



# Enrolment Form

The information you provide will be held with the utmost confidentiality and will greatly assist your child to a smooth beginning with us.

Interview enrolment Date: ..... Commencement Date.....

Bond: ..... Receipt No: ..... Date: ...../...../.....

Days:  Mon  Tues  Wed  Thurs  Fri

Time drop off: ..... Time pick up .....

## Child's Details

Child's Name: ..... Family Name: .....

Other Names: ..... Former Name: .....

D.O.B: ..... / ..... / ..... Sex: F / M (please Circle) Place of Birth: .....

Residential Address: .....

Family Circumstances: .....  
(Please state if child is living with mum/ dad/ both parents/ grandparents etc)

Ethnicity: ..... Languages Spoken at Home: .....

Religion: ..... Culture Identity: .....

Any special requirements or information regarding your child culture and Religion? .....

Does your child have any special medical conditions, disability, additional needs? (Asthma, epilepsy, allergies and etc)?

(You must provide written particulars from your health care professional that indicates treatment if affected at the service)

Birth Certificate sited YES / NO Photocopied: YES / NO Signed: .....

## Child 2 Details (if you are enrolling both)

Child's Name: ..... Family Name: .....

Other Names: ..... Former Name: .....

D.O.B: ..... / ..... / ..... Sex: F / M (please Circle) Place of Birth: .....

Residential Address: .....

Family Circumstances: .....  
(Please state if child is living with mum/ dad/ both parents/ grandparents etc.)

Ethnicity: ..... Languages Spoken at Home: .....

Religion: ..... Culture Identity: .....

Any special requirements or information regarding your child culture and Religion? .....

Does your child have any special medical conditions, disability, additional needs? (Asthma, epilepsy, allergies and etc.)?

(You must provide written particulars from your health care professional that indicates treatment if affected at the service)

### Parent's Details

|  |                        |
|--|------------------------|
| <b>Parent 1 Name:</b> Ms/ Miss/ Mrs: .....   | Family Name: .....     |
| Former Name: .....   | Any other name: .....  |
| Contact Number (H): ..... (W): ..... (M): .....  |                        |
| Address: .....   | D/ License No: .....   |
| Occupation: .....  | Work Address: .....    |
| Ethnicity: .....   | Language Spoken: ..... |
| Marital Status: (please circle)      Married      Divorced      Single Parent      Separated      De-facto |                        |
| <b>Parent 2 Name:</b> .....  | Family Name: .....     |
| Former Name: .....   | Any other name: .....  |
| Contact Number (H): ..... (W): ..... (M): .....  |                        |
| Address: .....   | D/ License No: .....   |
| Occupation: .....  | Work Address: .....    |
| Ethnicity: .....   | Language Spoken: ..... |
| Marital Status: (please circle)      Married      Divorced      Single Parent      Separated      De-facto |                        |

### Sibling's at home:

|  |                                   |
|--|-----------------------------------|
| Name: ..... Age: ..... Sex: M / F  | Name: ..... Age: ..... Sex: M / F |
| Name: ..... Age: ..... Sex: M / F  | Name: ..... Age: ..... Sex: M / F |
| Do you have any other children that attend this centre or any other centre? Yes / No (please circle) |                                   |
| If yes,      Child's Name: .....   | D.O.B: .....                      |
| Please fill:      Child's Name: .....  | D.O.B: .....                      |

### Child Family Circumstances

Are there any family circumstances affecting your child that we should be aware of? I.e. child's residence/ contact with parents.  
If YES please provide details: .....

**Is there anyone forbidden to pick up your child by court order? YES / NO (if YES, please provide copy of court order).**

### Authorised Nominee / Emergency Contact

**The authorise nominee is able to pick up and drop off child/ren able to sign off for excursions, able to be notified in any emergency and able to collect child on behalf of the parent.**

If a parent/ guardian cannot be contacted in the event of an emergency, two people must be nominated who can be contacted.

|                     |                          |
|---------------------|--------------------------|
| 1)-Full Name: ..... | Contact No (H): .....    |
| (M): .....          | (W): .....               |
| Home Address: ..... | Relation to child: ..... |
| 2)-Full Name: ..... | Contact No (H): .....    |
| (M): .....          | (W): .....               |
| Home Address: ..... | Relation to child: ..... |

**Authorisation for collection of child (other than parent/ guardian)**

No other person will be allowed to collect your child unless authorised by the phone  
(ID will be asked and the person must be 18 years and over)

Full Name: ..... Phone Number: ..... Relationship to child: .....  
Residential Address: .....  
Full Name: ..... Phone Number: ..... Relationship to child: .....  
Residential Address: .....

**CCB Parent Statement:**

**\*if claiming the childcare benefit you must register with Centrelink before your child's commencement date,  
You can contact Centrelink on 13 61 50.**

**Allowable Absences:** Each family is allowed 42 allowable absences each financial year. If your child has more than 42 days off, you will not be able to receive CCB for any days after this amount. If your child is coming to Mickey's World from another centre you must let us know how many absences he /she had at that centre.

**Please tick one of the following:**

- I am coming from another centre. My total allowable absences taken from this year are \_\_\_\_\_ days.  
 I have not attended another centre this year; therefore I have no previous allowable absences.

**Information required to claim childcare benefit:**

Parent 1: D.O.B: ..... Parent 2: D.O.B: ..... Child's D.O.B: .....  
Parent 1: C.R.N: ..... Parent 2: C.R.N: ..... Child's C.R.N: .....

**Are your child's immunisation up to date?** YES / NO (please circle)

Has your child suffered from any of the following please write YES or NO for each:

|                     |                     |                      |                  |
|---------------------|---------------------|----------------------|------------------|
| Measles.....        | Chicken Pox.....    | Rheumatic fever..... | Mumps.....       |
| German measles..... | Epilepsy.....       | Rheumatism.....      | Asthma.....      |
| Scarlett Fever..... | Ear Infections..... | Bronchitis.....      | Convulsions..... |

**Doctor's Name:** ..... Phone: .....  
Address: .....  
Medicare No: ..... Health Fund: .....  
**Dentist's Name:** ..... Phone: .....  
Address: .....

I agree for staff to apply to my child if required:  SPF30+ sunscreen  Antiseptic Creams  Nappy Rash Cream (Provided by parent / guardian). Name of Nappy Rash Cream \_\_\_\_\_

Are there any other information, which may assist us in providing the service best, suited to you and your child's needs?  
.....

**Declaration**

- I declare that all the information given is correct.
- I authorise the service **to seek** urgent medical, or hospital treatment or ambulance service including ambulance transport and I consent to the carrying out of appropriate medical, or hospital treatment in the event that such action appears to be necessary because the child has been injured, or is ill at the premises. If the staff of the centre are unable to contact the parent/ guardian or the emergency contact, I give permission for the staff to seek all the above medical treatment. I accept liability for any expenses that may be occurred.
- I am permitted to view my child’s educational records at any time upon request from my child’s educator.
- I give permission for my child’s name to be used and photos to be taken for all educational purposes, displays at the centre and any publications **YES / NO.**
- I give permission for information of my child to be written and displayed on the Eat and Sleep Chart. **YES / NO**
- I consent to my child being the subject of observations for training purpose **YES / NO**
- I give permission for the staff at Mickeys World to administer Panadol to my child if they become ill at the centre and have a temperature of 38.5 or over. Staff will call parents/ guardian to inform you that your child is ill and will need to be picked up. **YES / NO**
- As part of our curriculum we also offer Arabic studies to those children who wish to participate. If you are wanting your child to take part please speak to the director to ensure attendance days coincide with the lessons. I wish for my child to participate in Arabic / Islamic studies **YES / NO**
- As part of the educational programme of the centre I give permission for staff to take my child for walks outside the centre within the local community. **(Parent’s will receive a separate form for excursions that are not in the local area.) YES / NO**
- I give permission for my Childs photos and videos to be uploaded on the Mickeys World Facebook page which is only available to Mickeys World Families and staff. I also understand I am not permitted to download or copy any photos which may contain other children in them **YES / NO**  
I have read my parent handbook and understand our policies and will abide by them at all times. I also understand if I would like to see all centre policies I can see them upon request.
- **I will give 2 weeks’ notice in writing before I withdraw my child from the centre or reduce the numbers of days attending.**
- **I accept that any cancellations after the 1<sup>st</sup> of November of every year that includes dropping days will result in my bond being forfeited.**
- **Any unpaid or overdue fees may result in termination of position without any notice. We have the right to disclose any details to local centres in regards to unpaid accounts.**

I, the parent/ guardian signed below agree to pay all outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses including agents fees, court costs and legal fees incurred, I also understand that the information on this enrolment may be forwarded to debt recovery agents for legal recovery action and/ or listed on the national default registry for a period of six (6) years and thirty (30) days or until paid which might be accessed by other childcare providers.

**Have you got any skills that you would like to contribute to the centre’s program?**

.....  
.....

- *The director and all the staff at Mickey’s World are looking forward to caring for your child and welcome the family into the centre.*
- *If you have any suggestions that you would like to put forward please feel free to approach the staff.*
- *We also hope that you will approach us if you have any concerns about the service we are providing.*
- *We welcome parent participation on many levels of the centre’s operations, and hope we can develop a*
- *Warm and trusting relationship with your child.*

Signature: .....

Witness: .....

Print Name: ..... Date.....

Print Name: ..... Date.....

**Best means of communicating with you: (Please Circle)**

Phone                      Email                      In person                      Mail                      Communication Book

— . . . . .



# Child Profile

**Name:** \_\_\_\_\_ **D.O.B:** ...../...../..... **Commencement Date:** ...../...../.....

**Days of Attendance:** **Mon / Tue / Wed / Thu / Fri**

Parents Names: .....

Name of siblings: .....

Culture background: .....

Language Spoken: .....

I live in: .....

## All about Me

When I'm upset you can help me by:

.....  
Words I use to communicate with you for things I need such as Drink, toilet, hello, sleep, play are:

.....  
I might need some help when going to the toilet. Can you help me with?

.....  
I sometimes get a little scared of? E.g. thunder

.....  
When I rest I need? E.g. bottle, comforter, dummy etc.?

.....  
I have special dietary needs? (E.g. Vegetarian, religious beliefs and/or any other kind of allergy)

.....  
I have some Allergies / Medical needs: My parents have provided action plans to the centre.

.....  
My mum and dad have some goals for me to achieve this year. Can you help me?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_