risk of an Anaphylaxis) Please provide management plan	Does your Childs have any medical conditions (e.g. Asthma, epilepsy, diabetes, etc) which are relevant to the care of your Child? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Please attach details of any medical condition and any management procedure to be followed with respect to the medical condition.		
I have attached additional information <input type="checkbox"/> Yes <input type="checkbox"/> No Management Plan sighted by staff: (Print Name)	Authorisation		
I give permission for Bay Island Early Learning & Care to apply as required	Insect Repellent <input type="checkbox"/> Yes <input type="checkbox"/> No Stingoes <input type="checkbox"/> Yes <input type="checkbox"/> No Bandaid's <input type="checkbox"/> Yes <input type="checkbox"/> No Sunscreen <input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for photos or videos to be taken of my child and authorise the use of photos and videos in promotion Bay Island Early Learning & Care programme e.g. newspaper, news letters and Bay Island Early learning and care website. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> with restrictions (please fill out form ENR.004c)	
Is there a court Order, Parenting Plan or other order in place for this child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I certify that the information on this form is true & correct Signature _____	

Information for Child

Home Environment

Siblings (Brothers & Sisters)		
Name:	Age:	
Name:	Age:	
Name:	Age:	
Other household members		
Name:	Relationship:	
Name:	Relationship:	

Behaviour Support

Is there any additional information you would like to provide us with in regards to you child's behavioural needs, that would help us support your child's behaviour within our programmes

Cultural/Religious Issues: (add further sheets if required)

Are there any cultural issues that you would like our staff to be aware of, and respect, in dealing with you and your child?

Dietary Requirements

Please indicate any special Dietary requirements your child may have below. Please also indicate any specific food likes and dislikes your child may have.

Information about sleeping habits

Does your child sleep during the day: Yes No

If 'Yes', does your child have a settling Routine, please provide details:

Does your child have a dummy, special toy or blanket when sleeping ? : Yes No

Details:

Toileting Habits

Is your Child toilet trained Yes No

Comments:

Does your child use a nappy at rest time Yes No

Bottle Feeding

What formula is your child using? :

What is your current schedule of feeds:

General Information

Does your child have any fears? (e.g.. Animals, Storms)

Have there been any major changes recently? (e.g.. moving house, new baby, death in the family, separation)

Are there any special interests/hobbies within the family that could be shared with the children in the centre?

Has your child had opportunities to play with other children or attend an organized group? (e.g.. play group)

Does your child have any special interest areas?

How do you think your child will react to being separated from you?

What benefits do you think there will be by your child's attendance at our Centre?

Are there any special interests/hobbies within the family that could be shared with the children in the centre?

Are there any other areas of concern that you would like to share with the Centre?