

# APPLICATION FOR ENROLMENT

for OCCASIONAL CARE and  
RESIDENTIAL SCHOOL CARE

0 - 5 years old

As we are responsible for your child while he or she is attending the centre, we would like to know as much about your child as possible to help us understand him/her. Please ensure that you notify us of any changes of address or phone numbers.

A separate form must be completed for each child. Thank you for your cooperation.

DATE ENROLLED \_\_\_\_\_

**NAME OF CHILD** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_  
Given name Surname

**ADDRESS** \_\_\_\_\_ **SEX** M /  
F \_\_\_\_\_

\_\_\_\_\_ **PHONE** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ **ETHNIC ORIGIN** \_\_\_\_\_

**ADDRESS**

\_\_\_\_\_ **PHONE** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ **ETHNIC ORIGIN**

**ADDRESS**

\_\_\_\_\_ **PHONE** \_\_\_\_\_

**LANGUAGE SPOKEN AT HOME** \_\_\_\_\_

**NAME OF PERSON TO BE CALLED IN AN EMERGENCY AND AUTHORISED TO COLLECT CHILD** (we will always attempt to contact parent first)

**Name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**CHILD'S** / **FAMILY** **DOCTOR**

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**CHILD'S** / **FAMILY** **DENTIST**

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

## dates / days & hours child care is required

Mon \_\_\_ to \_\_\_ Tues \_\_\_ to \_\_\_ Wed \_\_\_ to \_\_\_ Thurs \_\_\_ to \_\_\_ Fri \_\_\_ to \_\_\_ Sat \_\_\_ to \_\_\_ Sun \_\_\_ to

Mon \_\_\_ to \_\_\_ Tues \_\_\_ to \_\_\_ Wed \_\_\_ to \_\_\_ Thurs \_\_\_ to \_\_\_ Fri \_\_\_ to \_\_\_ Sat \_\_\_ to \_\_\_ Sun \_\_\_ to

Additional Information regarding your child:

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**AUTHORISATIONS**

Name of person(s), other than parents, authorised to collect child from the centre:

Name	Relationship to Child
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I/we authorise the staff of Yarm Gwanga to: -

- 1. take my child on walking excursions or outings around UNE Campus
- 2. deny access of my child to the following people:
  - l) \_\_\_\_\_

- 3. organise photographs of my child for Yarm Gwanga / UNE / newspapers / visitors.

In the event of accident or illness I authorise the staff to seek any medical or dental attention that my child/children should require and agree to meet any expense incurred. I am willing for my child/children to participate in the program.

I/we agree to pay the child care fees in advance and in full.

I/we agree to exclude my/our child/children from the centre when ill, and for the set exclusion period (as stated in The Staying Healthy in Childcare) if the illness is an infectious disease.

.....  
Parent/Guardian signature

.....  
Witness

Date .....

***Fees from February 2007: (fees are payable in advance on the first day of care)***

***\$48.00 per day - includes lunch and afternoon tea***

Please bring one piece of fruit. If your child is on a special diet or allergic to any food please ensure that the Director and Staff are advised verbally as well as full details entered on the Personal Information Record Form.

Childcare Assistance can only be applied if a **CURRENT CHILDCARE ASSISTANCE ASSESSMENT** is provided otherwise **FULL FEES** are payable. Under no circumstances can childcare assistance be applied without your assessment.

You are required to provide disposable nappies if your child is not toilet trained.

You are required to bring a copy of your timetable so as we can contact you in the case of an emergency.

You are required to bring original immunisation records with you.

We are unable to care for sick children, should your child become ill whilst in care you will be contacted and asked to collect your child immediately.