



# Enrolment Form

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**Director:** Lisa Martin  
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**Child Details**

Name: .....

Date of Birth: .....

**(Copy of Birth Certificate to be provided)**

Primary Language: .....

Place of Birth: .....

Child's CRN: .....

**Parent Details**

**Parent/Caregiver 1:** .....

Date of Birth: .....

Place of Birth: .....

Primary Language: .....

CRN: .....

Address: .....

.....

Phone Number: .....

Mobile: .....

Work: .....

Email: .....

Occupation: .....

**Parent/Caregiver 2:** .....

Date of Birth: .....

Place of Birth: .....

Primary Language: .....

CRN: .....

Address: .....

.....

Phone Number: .....

Mobile: .....

Work: .....

Email: .....

Occupation: .....

**Other people living in the child's home:**

**Name:** .....

Relationship: .....

Age (if relevant): .....

**Name:** .....

Relationship: .....

Age (if relevant): .....

**Name:** .....

Relationship: .....

Age (if relevant): .....

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If the parents are separated/divorced or have specific arrangements, are there any special instructions for the centre? **Please provide the Centre with any copies of Court Orders.**

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**Authorisation to Collect: Please list 2 people authorised to collect your child.**

**Person 1:** .....

Phone: .....

Mobile: .....

Relationship to Child: .....

Address: .....

**Person 2:** .....

Phone: .....

Mobile: .....

Relationship to Child: .....

Address: .....

**Health Record**

It is vital that parent/caregiver give us current contact numbers upon enrolment.

**Who can be contacted in an emergency if we cannot reach parents/caregivers?**

**Contact 1:** .....

Phone: .....

**Contact 2:** .....

Phone: .....

**Health Care**

Doctor's Name: .....

Phone: .....

Medicare Number: .....

Private Health Fund: .....

Membership Number: .....

Does your child have an allergic reaction to anything?

Circle **YES** / **NO**

**If YES:**

Please specify the allergy: .....

Symptoms: .....

Any treatments: .....

**(Anaphylaxis Management Plans to be supplied)**

**Has your child had?**

Measles Y / N Date: .....

German Measles Y / N Date: .....

Mumps Y / N Date: .....

Chicken Pox Y / N Date: .....

Major Injuries Y / N Date: .....

**Does your child have regular:**

Colds Y / N Details: .....

Ear Infections Y / N Details: .....

Urinary Infections Y / N Details: .....

Convulsions Y / N Details: .....

Epilepsy Y / N Details: .....

Asthma Attacks Y / N **(Management Plan to be supplied)**

Other (please specify) .....

**Has your child ever been hospitalised? Y / N**

Date: .....

Details: .....

**Do you have any concerns regarding your child's:**

Eyesight Y / N

Hearing Y / N

Speech Y / N

Overall development Y / N

Details: .....

**Does your child regularly take medication: Y / N**

Details: .....

**Is there anything else regarding your child's health that you would like us to know? (E.g. Treatment Plans for Illnesses)** .....

**Does Your Child have any additional needs? Y / N**

Details (including any other programs the child is involved with): .....

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**Immunisation Records to be supplied, please visit the Medicare website or Centrelink.**  
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**Parent/Caregiver Consent**

(Please complete and return to the Centre prior to enrolment)

**Child's Name:** .....

**Date:** .....

Please read the following carefully and sign each section. **NOTE: It is essential that items 1, 2, 7, 8 and 9 be signed prior to your child attending the Centre.**

1. Realising that every care will be exercised in the management and safety of the children at the Centre, I agree to absolve Goonellabah Nestle In Childcare Centre from any accident or illness that my child may incur as a result of his/her attendance at the Centre

**Signed:** ..... **Date:** .....

2. I give consent for the Staff of Goonellabah Nestle In Childcare Centre to seek urgent medical, dental, hospital treatment, or ambulance service if they are unable to contact myself, caregiver or nominated emergency contacts in the event of an emergency.

**Signed:** ..... **Date:** .....

3. I give consent for the staff of Goonellabah Nestle In Childcare Centre to administer Paracetamol in the case of fever or pain, in the event of not being able to make contact with myself, caregiver or nominated emergency contacts.

**Signed:** ..... **Date:** .....

4. I give consent for photographs or video recordings of my child to be taken and used for resources within the Centre.

**Signed:** ..... **Date:** .....

5. I give consent for the Staff of Goonellabah Nestle In Childcare Centre to apply sunscreen to my child.

**Signed:** ..... **Date:** .....

6. I give consent for the Staff of Goonellabah Nestle In Childcare Centre to apply topical creams, ointments or insect sprays supplied by myself.

**Signed:** ..... **Date:** .....

7. I understand that I am required to pay weekly fees in advance of care (**regardless of absences**) unless the centre is closed for vacation. I also understand that **two weeks** written notice is required to change or cancel my child's placement.

**Signed:** ..... **Date:** .....

8. I understand that in the event that my fees are not current at any particular time, my enrolment can be cancelled at the discretion of the Director.

**Signed:** ..... **Date:** .....

9. In the event that I do not arrange for collection of my child prior to 6.30pm I understand that a late collection fee will be added to my invoice.

**Signed:** ..... **Date:** .....

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**Please continue on next page.**

**General Information**

Has your child attended a children’s service before? (E.g. long day care, family day care) **Y / N**

Details: .....

Are there any religious or cultural observations that we should consider in our relationship with your child? **Y / N**

Details: .....

Is your child able to use the toilet independently? **Y / N**

Please advise toileting routines e.g. nappies:

.....

Does your child rest/sleep throughout the day and do they require a comforter such as a dummy, blanket cuddly toy?

.....

What do you hope your child will get from their attendance at Goonellabah Nestle In Childcare Centre? .....

.....

Are there any words that we need to know that have a special meaning to your child? E.g. “hello” in your home language? .....

.....

What would you like the staff at Goonellabah Nestle In Childcare to know about your child: .....

.....

.....

What information do you consider important to know each day and what is the best means of communication for you:

.....

.....

.....

Have you any skills that you would like to contribute to the Centre’s program? E.g. music, cooking, gardening etc.

.....

.....

**Child Profile**

Please only complete the sections you feel comfortable with. *At Goonellabah Nestle In Childcare Centre we plan and program for children on an individual basis. It would be greatly appreciated if you could give us some background information about your child to help the educator’s program experiences for your child.*

**Language Backgrounds:** .....

.....

**Home Life:** .....

.....

**Sleeping and eating patterns/routines:** .....

.....

.....

**Special family activities:** .....

.....

**Your child’s special likes/dislikes:** .....

.....

.....

**Any fears your child may have:** .....

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**Anything specific you’d like to see in the Centre program for your child, or any specific goals or objectives you have for your child:**

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