



# Pumpkin Long Day Care Centre Enrolment Form

## Child Details:

Child's First Name:	_____	Surname:	_____
Home Address:	_____		P/C: _____
Date of Birth:	____/____/____	Sex: M / F	Language(s) spoken at home: _____
			Cultural background: _____
Is the child of Aboriginal descent?	Yes / No		
Is the child of Torres Strait Islander descent?	Yes / No		
Family Permits Photographs	Yes / No		

**Starting Date :** \_\_\_\_\_ **Room : Nursery / Toddler / Pre-schooler**

**Days Picked:** ☐ **Monday** **Session of care (Start and end times):** \_\_\_\_\_ **Fee:** \_\_\_\_\_  
☐ **Tuesday** **Session of care (Start and end times):** \_\_\_\_\_ **Fee:** \_\_\_\_\_  
☐ **Wednesday** **Session of care (Start and end times):** \_\_\_\_\_ **Fee:** \_\_\_\_\_  
☐ **Thursday** **Session of care (Start and end times):** \_\_\_\_\_ **Fee:** \_\_\_\_\_  
☐ **Friday** **Session of care (Start and end times):** \_\_\_\_\_ **Fee:** \_\_\_\_\_

**These sessions of care to be provided on a flexible basis** **YES / NO**

**Casual Day** : \_\_\_\_\_

## Parent or Guardian Details:

<b>Parent / Guardian 1 Full Name:</b>	_____	<b>Country of Birth:</b>	_____
<b>Home Address:</b>	_____		<b>P/C:</b> _____
<b>Telephone: H</b>	_____	<b>W</b>	_____ <b>Mobile</b> _____
<b>Does the child live with the mother?</b>	<b>Yes</b>	<b>No (Please circle)</b>	<b>Email:</b> _____
<b>Occupation:</b>	_____	<b>Place of Employment</b>	_____

<b>Parent / Guardian 2 Full Name:</b>	_____	<b>Country of Birth:</b>	_____
<b>Home Address:</b>	_____		<b>P/C:</b> _____
<b>Telephone: H</b>	_____	<b>W</b>	_____ <b>Mobile</b> _____
<b>Does the child live with the father?</b>	<b>Yes</b>	<b>No (Please circle)</b>	<b>Email:</b> _____
<b>Occupation:</b>	_____	<b>Place of Employment</b>	_____

## Court Orders Relating to the Child

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

☐ No

Proceed to the next page.

☐ Yes

Please complete the following:-

1. Bring the court order/s for staff to see and a copy to attach to this enrolment form;
2. a) If these orders affect the powers of a parent or guardian of the child to:
  - Authorise the taking of the child outside the service by a staff member of the services'
  - Consent to the medical treatment of the child;
  - Request or permit the administration of medication of the child;
  - Collect the child;
- b) Give these powers to someone else;

Please describe these changes and provide the contact details of any person given these powers \_\_\_\_\_

**THE INFORMATION BELOW IS GUARDIAN INFORMATION – NOT EMERGENCY CONTACT INFORMATION**

Guardian's Full Name (**not** emergency contact): \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ Mobile \_\_\_\_\_

Does the child live with the guardian? Yes No (Please circle)

**AUTHORISATIONS AND EMERGENCY CONTACTS**

Do you authorise the Approved Provider, Nominated Supervisor or an educator to seek medical treatment for your child from a registered medical practitioner (includes dentist), hospital or ambulance service, and/or to transport your child by ambulance in an emergency?

**Parent / Guardian 1 (Print Full Name)** \_\_\_\_\_

☐ Yes ☐ No

Signature \_\_\_\_\_

**Parent / Guardian 2 (Print Full Name)** \_\_\_\_\_

☐ Yes ☐ No

Signature \_\_\_\_\_

You may authorise another person to collect your child from the service. If your child needs to be collected because they are unwell, we will contact this person if we cannot contact you or you are unable to collect your child. This person must therefore live a maximum of 30 minutes from the service and must provide identification when collecting the child. Please obtain their consent before listing them as an emergency contact.

## Contact 1

Name

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Relationship to child

---

Home phone

Work phone

Mobile

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Address

---

Email

---

**Contact's Signature**

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## Parent One

I authorise this person to collect my child from your service

☐ Yes

☐ No

Can this person collect your child in case of emergency?

☐ Yes

☐ No

Can this person consent to medical treatment or the administration of medication?

☐ Yes

☐ No

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service?

☐ Yes

☐ No

Can this person authorise the education and care service to transport

The child or arrange transportation of the child?

☐ Yes

☐ No

**Parent One Signature**

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## Parent Two

I authorise this person to collect my child from your service

☐ Yes

☐ No

Can this person collect your child in case of emergency?

☐ Yes

☐ No

Can this person consent to medical treatment or the administration of medication?

☐ Yes

☐ No

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service?

☐ Yes

☐ No

Can this person authorise the education and care service to transport

The child or arrange transportation of the child?

☐ Yes

☐ No

**Parent Two Signature**

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## Contact 2

Name

---

Relationship to child

---

Home phone

Work phone

Mobile

---

---

---

Address

---

Email

---

**Contact's Signature**

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### Parent One

I authorise this person to collect my child from your service

☐ Yes

☐ No

Can this person collect your child in case of emergency?

☐ Yes

☐ No

Can this person consent to medical treatment or the administration of medication?

☐ Yes

☐ No

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service?

☐ Yes

☐ No

Can this person authorise the education and care service to transport

The child or arrange transportation of the child?

☐ Yes

☐ No

**Parent One Signature**

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### Parent Two

I authorise this person to collect my child from your service

☐ Yes

☐ No

Can this person collect your child in case of emergency?

☐ Yes

☐ No

Can this person consent to medical treatment or the administration of medication?

☐ Yes

☐ No

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service?

☐ Yes

☐ No

Can this person authorise the education and care service to transport

The child or arrange transportation of the child?

☐ Yes

☐ No

**Parent Two Signature**

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7 O'Connell Avenue, Matraville 2036

Phone: 0411 506 360

Email: [Management@PumpkinLDCC.com.au](mailto:Management@PumpkinLDCC.com.au)

Updated: August 2022

## **Medical and Health Information**

Name of Doctor/Medical Services: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Medicare No: \_\_\_\_\_

Ambulance Subscription:    Yes            No                      Private Health Cover:            Yes            No

Does the child have any allergy or sensitivity?            Yes            No            (please circle)

**If yes, the following management procedures are to be followed (or a copy of the management plan is attached):**

\_\_\_\_\_  
\_\_\_\_\_

Does the child have Asthma            Yes            No            (Please circle)

**If yes, the following management procedures are to be followed (or a copy of the management plan is attached):**

\_\_\_\_\_  
\_\_\_\_\_

Does the child have any other medical conditions and needs (eg epilepsy, diabetes, etc), which are relevant to the children's service?

Yes            No            (Please circle)

**If yes, the following management procedures are to be followed (or a copy of the management plan is attached):**

\_\_\_\_\_  
\_\_\_\_\_

Does the child have any dietary restrictions?            Yes            No            (Please circle)

If yes the following restrictions apply: \_\_\_\_\_

**In the case of an emergency, do you consent to a blood transfusion:**            Yes            No

## **Administering of Paracetamol**

I/We agree for centre staff to administer ONE dosage of Paracetamol in the event of our child's body temperature rising above 38°C. I/We give the staff at the centre consent to provide Medical or Hospital attention for our child. I/ We agree to pay any expenses incurred for medical treatment and transport.

\_\_\_\_\_  
**Parent One Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Two Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Dental Treatment**

I/We agree for centre staff to manage a dental accident as an emergency (per our Dental accidents policy), injury forms will be completed.

\_\_\_\_\_  
**Parent One Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Two Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Administration of first aid products and ambulance transportation**

I/We agree for centre staff to administer the first aid products and consent to provide Medical or Hospital attention to our child. If our child needs the ambulance transportation, I/We agree to pay any expenses incurred for this medical treatment and transport.

\_\_\_\_\_  
**Parent One Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Two Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Sunscreen Protection**

In line with the Cancer Council of NSW recommendations, the children's service suggests all children are protected by SPF 30+ sunscreen when exposed to sunlight. In conjunction with Pumpkin Long Day Care Centre's Sun Smart Policy, we ask that each parent apply SPF 30+ sunscreen to their child prior to their arrival at the children's service. Copies of Pumpkin Long Day Care Centre's Sun Smart Policy are available on request from staff

Yes     **reapply** SPF 30+ sunscreen, which I have supplied, to my child as required when going outside.  
No     do not **reapply** SPF 30+ sunscreen to my child.

\_\_\_\_\_  
**Parent One Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Two Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Other Information**

If there is anything else that the children's service should know about the child (eg excessive fears, favourite activities, development delay or disability etc) please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Immunisation Record**

- Has the child been immunised?    Yes                      No                      (please circle)

We also need the copy of the immunisation Record to be kept at our premises.

## **CCS Information**

To ensure that you are linked to our centre through the Child Care Subsidy (CCS) and to have Child Care Subsidy (CCS) applied to your childcare fees, you must contact Centrelink to confirm that they have the correct name and date of birth for both the parents & child who are registered for CCS.

### **Person Registered for CCS with Centrelink (details must be EXACTLY as per Centrelinks Records)**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ CRN: \_\_\_\_\_

### **Child Registered for CCS with Centrelink (details must be EXACTLY as per Centrelinks Records)**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ CRN: \_\_\_\_\_

Has this child attended another childcare centre this financial year?    Yes                      No                      (please circle)

Is the child attending multiple childcare centres?                      Yes                      No                      (please circle)

**Declaration** \_\_\_\_\_  
**Parent / Guardian 1 (Print Full Name)**

a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service
- Consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.
- Consent to the staff of the children's service administering medication if so requested by me.
- Consent to my child to being photographed during regular childcare sessions and I also consent to these photographs being used for publicity purposes by Pumpkin Long Day Care Centre.
- Have read, understand and agree to follow the fee payment structure and policies.

*No outside agency or individual will be permitted to photograph the children without parental consent.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Declaration** \_\_\_\_\_  
**Parent / Guardian 2 (Print Full Name)**

a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service
- Consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.
- Consent to the staff of the children's service administering medication if so requested by me.
- Consent to my child to being photographed during regular childcare sessions and I also consent to these photographs being used for publicity purposes by Pumpkin Long Day Care Centre.
- Have read, understand and agree to follow the fee payment structure and policies.

*No outside agency or individual will be permitted to photograph the children without parental consent.*

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**Signature**

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**Date**

***Please note: It is essential that prior to commencement the following information is complete and up to date. This form must be completed by a parent or guardian who has lawful authority in relation to the child. Please notify the centre of any change of address, phone number or care arrangements. Thank you for your cooperation.***

**Privacy Disclaimer**

*Pumpkin Long Day Care Centre acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in Pumpkin Long Day Care Centre children's service, providing you with updated information and assisting us to improve our services to you. The personal information collected is of the parents/guardians and the child enrolled in the program. By completing this form, Pumpkin Long Day Care Centre accepts that the parents/guardians of the child have consented for this information to be collected. The intended recipients of this information are Pumpkin Long Day Care Centre, its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and Pumpkin Long Day Care Centre's Privacy Policy.*

To:

**Pumpkin Long Day Care Centre**

7 O'Connell Ave & 286 Beauchamp Rd

Matraville NSW 2036

**Two Weeks Deposit**

Upon enrolment, families must pay a security deposit of two week. This can be two week's full fees if the Child Care Subsidy (CCS) is not approved or two week's fees after the CCS (the gap when the CCS is approved).

I/We understand and accept the Conditions of Entry in the Pumpkin's parent handbook, these two weeks deposit is not refundable. I/We also understand and accept that should I/We wish to end your child's place at the service, or should the management (Pumpkin Long Day Care Centre) make the decision to terminate your child's place, 2 weeks written notice is required from the ending/terminating party. If this does not occur, 2 weeks fees will be billed to you.

I/We understand that we are both jointly and individually liable for the payments referred to above and all other payments that may become due by reason of the child's enrolment at the service.

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Signature of parent/guardian 1

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Signature of parent/guardian 2

Date: