

Bambinis Early Learning & Developmental Long Day Care Centre

18 Stuart Road, WEST HOXTON NSW 2171
 Ph: 02 9608 5888 Fax: 02 9608 3188

Approval ID's: 1-FGXYS

Child Enrolment Form:								
Given names:				Last name:				
Any other names by which the child is known and any former names of the child:								
Address (if different to Parent 1):								
Date of birth:			Place of birth:				Sex: M/F	
Intended start date:				Language spoken:				
Ethnicity:				Religion:				
Court orders, sighted & signed by JP (if any):								
Copy on file: Yes / No								
Days/Times required:								
		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Arrival time:								
Departure time:								
Is this child attending another centre in the same week? Yes / No				Please advise number of hours at other centre				
If yes, do you wish to claim maximum CCB hours at this centre if your child exceeds their CCB limit? Yes / No								
Type of care required, eg. Long Day, Before & After etc.								
Birth Certificate Sighted								
Health:								
Has your child been immunised: (please circle) Yes / No Please provide evidence e.g. blue book								
Child's present health status:								
Does your child: (please provide details)								
- have allergic reactions e.g. food, medicine, grass, bees, face paint etc.?								
- have any behaviour difficulties we should know about?								
- regularly visit a specialist e.g. speech, etc.?								
- have any special medical condition?								
- take any 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 that religion or background.								
Are there any words we need to know in any language to help make your child's day smoother?								
Does your child have any special comforter?								
Fears e.g. mowers, plug holes, thunder etc.:								
Any other special needs:								

Date:	Signed:	Witness:
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Eating:

Special dietary needs e.g. vegetarian, religious beliefs etc.:

Favourite foods:

Dislikes:

Permission:

I give permission for:

1. If I cannot be contacted, and if it became necessary to treat my child in order to reduce fever. I hereby consent to the director or designated representative to:

a) Administer a cool cloth to neck, forehead.

Signed.....Date.....

b) Administer a paracetamol elixir (Panadol) in the dose and frequency recommended on the bottle and age appropriate to the child.

Signed.....Date.....

I give permission to the Director and staff to:

a) Administer general First Aid to my child while he/she is in their care.

This may involve the application of:

- * Savlon ointment
- * Band aids/Plaster strips
- * Ice packs
- * Stingoes

Signed.....Date.....

Please notify staff if your child is allergic to any of the above

N.B. If parents do not sign these consent forms, then in the event of the child becoming hurt/unwell at the centre, a parent will be contacted for verbal instructions by a staff member before treatment/medication is given. If such contact cannot be made the Director will act on the best interest of the child.

I give permission for:

At Bambinis we regularly take photos of the children at play. These photos will be displayed on the "electronic photo viewer" at the end of each day, which will be located in the foyer. This provides an opportunity for parents to observe the experiences of the day and discuss school activities with their children. The children also enjoy seeing the photos and discussing the events of the day.

Photos of the children are also displayed around Bambinis occasionally and will be used in the Bambinis newsletter, centre resources and when required, for advertising material for the centre. Photographs of the children are also used in the children's portfolios. These portfolios are collections of the children's work completed throughout the year. Photos of the children are regularly placed in their portfolios.

If you are happy to have photos of your child taken at Bambinis and used in the manner stated above, please sign the permission slip below.

SignedDate.....

Date:	Signed:	Witness:
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