



Enrolment 2020 v4 Enrolment Start Date: \_\_/\_\_/\_\_

**Mandatory Requirements Before You Can Start:**

- Fully Completed Enrolment Form
- Annual Enrolment Fee Paid
- Hard Copy of Immunisation Statement History
- Immunisation Statement Ordered (for Emergency Care Only 1800 653 809)
- Hard Copy of Birth Certificate ( for inspection by the Coordinator )
- Asthma Plan
- Allergy/Anaphylaxis Plan

**Child's Profile**

Child's Name: \_\_\_\_\_

PRIMARY CONTACT NUMBER: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Child's Country of Birth: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Do you, your child, or a member of your child's immediate family identify as having a Non English Speaking cultural background: Please identify

\_\_\_\_\_

Aboriginal /Torres Strait islander: Y/ N

Disability: Y/N Additional needs: Y/N

If YES please give details: \_\_\_\_\_

Food Restrictions (Cultural/Religious/Dietary): \_\_\_\_\_

Child's favourite activities: \_\_\_\_\_

Child's word for toilet: \_\_\_\_\_

Child's comfort toy (or ritual): \_\_\_\_\_

Is there anything you are concerned about regarding your child's development?

\_\_\_\_\_

Have you seen someone about this concern? Please list

\_\_\_\_\_

Is Occasional Care your child's first child-care experience? Yes/No. If Yes, where else does your child attend? \_\_\_\_\_

**Parent/Guardian Details**

Child's Mother/Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Place of Work: \_\_\_\_\_ (Work Phone) \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Child's Father/Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Place of Work: \_\_\_\_\_ (Work Phone) \_\_\_\_\_

Country of Birth: \_\_\_\_\_

**Emergency Contact Other Than Parents/Guardians**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

This person is also authorised to collect my child from occasional care: Yes/ No

This person is authorised to give verbal consent to the administration of Children's Paracetamol should I be unable to be contacted: YES/NO

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

This person is also authorised to collect my child from occasional care: Yes/ No

This person is authorised to give verbal consent to the administration of Children's Paracetamol, should I be unable to be contacted: YES/NO

## Medical Details

Child's Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Health Care Fund? \_\_\_\_\_

Does your child have any Medical problems that we should be aware of? Yes/No.  
If yes please give details:

\_\_\_\_\_

Does your child have any allergies? Yes/No. If YES please outline allergies:

\_\_\_\_\_

\_\_\_\_\_

**IF YOUR CHILD HAS ALLERGIES /ANAPHYLAXIS** You Must Complete An Allergy/Anaphylaxis Plan With Your Doctor And Provide Us With A Copy, **BEFORE** You Start.

Does Your Child Have **ASTHMA?** YES/NO

**IF YOUR CHILD HAS ASTHMA** You Must Complete An Asthma Plan With Your Doctor And Provide Us With A Copy, **BEFORE** You Start.

I give permission for the staff to display my child's photo and summary of their medical needs in a place visible to all staff. Yes/No

**Court Orders (if applicable)** Are there any Court Orders regarding your child? Yes/No. If yes please give details:

Custodial Arrangements:

\_\_\_\_\_

COURT ORDERS MUST BE SIGHTED AND A COPY ATTACHED.

**SAVE TREES, SAVE PAPER, DOUBLE SIDE PRINT THIS DOCUMENT WHEN POSSIBLE.**

## Medical/Emergency Consent

I give permission for the staff at Blue Mountains Occasional Child Care Service to seek medical attention or emergency provision for my child, in the event of an accident/emergency. This may include calling an ambulance. I also give my permission for **Children's Paracetamol** to be given to my child if they have a high temperature over 38.5 degrees and I am not immediately contactable.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Asthma Emergency First Aid

In the event that my child is having difficulty breathing, I give permission for the staff of BMOCCS to administer emergency asthma first aid to my child, whether my child has been diagnosed with asthma or not, and to call an ambulance,,

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Sunscreen Permission

Parents are asked to apply sunscreen either at home or on arrival and record this on the Sunscreen Sheet from **AUGUST** through to **MAY**.

I give permission for staff members to apply sunscreen to my child when necessary.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Consent For Program Inclusion

I give permission for my child to be photographed for display within the centre, and in my child's learning experiences documentation. I understand that a hard copy of the journal will be displayed at the service each term, and a digital take home copy will be made available to enrolled parents at the end of the year/ or exit during the year.

Please remember that BMOCCS is a child safe environment, and as such we respectfully ask that you do not take photos of children as they play.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

I give permission for my child's photograph to be used for publicity in the local community, eg: newspapers/ notice boards /brochures. **Y/N** Social Media **Y/N**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

All of the information that you have provided here will be treated as confidential and will be discussed only in appropriate forums. All educators at BMOCCS are Mandatory Reporters under the Child Protection Laws (please refer to the BMOCCS Child Protection policy). Our policies are on display to all parents/guardians and visitors at the BMOCCS service, and online at **mocs.org.au** and clarification can be sort with the Coordinator.