



# THE CUBBYHOUSE

PRESCHOOL AND LONG DAY CARE

ABN: 64083942858

41 Polwood Street Kempsey 2440 Phone (02) 6562 8591 Fax (02) 6562 1709  
54 Pulteney Street Taree 2430 Phone (02) 6551 2100 Fax (02) 6557 8067  
1316 Gloucester Road Wingham 2429 Phone (02) 6553 0111 Fax (02) 6553 0999

## Enrolment Form

### Your Child

First Name..... Middle Name.....

Last Name..... Gender Male Female Date of Birth.....

CRN..... Place of Birth.....

Current Address.....

Is your child of Aboriginal or Torres Strait Islander descent? Y/ N

Is your child attending another childcare centre service? Y/ N

I wish to apply for enrolment / waiting list at the Cubbyhouse. Please circle preferred days.

Monday Tuesday Wednesday Thursday Friday

**Parent / Carer 1** First Name..... Middle Name.....

Last Name..... Gender Male Female Date of Birth.....

CRN..... Place of Birth.....

Address .....

Suburb..... State..... Postcode.....

Home Phone..... Work Phone..... Mobile.....

Email.....

Occupation ..... Place of Work.....

Languages Spoken at Home .....

Concession/Health Care card holder Y/ N. Preferred Method of Contact Home Ph/ Mobile/ Email

Of Aboriginal or Torres Strait Islander descent? Y/ N. Disability? Y/ N. Primary Care Giver? Y/ N.

**Parent / Carer 2** First Name..... Middle Name.....

Last Name..... Gender Male Female Date of Birth.....

CRN..... Place of Birth.....

Address .....

Suburb..... State..... Postcode.....

Home Phone..... Work Phone..... Mobile.....

Email.....

Occupation ..... Place of Work.....

Languages Spoken at Home .....

Concession/Health Care card holder Y/ N. Preferred Method of Contact Home Ph/ Mobile/ Email

Of Aboriginal or Torres Strait Islander descent? Y/ N. Disability? Y/ N. Primary Care Giver? Y/ N.

**Family Status** Both parents at home/ Sole parent/ Shared custody/ Other .....

Other family members living at home.....

Number of Children in Family ..... Number of Children in Care.....

Their names and ages .....

.....

**Custody Arrangements**

If you are separated or divorced, who has legal custody of the child? Parent 1/ Parent 2/ Both

Parent 1 Access Arrangements? Full/ Limited .....

Parent 2 Access Arrangements? Full/ Limited .....

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? Y/ N

## Emergency Contacts & Authorisations

Name ..... Relationship to Child.....

Address .....

Home Phone..... Work Phone..... Mobile.....

**This person has authority to**  Collect/Deliver my child to/from the service

Give permission for excursions out of the service  Consent to medical treatment

Permit transportation by an ambulance service  Request/Permit medication to be given

If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child

Name ..... Relationship to Child.....

Address .....

Home Phone..... Work Phone..... Mobile.....

**This person has authority to**  Collect/Deliver my child to/from the service

Give permission for excursions out of the service  Consent to medical treatment

Permit transportation by an ambulance service  Request/Permit medication to be given

If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child

## Health & Medical Information

Medicare Number.....

Doctor name..... Phone.....

Address.....

Dentist name ..... Phone.....

Address.....

Private Health Insurer .....  Ambulance subscription

**Anaphylaxis** Has your child been diagnosed at risk of Anaphylaxis? Y/ N .....

**Does your child have**

Any allergies: eg. food, medication, animals, insects? Y/ N .....

Any special dietary requirements? Y/ N .....

Any problems with hearing, sight, speech? Y/ N .....

Any health problems, operations, illnesses, disabilities? Y/ N .....

Does your child take any regular medication? Y/ N .....

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? Y/ N .....

Does either parent have a disability? Y/ N .....

Is the family a single parent family? Y/ N .....

**Immunisations**     Immunised     Not immunised - I have brought in originals to be copied

(please circle) Birth certificate    Immunisation records    Medical or Developmental reports    Legal orders

**Routines**

Has your child begun toilet training? Y/ N Does your child have special toilet words ?

.....

Is your child used to being with other children? Y/ N Other adults? Y/ N

Is this the first time your child has been cared for by someone other than a family member? Y/ N

Are there any aspects of your child's cultural, ethnic, and/or religious background that you would like us to be aware of? What special days does your family celebrate ?

.....

Are there any religious activities the staff should be aware of? .....

.....

Are there any days of the year you wish your child to be excluded from ?

.....

What brought you to The Cubbyhouse / Where did you find out about us? .....

.....

Where did your child last attend day care?.....

Please add any other information you feel is relevant.....

**Agreements By Parents** Please carefully read and sign the following agreements to allow us to provide the best care to your child during their time at The Cubbyhouse.

I hereby give my consent for the staff at The Cubbyhouse to apply the following to my child during their stay at The Cubbyhouse.

	Brands we may use	Parent Signature	Date	Witness Signature	Date
Sunscreen	- Cancer Council Y/N - Woolworths Y/N				
Nappy Rash Cream	- Sudocream Y / N - Curash Y/N				
Mosquito Repellent	- Avon Bug Guard Y/N - Aeroguard Y/N - Rid Y/N - Bushman Y/N				
Sorbolene Cream	- Redwin Y/N				
First Aid Cream	- Rapaid antiseptic cream Y/N - Aeroaid antiseptic cream Y/N - Stingose Y/N				
Band-aids	- plaster Y/N - fabric Y/N				

I hereby give my consent for the staff at The Cubbyhouse to administer first aid if required. I also consent for the appropriate dosage of Paracetamol to be administered to my child, if required and if they are unable to contact a custodial caregiver.

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

Witness .....Date.....

In case of accident or other emergency resulting in the need of immediate medical attention, I hereby give permission for the director in charge to arrange for my child to receive ambulance, medical, and hospital assistance as is required and I agree to meet all medical expenses thereby incurred. If after every reasonable effort to contact me has failed and if the doctor contacted considers immediate medication, anesthetic or surgery, he / she has my permission to administer the same.

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

Witness .....Date.....

Where the designated person is not picking up my child from the centre, I will notify by telephone as well as supply a hand written note dated and signed, giving permission for an alternative person to pick up my child.

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

Witness .....Date.....

I deny the following people access to my child :

.....  
.....

I agree to abide by the fees policy, current and future.

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

Witness .....Date.....

I hereby give permission for my child to be photographed and video taped whilst attending The Cubbyhouse and for such to be used in advertising, displays and newspaper articles.

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

Witness .....Date.....

I hereby give my permission for my child's name and/or initials to be displayed for programming purposes.

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

Witness .....Date.....

To provide continuity of my child's education and care, I hereby give permission for educators to contact my child's previous care service to discuss their development and needs.

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

Witness .....Date.....

**Formal** How would you like to receive your invoice? Emailed or Paper Copy

How would you like to pay  Direct Debit/ Credit Card

Centrepay

Direct Deposit (Bank Transfer)

How would you like to receive your notifications? Eg newsletters. Emailed or Paper Copy

*Thankyou for this information. This will help us get to know your child and your family more quickly.*

Entered

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