

Greek Orthodox Community of NSW Child

Care Centre

CRN: 555 002 102S

264 Stanmore Road Petersham NSW 2049

Ph/Fax:9560 4040 Email gocldc@goc.com.au

Child's Details

Given Names:	Last Name:
Address:	Date of Birth:
Start Date:	Place of birth:
Ethnicity:	Sex: Male/female (please circle)
Child's CRN:	
Is your child of Aboriginal Origin: Yes/ No or Torres Strait Islander Origin: Yes/ No	Siblings and Ages: Are the siblings living at home:
Language spoken by child:	Religion:
Family Background:	Court Orders: Yes/No (copy on file): Yes/No
Days Required: (Please circle) Mon/Tues/Wed/Thurs/Fri	
Is your child attending another centre in the same week? Yes/No If yes, do you wish to claim maximum CCB hours at this centre if your child exceeds their CCB limit? Yes/No Please advise number of hours at the other centre?	
HEALTH	
Child's present health status:	
Has your child been immunized: (Please circle) Yes/No Please provide a copy of their immunization history	
Does your child: (Please provide details)	
<ul style="list-style-type: none"> • Have allergic reactions e.g food, medicine, grass, bees, face paint e.t.c?..... • Have any behavior difficulties we should know about?..... • Regularly visit a specialist e.g speech, e.t.c.?..... • Have any medical conditions?..... • Take regular medication?..... 	
GENERAL NEEDS	
Does your child participate in festivals/celebrations? Yes/No If No please provide information concerning the child's religion and cultural background and any practice that is to be observed at the service in respect of the child because of the religion and background.....	
Are there any words we need to know in any language to make your child's day smoother?	
Does your child have a special interest/favourite activity?.....	
Does your child have a special comforter?.....	
What is your child's sleep pattern?.....	
Does your child have any Fears? E.g. animals, thunder e.t.c. What are they?.....	
Any other special needs?	Eatings: Special dietary needs e.g. Vegetarian, religious beliefs e.t.c?.....
Favourite Foods?.....	Any special food Dislikes?

Date:..... Parental Signature:.....

Parent Enrolment Form

Parent 1	Parent 2
Title and First Name:	Title and First Name:
Last Name:	Last Name:
Date of Birth:	Date of Birth:
Parent 1 CRN:	Parent 2 CRN:
Home Address:	Home Address:
Home Phone Number:	Home Phone Number:
Postal Address if different from above:	Postal Address if different from above:
Mobile Number:	Mobile Number:
Email Address:	Email Address:
Ethnicity/ Aboriginal or ATSI:	Ethnicity / Aboriginal or ATSI:
Languages Spoken :	Languages Spoken :
Marital Status:	Marital Status:
Family Background:	Family Background:

Employment Details	
Occupation:	Occupation:
Work Name:	Work Name:
Work Address:	Work Address:
Work Phone:	Work Phone:
Email address:	Email address:

Family Medical details:	
Doctor:	Dentist:
Address:	Address:
Phone:	Phone:
Medicare No:	Health Fund No:

I hereby give my written consent to the carrying out and/or payment of appropriate medical, dental 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. Note: Nothing in this clause limits the authority of a medical practitioner or dentist to carry out emergency medical or dental treatment on a child without the consent of the child's parent as referred to section 174 of the Act. _____ signed by parent Date _____

Miscellaneous
Can sometimes attend bi-monthly parent/staff meeting: Yes/No
Can you contribute any skills to our centre's program or have time to volunteer e.g. sewing, typing, reading to children, cooking with the children e.t.c. _____

Emergency/Authority to Collect Contacts (do not include parents names) I authorize the staff of this centre to give the following emergency contact names access to my child/ren: (note: must be over 18 years). Please ensure these emergency contact persons are willing and able to collect your child/ren in the event of an emergency. At least 2 contact names must be completed before enrolment commences.

First Name:	First Name:	First Name:
Last Name:	Last Name:	Last Name:
Address:	Address:	Address:
Home Ph:	Home Ph:	Home Ph:
Mobile:	Mobile:	Mobile:
Work Ph:	Work Ph:	Work Ph:
Relation to child:	Relation to child:	Relation to child:

Note: The staff will not allow your child/ren to go with adults unless names are written on this form.
 Date: _____ Parental Signature: _____

Agreement

I understand and will abide by the policies and procedures of the centre, which are outlined below:

1/ Fees must be paid on the due date and always 2 (two) weeks in advance.

2/ If I am late to pick up my child I will pay \$2 per minute after the first warning.

3/ I will pay full fees if I do not sign my child in and out each day.

4/ I am aware that there is a 42 day sick leave limit per financial year that centrelink will allow without medical certificates.

5/ I am aware that I will pay for any days my child is sick or away from the centre. If my child is sick a doctor's certificate is required to return to the centre.

6/ I am aware that fees are not charged for the 4 weeks closure at Christmas.

7/ I have read and understood the philosophy and policies of the centre (which are located near the sign in out book) and the Parent Handbook and will abide by these for the duration of my child's enrolment at the centre.

8/ I will give in writing any changes that I require for the centre to abide by i.e dietary or days of attendance for my child.

9/ I give permission for my child to be photographed, age and suburb being used for publicity for the centre, should this be required parents will be informed when and if it occurs.

10/ Permission for my child being subject of observations for training purposes, however, if questioning or testing of the child is to be undertaken, my permission will be sought.

11/ I hereby give permission for my child to be administered Panadol or Nurofen if they need it i.e. due to high fever.

12/ I hereby give permission for my child's first name to be used in another child's portfolio (for observation purposes only) and I understand that portfolios are given to the child's parents at the end of each year.

Date: _____ Parental Signature: _____