



Goonellabah Nestle In Preschool and Early Learning Centre

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# Enrolment Form

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Goonellabah NSW 2480

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## CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a,e)

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			
Date of Birth:		Sex (Please circle):	Male / Female

Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address:			
Child lives with: (Name, Relationship & Age)			
Child's birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied	Yes / No		

Days of attendance (Please circle):	Mon	Tues	Wed	Thurs	Fri
Child's Start Date:					

Does the child have any siblings? If so, please provide their names and ages.	
Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names and ages.	

## **PRIMARY PARENT**

*Education and Care Services National Regulations - Regulation 160 (3b)*

Parent Name:	
Parent Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	
Parent Centrelink Reference Number (CRN):	
Does the child live with you? (Please circle):	Yes / No

Occupation:	
Place of employment:	

## **SECONDARY PARENT**

*Education and Care Services National Regulations - Regulation 160 (3b)*

Parent Name:	
Parent Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	
Parent Centrelink Reference Number (CRN):	
Does the child live with you? (Please circle):	Yes / No

Occupation:	
Place of employment:	

**COURT ORDER**

*Education and Care Services National Regulations - Regulation 160 (3c, d)*

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	

**Please note that without this documentation we cannot legally enforce the Order/s.**

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

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

Phone: .....

Mobile: .....

Address: .....

Relationship to Child: .....

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

Phone: .....

Mobile: .....

Address: .....

Relationship to Child: .....

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: .....

- Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? Yes/No
- Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted? Yes/No
- Can this person be contacted to give consent to the transportation of the child by an ambulance service? Yes/No
- Can this person give authorisation for the Service to take the child on regular outings? Yes/No

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

Phone: .....

- Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? Yes/No
- Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted? Yes/No
- Can this person be contacted to give consent to the transportation of the child by an ambulance service? Yes/No
- Can this person give authorisation for the Service to take the child on regular outings? Yes/No

## MEDICAL INFORMATION

*Education and Care Services National Regulations - Regulation 160 (3a, l, j)*

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	
Please outline any dietary restrictions or considerations e.g. like and dislikes. (Details of allergies etc. will be requested in the Medical section of the form):			

**Child’s Registered Medical Practitioner or Service Details:**

Service Name:	
Practitioner’s Name:	
Contact Numbers:	
Address:	

**Child's Registered Dental Practitioner or Service Details:**

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Private Health Cover (Please Circle):	Yes / No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes / No

<p>Does the child have any specific health care needs or conditions, including allergies or anaphylaxis?</p> <p><i>(Please Circle)</i></p>	<p>Yes / No</p> <p>If yes, please provide a medical management plan, which the child's medical practitioner has prepared.</p> <p>The Plan should include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A photo of the child</li> <li><input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis</li> <li><input type="checkbox"/> First aid needed</li> <li><input type="checkbox"/> Contact details of the doctor who signed the plan</li> <li><input type="checkbox"/> When the Plan should be reviewed.</li> </ul>	
<p>Does the child have any dietary restrictions?</p> <p><i>(Please Circle)</i></p>	<p>Yes / No</p> <p><i>(If yes, please attach relevant details.)</i></p>	<p>Attached</p>
<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> <li>• The label must contain the child's name and</li> </ul>	<p>Parent 1 Signature:</p>	
	<p>Parent 2 Signature:</p>	

<ul style="list-style-type: none"> <li>Parents must provide any verbal or written instructions provided by the medical practitioner.</li> </ul> <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our “Administration of Authorised Medication” form. <i>Education and Care Services National Regulations Regulation 93</i></p>			
Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

## IMMUNISATION DETAILS

I have chosen not to have my child immunised.	Yes/No		Attached
	Please note: Approved documentation must be provided before your child can attend <i>See Immunisation Policy</i>		
Are your child’s immunisations up to date?	Yes/No		Attached
	Please provide a copy of your child’s: Immunisation History Statement provided by Medicare		
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i>	Yes/No	Parent 1 Signature:	

**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, 8, 9 and 10 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 Preschool and Early Learning 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 Preschool and Early Learning 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 Preschool and Early Learning 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. For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources

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

6. I give consent for the Staff of Goonellabah Nestle In Preschool and Early Learning Centre to apply sunscreen to my child.

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

7. I give consent for the Staff of Goonellabah Nestle In Preschool and Early Learning Centre to apply topical creams, ointments or insect sprays supplied by myself.

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

8. 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:** .....

9. 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:** .....

10. 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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## GERENAL INFORMATION – CHILD PROFILE

Please fill in this form with as much information as possible and feels comfortable. This information enables us to provide the best quality care for your child.

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

Details: .....

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

**(Tadpoles please refer to attached routine form)**

Please advise toileting requirements e.g. nappies/ toilet training etc. : .....

Does your child rest/sleep throughout the day and do they require a comforter such as a dummy, blanket cuddly toy? **(Tadpoles please refer to attached routine form)**

- 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.

- Special family activities: .....

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

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

- 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:

## CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f,g,h)

Language spoken at home:	
Ethnicity:  Please outline any cultural practices you would like followed:	
Religion:  Please outline the Child's religious background and if relevant any religious practices you would like followed:	
Is the Child of Aboriginal or Torres Strait Islander Descent?  <i>(Please circle)</i>  Please indicate:	Yes / No
Religious & Cultural celebrations:	