

APPLICATION FOR ENROLMENT

Family Information Record

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. Thank you for your cooperation.

NAME OF CHILD (1) _____ DOB ___/___/___ SEX M / F
Given name Surname

NAME OF CHILD (2) _____ DOB ___/___/___ SEX M / F
Given name Surname

ADDRESS _____

PHONE _____

MOTHER'S NAME _____ **ETHNIC ORIGIN** _____

ADDRESS _____ PHONE _____

EMPLOYER or UNE DEPT or STUDENT FACULTY _____ PHONE _____

WORK / STUDY DAYS & HOURS (please specify) _____ MOBILE _____

Mon	Tues	Wed	Thurs	Fri
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EMAIL _____

FATHER'S NAME _____ **ETHNIC ORIGIN** _____

ADDRESS _____ PHONE _____

EMPLOYER or UNE DEPT or STUDENT FACULTY _____ PHONE _____

WORK / STUDY DAYS & HOURS (please specify) _____ MOBILE _____

Mon	Tues	Wed	Thurs	Fri
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EMAIL _____

MEDICARE NO: _____ AMBULANCE SUB NO: _____

PRIVATE HEALTH FUND: _____ HEALTH FUND NO: _____

TOTAL NUMBER OF CHILDREN IN ALL CARE: _____

LANGUAGE SPOKEN AT HOME _____ RELIGIOUS REQUIREMENTS _____

CULTURAL BACKGROUND /

REQUIREMENTS _____

STARTING DATE: _____

days & hours child 1 will be attending:

Mon ___ to ___ pm Tues ___ to ___ pm Wed ___ to ___ pm Thurs ___ to ___ pm Fri ___ to ___ pm
am pm am pm am pm am pm am pm

days & hours child 2 will be attending:

Mon ___ to ___ pm Tues ___ to ___ pm Wed ___ to ___ pm Thurs ___ to ___ pm Fri ___ to ___ pm
am pm am pm am pm am pm am pm

**NAMES OF TWO OTHER PERSONS TO BE CALLED IN AN EMERGENCY
AND AUTHORISED TO COLLECT YOUR CHILD**

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

***In case of an emergency we will contact parents first, if we are unable to contact you we will contact one of the persons above.
Please ensure that you have nominated persons that readily available by phone.***

CHILD'S / FAMILY DOCTOR

Address _____ Phone _____

CHILD'S / FAMILY DENTIST

Address _____ Phone _____

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

1. take my child on walking excursions or outings around UNE Campus
2. organise photographs of my child for Yarm Gwanga / UNE / newspapers / visitors.
3. In the event of accident or illness I authorise the staff to seek emergency medical, hospital and ambulance treatment. I agree to meet any expense incurred.
4. I/we have read the Parents Handbook and agree to abide by the stated policies and to pay our child care fees on time (2 weeks in advance) and in full.
5. 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.

COURT ORDERS

Are there any court orders affecting the custody or residence of or access to the child of which the staff of the service should be aware? Please advise in writing of any person affected by court orders, you must present the original court order for photo copying before access can be denied.

.....
Parent/Guardian signature

.....
Witness

Date

Office use only:

Commencement Date

Child Care Benefit

Emergency Card

Immunisation Records