

Bay Island Early Learning & Care

School Aged Enrolment part B

ENR.004b
Review: Dec 2017

DETAILS FOR CHILD

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

First Name		Days required (Please circle) Note: Casual bookings need to be rung through before 2:30pm for After School
Last Name		
Preferred Name		Commencement date of Enrolment: ____ / ____ / ____
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	MON TUES WED THURS FRI CASUAL
CRN Number		Census Information This information is required ONLY for the purposes of our responsibility to comply with the annual Commonwealth Childcare
Country of Birth		
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"/> Vacation Program	
	<input type="checkbox"/> Before School <input type="checkbox"/> After School	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
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 provide the address below)	Language spoken at home other than English: Childs Immunisation record Has your child been Immunised <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____
Street Name & Number		
Suburb		
Post Code		
Doctor's Information	This information is required IN FULL by the Education and Care Service National Regulation 2011	
Doctor's Name		
Doctor 's Street and Number		
Suburb		
Post Code		
Phone No		
Medicare No		

Health Information

For example: food intolerances, illness, allergies, disabilities, severity of symptoms etc <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe (i.e.: At risk of a Anaphylaxis) Please provide management plan I have attached additional information <input type="checkbox"/> Yes <input type="checkbox"/> No Management Plan sighted by staff: (Print Name) _____	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
Is there a court Order, Parenting Plan or other order in place for this child <input type="checkbox"/> Yes <input type="checkbox"/> No	<h3 style="text-align: center;">Photo Authorisation</h3> 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
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 Band aids <input type="checkbox"/> Yes <input type="checkbox"/> No Sunscreen <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that the information on this form is true & correct. Signature

Information for Child			
Home Environment		Dietary Requirements	
Siblings (Brothers & Sisters)		Please indicate any special Dietary requirements your child may have below. Please also indicate any specific food likes and dislikes your child may have.	
Name:	Age:		
Name:	Age:		
Name:	Age:		
Other household members			
Name:	Relationship:		
Name:	Relationship:		
Behaviour Support		Friends	
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)		Other Extracurricular Activities	
Likes/Special Interests		Dislikes/Fears	
General Information			
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?			
Are there any other areas of concern that you would like to share with the Centre?			