



Really Great Care for Really Great Kids.

***Pedder Patter Child Care Centres Inc***

ABN 31 792 554 660

**ENROLMENT FORM**

**Surname**

**Given Names**

**Date of Birth**

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**FAMILY INFORMATION**

**Parent/Guardian Details**

**Mother**

**Father**

Full Name		
Address		
Home Contact No.		
Work Contact No.		
Occupation		
Place of Employment		
Country of Birth		

Marital Status (optional): Married Divorced Separated Defacto Single (please circle)

**Persons authorised to collect the child (must be 16 years of age or older):**

Name	Address	Phone	Relationship to child

I will notify the Centre, should I wish my child/children to be collected by any person other than those stated.

Signed: \_\_\_\_\_

**Emergency Contacts**

Name	Address	Phone	Relationship to child

**Child's Medical Practitioner/s** (this may include the child's dentist)

Name	Address	Phone

I hereby authorise the staff of Pedder Patter to care for my child, and I also give permission, in the case of an emergency or accident to call an ambulance/hospital and/or a Medical Practitioner at my expense and further authorise that Medical Practitioner to carry out such treatment that he/she may consider necessary for my child.

Signed: \_\_\_\_\_

**CHILD INFORMATION**

Given Names: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Birth: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

**Allergies/Dietary restrictions** (please supply a medical action plan if required):

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**Other relevant medical history/detail:**

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**Special Requirements:**

Please note any special requirements for your child, including cultural, religious or any other special needs.

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**Immunisation (please tick one):**

- I have provided the Centre with a Statutory Declaration stating that my child has not been immunised.
- I have provided the Centre with my child's immunisation records

I undertake to inform the Centre of immunisation updates.

**PARENT AGREEMENTS****Medication:**

In the event of a child/ren needing medication at the Centre, parents must sign the MEDICAL INSTRUCTION SHEET located at the front desk, giving clear details of medication and all dosages. All medications are to be left with a staff member, who can store it appropriately. *Refer to the Drug Administration policy.*

**Health:**

In the interests of your child and others, alternative care must be arranged for sick children. Children with contagious diseases will not be accepted into care until cleared of infection by a medical practitioner. Parents must abide by the decision of staff as to the fitness of a child to attend the Centre on a given day.

**Infectious Disease:**

The Centre requests immediate notification of infections in the Centre, in the interests of other children.

I have read and accept the above policies and agree to abide by them.

Signed: \_\_\_\_\_

**Court Orders (tick one):**

- There are no court orders in place in relation to my child/ren.
- There is a court order in place and I have provided the details to the Centre.

**Fees & policies:**

I have been made aware of the policies of Pedder Patter Child Care Centre and agree to abide by them:

Signed \_\_\_\_\_

I agree to pay my fees (please circle one):  
daily                      weekly                      fortnightly  
Signed \_\_\_\_\_

I agree to notify the Centre if my child is absent due to sickness/holidays and pay the arranged fees as per the Fee Payment Policy.  
Signed \_\_\_\_\_

I have been informed about Child Care Benefit. I will/will not (please circle) be applying for Child Care Benefit.  
Signed \_\_\_\_\_

**Photographs:**

I do / do not (please circle) give permission for my child/children's photograph to be taken and used in the Centre newsletter and publicity/web site material.  
Signed \_\_\_\_\_

**Parent/Guardian**  
**Signed:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Centre Director**  
**Signed:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

<b>How would you like your centre information delivered?</b>	
I would like all information in hard copy	Yes/No
I would like all information in email format	Yes/No
Email Address:	