

Enrolment Form

58 Lucas Street
Gracemere QLD 4002
PH 49 333 553
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Childs Details

Surname: _____ First Name/s: _____

Preferred Name: _____ Child's CRN No: _____

Residential Address: _____

Date of Birth: _____ Gender (please circle): Male Female

Birth Certificate (Please bring in original for centre to copy)

Child's Age on First Day: ____ years ____ months Preferred Commencement Date: _____

Medicare Number _____ Ref ____ Exp _____

Aboriginal or Torres Strait Islander

Parent / Guardian Details

First Parent/ Guardian Details:

Name: _____ Home Phone: _____

D.O.B ____/____/____ Address: _____ Work Phone: _____

Mobile Phone: _____

Occupation: _____ email: _____

Work Address: _____ Best Contact during the day: (please Circle one)

Home Phone Work Ph Mobile

Parents CRN Number: _____ Most convenient way to contact you:- Phone

Health Care Card Holder Yes No Exp Date: _____ or Email

(Please bring in Health Care Card for centre to copy)

Second Parent / Guardian Details:

Name: _____ Home Phone: _____

D.O.B ____/____/____ Address: _____ Work Phone: _____

Mobile Phone: _____

Occupation: _____ email: _____

Work Address: _____ Best Contact during the day: (please Circle one)

Home Phone Work Ph Mobile

Parents CRN Number: _____ Most convenient way to contact you:- Phone

Health Care Card Holder Yes No Exp Date: _____ or Email

Marital Status of Parents: (Please Circle) Married De- facto Divorced Separated Widow/Widower Single



Emergency Contact

(This should be preferably be someone other than the parents/guardians listed above)

Name: _____ Address : _____

Phone No: _____ Mobile No : _____

Relationship to Child: _____

Authority to Collect: Who (other than your child’s parents) is able to collect you child?
Please keep these details up to date as you are giving authorisation for the following people to collect your child.

Name: _____

Name: _____

Address: _____

Address: _____

Home No: _____

Home No: _____

Mobile No: _____

Mobile No: _____

Relationship to Child: _____

Relationship to Child: _____

Court Orders:

Are there any Court Orders or Orders from Government Bodies affecting your child ? Yes No

If yes, please give details (including a photocopy of the order for centres records): _____

Cultural Recognition:

Does your child have any religious or cultural requirements: Yes No (If yes please describe)

Does your child speak a language other than English? Yes No (If Yes please state which language)

Special Cultural / Religious needs (eg Diets, festivals): _____

Any specific Request or Requirement dietary or otherwise that you require: _____

Individual Information:

Number of Children in the Family: _____ Position in the Family: _____

Details of Brothers and Sisters: _____ D.O.B : ___/ ___/ ___

_____ D.O.B : ___/ ___/ ___

_____ D.O.B : / /

Required Days: Mon Tues Wed Thurs Friday Long Day Care or
 Before School Care and/ or After School Care Childs School _____



Medical Details

Injuries / Allergies / Illnesses etc:

Are your child immunizations up to date? : Yes No (Please attach a copy of the Immunisation History Statement with your enrolment form)

Does your child have any allergies: Yes No

Medications allergies: _____

Food Allergies: _____ Other Substances (allergens): eg grass, pollen, animal hair etc: _____

If yes then please attach an Allergy Action Plan developed in consultation with your doctor (Action Plan located in Parent Handbook).

Has your child any diagnosed Asthma medical conditions Yes No (Please Circle)

If yes for Asthma please attach an Asthma Action Plan developed in consultation with your doctor (Action Plan located in Parent Handbook).

Any other Medical Conditions such as Diabetes, Epilepsy, Development Disabilities (Please State):

Is your child on regular medications: Yes No Please state your Childs Medications: _____

Do you give permission for centre staff to administer a dose of life saving medication (eg. Epipen and/or Antihistamine (Zyrtec) or Ventolin) in the case of emergency?

Yes No Signature of Consent: _____

Any Previous Infectious Diseases: _____

Does your child have any special needs? Yes No _____

General Practitioner (GP): _____ Phone Number: _____

Address: _____

Do you give permission for centre staff to administer on dose of Paracetamol in the event of your child having a temperature over 37.5C, or in the event of pain (such as teething)? Yes No

Do you give permission for centre staff to apply sunscreen and insect repellent and relief at the appropriate times? Yes No



Application for Enrolment

In order for Le Smileys to operate for the maximum benefit of children and their parents, it is essential that there is a close co-operation between home and the centre. We ask that parents sign the undertaking and obligation outlined below:

I/ We wish to apply for the enrolment of my child to Le Smileys Early Learning Centre.

I/We agree in the case of sudden illness or an accident where parents cannot be contacted, the Director or person in charge shall act as agents for parents. They will assume discretionary powers to seek immediate appropriate medical attention and or ambulance assistance as deemed necessary. I/We agree to pay medical cost if medical attention is required.

I/We agree to keep my child home when they are suffering from infectious or contagious illnesses as prescribed in the Parent Handbook.

I/We understand the Centre's Policies with regard to medication and the administration of it.

I/We agree to promptly notify the Director as to the reason for any absences.

I/We agree to give a minimum of **two (2) weeks** notice of my child leaving the centre, or pay two weeks fees in lieu thereof.

I/We understand the Centre's policy with respect to fees as per the parent handbook and I agree to keep fees paid in advance at all times.

I/We have read Le Smileys Handbook and agree to the policies outlined in it.

I/We agree that the Child will be signed in and out at the appropriate location on each day of attendance.

I/ We will ensure that the Child is accompanied to and from the centres by an adult person(18+ years) and that the teacher/person in charge of the room is notified of arrivals and departures.

I/We give permission for my child to participate in Fire Drills held regularly at the centre. I understand that he/she may be required to leave the enclosed playground to assemble in the designated area on the Centre's Evacuation Plan.

Consent for Photography:

Photographs possible uses in the centre are observations and learning stories that will be shared to other families within the centre through emails. Photograph possible uses for outside of the centre are promotional material, newspaper stories and the centre website.

Do you give permission for your child to be photographed whilst at the center?

Yes No

I hereby give permission for Le Smileys Early Learning Centre to include photos of my child/ren in learning stories

Yes No

I understand that learning stories will be emailed to other families of the room my child is enrolled in

Yes No

First Parent / Guardian Signature: _____ Date: _____

First Parent / Guardian Print Name: _____

Second Parent / Guardian Signature: _____ Date: _____

Second Parent / Guardian Print Name: _____



Thank you for choosing Le Smileys to care for your child.

We would like to know how you found out about us?

Please Tick:

Recommended by Friends Yellow Pages PDC Local Newspaper Morning Bulletin Newspaper advertisements Fliwer mail out Other (Please state) :

Office Use Only

Room Allocated: _____ **Reason for Care** _____

Days of Booked Attendance: Monday Tuesday Wednesday Thursday Friday

EZI Debit Form Completed: Yes **Details placed on System** Yes **Date:** ___/___/___

Immunization Statement Received Yes **Date** ___/___/___

Given: Hat Shirt **Date** ___/___/___ **Signature** _____



Le Smileys Early Learning Center – Enrolment Form
Phone 49 333 553
Private and Confidential



Settling into Childcare

To help us get to know your child in the early days, please fill in the following information:

Child's Name: _____ D.O.B: _____

People who are important to your child: _____

My child's favourite toys are: _____

My child's favourite songs, books, music: _____

Our Pets are: _____

My Child really enjoys the following activities:

Inside: _____ Outside _____

Things my child dislikes: _____

Toileting Information (Please circle):

Nappies

Being toilet Trained

Trained

Diet / Feeding information (please circle):

Bottle

Cup

Self Fed with Spoon

Food my child dislikes: _____

Sleep Information:(Please Circle)

Comforter

Dummy

Bottle

What time does your child normally go to sleep? _____

How long does your child sleep for? _____

I would really like staff to help my child with: _____

Other important information about my child: _____

Aboriginal or Torres Strait Islander descent Yes No

Do you or any one in your family have any special skills, talents or interests that they would be happy to share as part of the program. Yes No

If yes what type: _____

Thank you, we really want your child to be happy with us at Le Smileys and make lots of new friends. Please do not hesitate to contact us at anytime to pass on information, or check up on how his/her day is going. We are very happy to talk to you at anytime.