



Hawkesbury River Child Care Inc.

CRN: 555 001 188B CRN: 280 503 6581

106 Brooklyn Road phone: 02 9985 7362 email: hrcc@maxi.net.au
 Brooklyn NSW 2083 fax: 02 9985 8376 web: www.maxi.net.au/~hrcc

Enrolment Form

Child Information

First name/s _____ Date of birth ____ / ____ / ____

Last name/s _____ Place of birth _____

Language/s spoken at home _____

Sex M
 F

Address _____
 (if different from parents) _____

Court orders (if any) _____
 re; custody, residence or access _____

Date to start ____ / ____ / ____

Days & Times Required	Mon	Tue	Wed	Thu	Fri
Arrival Time					
Departure Time					

Type of Care Required	Mon	Tue	Wed	Thu	Fri
Long Day Care					
Before & After School Care					
Occasional Care					



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Child Information (cont.)

Does your child have any behavioural difficulties we should be aware of?

Does your child participate in, or have any requirements in regard to religion, festivals or celebrations throughout the year?
If yes, can you please give details.

Are there any words we need to know in any language to help make your child's day smoother?

Does your child have a special comforter?

Does your child have any fears?
(eg: lawn mowers, thunder, plug holes, etc.)

Does your child have any special dietary needs?
(eg: vegetarian, religious beliefs, etc.)

Does your child have any particular food preferences?

Likes-

Dislikes-



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Child Information (cont.)

Has your Child been immunised?
(must show evidence eg; blue book)

Does your child have any allergic reactions?
(eg; food, medicine, grass, bees, face paint, etc.)

Does your child have any special medical conditions
requiring regular medical treatment?
(eg: asthma, epilepsy, etc.)
If yes, please include medication details in your answer.

Does your child regularly visit a specialist?
(eg; speech therapy, etc.)

What is your child's present health status?

Name _____ Signature _____ Date ____ / ____ / ____



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For Emergency Purposes Only

Medicare number _____

Family ambulance fund _____

DOCTOR Name _____

Phone _____

Address _____

DENTIST Name _____

Phone _____

Address _____



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Parent Information

	Parent 1	Parent 2
Title		
First name/s		
Last name/s		
Home address		
Home phone		
Mobile phone		
Ethnicity		
Language/s spoken		
Marital status		
Date of birth		
Occupation		
Name of Employer		
Work address		
Work phone		
Email address		



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Authority to Collect and/or Emergency contacts

I authorise the staff of this Centre to give the following people access to my child/ren: (note must be over 18years)

Please ensure these emergency contacts are willing and able to collect your child/ren in the event of an emergency.

Note that emergency contacts must be over 18 years of age.

	Contact 1	Contact 2	Contact 3
Emergency contact	Y / N	Y / N	Y / N
AND/OR	CROSS OUT WHEREVER Y / N IS INAPPLICABLE		
Pick up contact	Y / N	Y / N	Y / N
First name			
Last name			
Address			
Home phone			
Work phone			
Mobile phone			
Relationship to child			

The staff will not allow your child/ren to leave with people unless their names are written on this form.

If the parent/s or emergency contact listed cannot be reached I _____ authorise the staff to seek medical, dental or hospital treatment and/or an ambulance.

Name _____ Signature _____ Date ___ / ___ / ___



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Agreements

I understand that the Centre is obliged to follow the Dept of Family and Community Services "Priority of Access" guidelines. I will notify the Director in writing of any changes in my circumstances, which may affect my priority. I also understand that my child may have his/her days reduced or cancelled if someone with a higher priority (according to the guidelines) is in need of the place.

Name _____ Signature _____ Date / /

I realise that it is expected that I will keep my child at home in case of illness or if he/she is unable to participate in the Centre's full program. When my child has an infectious disease, I understand that it is necessary for him/her to be excluded from the Centre for the period prescribed by the NSW Health Commission.

Name _____ Signature _____ Date / /

In case of accident or other emergency resulting in the need for immediate medical, dental, hospital and ambulance treatment, I hereby give my permission for the Director or staff in member in charge to arrange for my child to be seen by a doctor or alternative therapist, or transported to hospital via ambulance. I accept responsibility for all expenses incurred.

Name _____ Signature _____ Date / /

I authorise the Director or staff member in charge of the shift to give my child the recommended dose of Panadol if my child has a temperature of 38°C moderate fever or higher and I/we are unable to be contacted.

Name _____ Signature _____ Date / /

I hereby give permission for the staff of Hawkesbury River Child Care Inc. to apply sunscreen to my child/ren _____.

Name _____ Signature _____ Date / /



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Agreements (cont.)

I authorise staff of Hawkesbury River Child Care Inc. to take my child on short outings within walking distance of the Centre. Whenever public transport is used a separate permission slip will be issued for signature.

Name _____ Signature _____ Date ___ / ___ / ___

I give permission for the staff of Hawkesbury River Child Care Inc. to record my child on video or to take photographs of my child whilst at the Centre or on an organized excursion. Permission also extends to video footage or photographs of my child being publicly displayed at the Centre, copied for use at home or displayed in the centre newsletter. I agree that any video footage or photographs will remain the property of Hawkesbury River Child Care Inc.

Name _____ Signature _____ Date ___ / ___ / ___

I have read the Information Booklet and I understand that a full comprehensive policy folder is available to borrow which outlines the Centre's policies and procedures that guide the operation of the Centre.

Name _____ Signature _____ Date ___ / ___ / ___

I will pay the specified fee amount in accordance with the fee policy outlined in the Information Booklet. I understand that fees are payable for any absences and for Public Holidays which fall on the day my child usually attends.

Name _____ Signature _____ Date ___ / ___ / ___

I have read and understood the Late Fee Policy.

Name _____ Signature _____ Date ___ / ___ / ___