



# Peninsula & District Family Day Care



2 Ross Street  
(P.O. Box 512)  
WOY WOY NSW 2256

Phone: (02) 4341 9681 Fax: (02) 4342 9682  
Email: familydaycare@pccinc.com.au  
Web: www.pccinc.com.au

## Parent/Guardian Enrolment Information Form

### Parent / Guardian Details

Name: \_\_\_\_\_

Any other name/s known by (i.e. maiden name): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Mobile Phone: \_\_\_\_\_ CRN: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Is your employment / study: Full time ( ) Part time ( ) Casual ( )

Country of birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Email: \_\_\_\_\_

### Partner's Details

Name: \_\_\_\_\_

Any other name/s known by (i.e. maiden name): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Mobile Phone: \_\_\_\_\_ CRN: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Is your employment / study: Full time ( ) Part time ( ) Casual ( )

Country of birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Email: \_\_\_\_\_

### Parent information:

1. Do you have transport? \_\_\_\_\_

2. How would you like to be contacted? Phone ( ) Email ( ) Post ( )

3. Have you used this service before? Yes ( ) No ( )

If so, when were you last enrolled? \_\_\_\_\_

If not, where did you hear about Family Day Care? \_\_\_\_\_

4. Are there any other children under 12 years of age in the family? Yes ( ) No ( )

Do any of these children attend another childcare service? If yes, please give names and ages of children as well as the name of the service \_\_\_\_\_

5. Are there any court orders that affect custody of your child? Yes ( ) No ( )

Details: \_\_\_\_\_

Have you provided the Scheme with a certified copy? \_\_\_\_\_

### **Medical Information**

Doctors Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Doctors Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Number on Medicare Card for Child 1: \_\_\_\_ Child 2: \_\_\_\_ Child 3: \_\_\_\_ Child 4: \_\_\_\_

Name of Health Fund: \_\_\_\_\_ Health Fund Number: \_\_\_\_\_

**Authorised Person to Collect and Emergency Contact must be 16yrs or above. The following persons may be contacted in case of an emergency, when parents are not available. Unauthorised persons will not be permitted to collect your child/ren without permission. In accordance with the Children & Young persons Care & Protection Act.**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Mobile number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Mobile number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Mobile number: \_\_\_\_\_

I hereby consent to the Carer or Co-ordination unit staff to arrange for my child to be attended to by the nearest available Doctor / Dentist / Ambulance or receive hospital treatment, as deemed necessary by the said carer / staff. I will accept full liability for all the expenses that may be incurred.

Signed \_\_\_\_\_ Date \_\_\_\_\_



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## Child Enrolment Information Form

Office use only: Carer: \_\_\_\_\_ Date on computer \_\_\_\_\_ Immunisation: Yes / No  
Priority of placement: 1 2 3 I.D Number \_\_\_\_\_

Child's Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Are there any other names your child may be known by: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ CRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Male ( ) Female ( )

Child's Nationality: \_\_\_\_\_ Ethnic Origins: \_\_\_\_\_

Does your child speak a second language? If Yes, what language \_\_\_\_\_

Does your child attend another Service or School? \_\_\_\_\_

Absences used to date at another service \_\_\_\_\_

.....  
**Booking:** Is your booking: Permanent ( ) Occasional ( ) Rostered ( ) Before & After School ( )

Date care will start: \_\_\_\_\_

| Booking   | Mon.  | Tues. | Wed.  | Thur. | Fri.  | Sat.  | Sun.  |
|-----------|-------|-------|-------|-------|-------|-------|-------|
| Arrival   | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Departure | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

### **About My Child:**

- Sleep routines (times): \_\_\_\_\_
- Any fears (dogs, noises): \_\_\_\_\_
- Food dislikes: \_\_\_\_\_
- Favourite toy / music / show: \_\_\_\_\_

5. Comforter / takes to bed: \_\_\_\_\_

6. Special words for toilet, drink, tired etc. \_\_\_\_\_

7. Names of family members/ siblings/ Pets: \_\_\_\_\_

8. Any special religious / cultural requirements \_\_\_\_\_

9. Allergies or health conditions Yes ( ) No ( )

If yes, please give details \_\_\_\_\_

Have you provided a management plan for these? \_\_\_\_\_

10. Does your child have a special diet: Yes ( ) No ( ) (please attach details)

11. Does your child have additional needs? Yes ( ) No ( )

If yes please give details \_\_\_\_\_

Are you currently accessing any additional needs services in the community? Yes ( ) No ( )

If so, please provide details of services \_\_\_\_\_

12. Does your child have or are they being assessed for any medical / behavioural conditions?

Please give details: \_\_\_\_\_

13. History of health: \_\_\_\_\_

**I Agree To The Carer:**

- Administering general medication:
  - Nappy cream, Lotion (specify) \_\_\_\_\_ Yes ( ) No ( )
  - Teething Gel (specify) \_\_\_\_\_ Yes ( ) No ( )
  - Antiseptic Lotion (specify) \_\_\_\_\_ Yes ( ) No ( )
- Administering preventative measures:
  - Sunscreen (specify) \_\_\_\_\_ Yes ( ) No ( )
  - Insect repellent (specify) \_\_\_\_\_ Yes ( ) No ( )
- Contacting the child's Doctor / Dentist if necessary \_\_\_\_\_ Yes ( ) No ( )
- Call an ambulance if necessary \_\_\_\_\_ Yes ( ) No ( )

**Any special instructions/ details you would like to add?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## Parents / Guardian's Enrolment Agreement

I am/ we are prepared to follow the Scheme guidelines and policies and agree to:

1. Pay the parent levy to the carer, as per the fee guide, and authorise it to be deducted from CCB.
2. Agree to pay the weekly childcare fee as per the carer and parent agreement.
3. In the event that my child is injured in care, I give permission for the carer to seek medical / dental attention / call an ambulance in an emergency; the cost will be borne by me.
4. I agree to notify the Family Day Care Co-ordination Unit office and the carer in writing of any change in the hours of care required, also any changes in phone numbers, addresses, custody arrangements, emergency contacts and updates of immunisation.
5. I am aware that I am responsible for information / correspondence required by the Family Assistance Office in order to receive Child Care Benefits.
6. I am aware that I must give written notice to the carer of cancellation of care. If I ordination Unit. am unable to give the written notice to the carer I will then give the written notice to the Co- The amount of notice given will be in line with the carer and parent agreement. CCB cannot be applied to absences for last days in care unless a Doctors Certificate is supplied.
7. I am aware that sickness, holidays and non-attendance days are payable to ensure my child's place in the Carers service as per the fee guide provided by the Scheme or Carer. That fees for public holidays are payable as per the fee guide provided by the Scheme or Carer
8. In the event of my child contracting an infectious disease, I agree to exclude my child from care. I understand that my child will be accepted back into care upon provision of a 'clearance certificate' of the child from a medical practitioner, stating that he/she is fit to come back into care.
9. The scheme reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of the carer / scheme/ child / family. This would involve the Licensee, Authorised supervisor, and Board of Management / Sub Committee reps.
10. I am aware that from time to time my Carer will take my child/ren on excursions. This may be on foot or by motor transport. In **all** cases my Carer and I will fill in the excursion forms as per the current Children's Services Regulations 2004.
11. I acknowledge having received the Parent Handbook upon enrolment. I am aware it is my responsibility to read the information.

*Please circle the appropriate choices -*

12. I give / do not give permission for my child to be photographed for the purpose of publicity and / or promotions for the Scheme.
13. I give / do not give permission for my child to receive individual, unobtrusive observation by students in the Scheme. These may be noted; however I am aware that I can access these when I wish to. These records will be kept confidential at all times.
14. I give / do not give permission for my child to receive paracetamol for a fever in the event of an emergency.
15. I give permission for any sensitive information on this form to be transferred within the Scheme to any relevant staff member or carer who is involved in the care of my child.
16. I have read and understood this contract, and received relevant information about the service offered by this Scheme. I agree to abide by the conditions of use of the Family Day Care Scheme and this contract

Parent Name: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## Emergency Contact Agreement

Family Name: \_\_\_\_\_

Parent One:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Two:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency contacts must be over the age of 16yrs.

I the undersigned agree to be the family emergency contact. I understand that I maybe required to collect the child/ren at short notice in an emergency situation or illness, when the parent can not be contacted.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_