



Duntroon Community Centre, Gymkhana Road Duntroon ACT 2600

Confidential
Duntroon Playschool Enrolment Form
2018

Child Details

Date of Application:	
Preferred Day(s): Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>	
Child's Name:	
Residential Address:	
Date of Birth: (You will need to provide a copy of your child's Birth Certificate prior to your child being enrolled)	
Email Address:	
Language Spoken at Home:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Family Background: Military <input type="checkbox"/> Defence APS <input type="checkbox"/> Reservist <input type="checkbox"/> Civilian <input type="checkbox"/>	

Parent or Guardian Details

Parent/Guardian 1:		
Place of Employment:		
Residential Address:		
Contact No: (H)	(M)	(W)

Parent/Guardian 2:		
Place of Employment:		
Residential Address:		
Contact No: (H)	(M)	(W)

Emergency Contacts (Other than parents)

Contact 1:
Residential Address:
Contact No: (H) (M) (W)
Relationship to child:

Contact 2:
Residential Address:
Contact No: (H) (M) (W)
Relationship to child:

Authority to Collect (Other than parents) - This can be updated throughout the year

Contact 1:
Residential Address:
Contact No: (H) (M) (W)
Relationship to child:

Contact 2:
Residential Address:
Contact No: (H) (M) (W)
Relationship to child:

Custody Orders

Are there any court orders relevant to the care of your child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the necessary details:		
<ul style="list-style-type: none">• Date of issue:• Certified sighted by:• Person to whom the order is made in favour:• Person(s) denied care/access to your child:		
Other relevant information/issues relating to parents/guardians?		

Child's Medical Contacts

<u>Doctor:</u>
Address:
Contact No:

<u>Dentist:</u>
Address:
Contact No:

Immunisation

Has your child been immunised? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please provide details by:
<ul style="list-style-type: none">• Attaching a copy of the Immunisation Record from the Child Health Record book OR• Attaching a copy of the Immunisation Record printout from local government OR• Attaching the Child History Statement from the Australia Childhood Immunisation Register.
If no , please provide a letter from your doctor

Medical Information - Anaphylaxis

Does your child have any allergies or sensitivity? If yes , what is the allergy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child been diagnosed at risk of anaphylaxis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have an auto injection device (eg. EpiPen®)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the 'anaphylaxis management plan' been provided to the service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

In the case of anaphylaxis you will be required to provide the Centre with a current individual medical management plan for your child signed by the medical practitioner who is treating your child before your child commences Playschool.

Other Medical Conditions

Does your child have any other medical conditions? (eg. asthma, epilepsy, diabetes etc that are relevant to the care of your child) Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.
Have you provided an 'Asthma Action Plan' to the Centre? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child toilet trained? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please discuss with Playschool staff prior to starting.

General - Siblings

Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

General Information

Is there any other information concerning your child you would like to share? (Examples: medical, special needs, cultural, religious, additional needs etc)
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Excursions

I give permission for _____ (child's name):

To attend local excursions on RMC grounds with the appropriate staff to child ratio (for example, a walk to the park for morning tea).

Signature: _____ Yes No

First Aid

To have First Aid administered in the event of an emergency by Centre staff.

Signature: _____ Yes No

Permission for Observations

I consent to my child being the subject of observations for the purpose of individual program planning, however, if questioning or testing of the child is to be undertaken, my permission will be sought beforehand.

Signature: _____ Yes No

Permission to call Doctor/ Dentist/ Ambulance/Emergency Services

In the event of an emergency occurring, I hereby give permission for Centre Staff to seek emergency/medical/hospital/ambulance services. I understand that I am responsible for the payment of any costs incurred.

Signature: _____

Infectious Disease/Illness

In the event that my child contracts an infectious disease/illness I agree to notify the Centre and exclude my child from the Centre for the time mandated by the ACT Department of Health and in accordance with the Centre's Exclusion and Infectious Diseases policy.

Signature: _____

Fee Arrangements

I agree to pay my fees by the end of the third week of each term. I understand that failure to do this, may result in my child losing their placement.

Signature: _____

Parent Participation Levy

I agree to pay my \$100 parent participation levy on enrolment. I understand that the levy will only be refunded at the end of the year if I have met my seven Parent Duties and three Centre related commitments (or if attendance is for less than a year, a fair proportion as determined by the Centre).

Signature: _____

Placement Policy

I have read and understand the Duntroon Community Centre Playschool Placement Policy.

Signature: _____

I confirm that the information given in this form is true, complete and accurate.

Name of Parent/Carer (please print) _____

Signature _____ Date _____

Office Use Only – Copy on File

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|-----|---|-----|--------------------------|----|--------------------------|
| 1. | Enrolment Form | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. | Annual Membership Form | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | Paid Parent Participation Levy (\$100) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. | Personal Particulars Form | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. | Photography Consent Form | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. | Volunteer Form | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. | Copy of Immunisation Record | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. | Copy of Birth Certificate | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. | Medical Action Plan or equivalent | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. | Working with Vulnerable People Card No.
for mother, father or other (circle) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 11. | Paid \$100 deposit | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12. | Paid Membership Fee \$27.50 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |