

Wynnum & Bayside Childcare Centre

68 Plaza Street, Wynnum West QLD 4178

Phone: 3893 0272

Date: _____

(1) Child's name in full: _____

Date of Birth: _____ male female

Nationality: _____ Religion: _____

Language spoken at home: _____

Residential address: _____

Days of attendance:

(PLEASE TICK)

Monday Tuesday Wednesday Thursday Friday

(2) Parents / Guardian Details

(2.1) Mother's name: _____

Address: _____

Occupation: _____ Phone:(H) _____ Phone:(W) _____

Place of employment: _____

(2.2) Father's name: _____

Address: _____

Occupation: _____ Phone:(H) _____ Phone:(W) _____

Place of employment: _____

Is there any custody situation we should know about? Yes No

(If so please explain)

(3.0) In case of illness, accident or other emergency & in the event you cannot be contacted whom do you wish us to notify:

Name: _____

Address: _____

Phone(H) _____ Phone:(W) _____ Mobile _____

Relationship to child: _____

(3.1) Name: _____

Address: _____

Phone(H) _____ Phone:(W) _____ Mobile _____

Relationship to child: _____

(3.2) Please provide the details for other persons whom are authorized to collect your child

Name: _____

Address: _____

Phone(H) _____ Phone:(W) _____ Mobile _____

Relationship to child: _____

Name: _____

Address: _____

Phone(H) _____ Phone:(W) _____ Mobile _____

Relationship to child: _____

(3.3) Medical Information

Doctors Name: _____ Phone No: _____

Address: _____

Medicare Number: _____

Please note past ailments, infections, illnesses, accidents, and or operations that your child may have suffered, for example asthma:

(3.4) Does your child have any allergies? (If yes, please list)

Yes No

(3.5) Are they on a special diet for medical reasons? (If yes, please explain)

Yes No

(3.6) Is your child under any medical treatment? (If so, please inform your group leader/director whenever this may occur):

(3.7) Has your child ever been unconscious, fainted, or had convulsions?
(If yes please explain)

Yes No

(3.8) Any long-term medication to be given? (If yes, please explain)

Yes No

(3.9) Has your child been immunised?

Yes No

Please provide your immunization book for verification of all details.

(4.0) About your child

(4.1) Do you wish to note anything particular about your child:

DIET: _____

SLEEP: _____

TOILETING: _____

DISCIPLINE: _____

FEARS: _____

PLAY: _____

Are there any cultural or religious requirements we need to be aware of?

Are there any disability / special needs requirements we need to be aware of?

(5) I hereby accept responsibility to advise The Wynnum & Bayside Childcare Centre in writing or phoning administration of any changes to information provided by me in this form that may have a bearing on the health, care and safety of my child whilst in the care of the The Wynnum & Bayside Chilcare Centre.

(7) I hereby give permission for The Wynnum & Bayside Childcare Centre to exercise direct payments for fees owing on behalf of my child/ren's booked place/s, as per the separate direct debit authority provided.

Signed : Mother / Guardian: _____

Father / Guardian: _____

Witness: Director _____

-PERMISSION FORM-

PART 1: Whilst my child _____ is in attendance at the Centre program, he/she may be observed by students of early childhood studies, childcare and nursing.

PART 2: I am willing for my child Yes No
1) to be photographed and involved in audio/ visual recordings for use in the Centre programs and also for external use.
2) To be photographed by the media from time to time

PART 3: From time to time the Centre is involved in research. I understand that my specific approval will be sought before my child is included in such projects. Yes No

PART 4: From time to time the Centre is involved in excursions involving transport. I understand that my specific approval will be sought before my child is included in such outings and that I may be asked to contribute to the cost of such outings. Yes No

PART 5: 1) In the event of an emergency, I hereby authorise a senior staff member to administer medical attention to my child, including (but not limited to) administration of paracetamol, use of Epi-Pen, CPR and or First Aid Treatment. I understand, however, that a reasonable attempt would be made to contact me before this was done. Yes No

2) I hereby authorise my child to be administered one dose of Paracetamol as directed on the product packaging in an emergency such as high temperature.

3) I hereby authorise my child to have one application of Bonjella in the event of severe teething pains.

Signed : Mother / Guardian: _____

Father / Guardian: _____

- PLACEMENT AGREEMENT FORM -

In consideration of the Wynnum & Bayside Childcare Centre, when enrolling my child/ren, I the undersigned do hereby agree that:

- 1) I understand that the days nominated for my child are the only days he/she is allowed to attend, unless prior arrangements have been made with the director.
- 2) I will ensure that my child is brought to the Centre and collected from the Centre by a responsible adult.
- 3) I agree to notify the director promptly of any absences and the reason for such absences.
- 4) I agree to keep my child home while he/she is suffering from a cold or other infectious or contagious illness.
- 5) I understand that, in the case of sudden illness or an accident, if the parents cannot be contacted, the director, as agent for the parents, shall have discretionary powers to give immediate medical attention, but shall be under no obligation to do so.
- (5a) In the event of an emergency, I hereby authorise a senior staff member to administer medical attention to my child, including (but not limited to) administration of paracetamol, use of Epi-Pen, CPR and or First Aid Treatment.
I understand, however, that a reasonable attempt would be made to contact me before this was done.
- 6) I understand that a bond is held on my child's behalf and two weeks notice of termination in writing must be given to the Centre for my child's bond to be used towards the last two weeks fees.
- 7) I understand and accept the fees must be paid in advance at all times, and I further understand that if the fees are not paid, my child's continued placement at the Centre cannot be guaranteed.
- 7a) I understand that payment for fees can be effected via direct debit of my account, as authorized by separate direct debit authority
- 8) I understand that any absences due to sick days or public holidays still require payment of normal fees.
- 9) I understand that after having been with the Centre for six months I am entitled to three weeks holidays at half fees per annum provided that I have nominated the holiday period in advance.
- 10) If my child is away for two weeks or more and no notice is given, the Centre has the right to terminate your child's position immediately.
- 11) The Centre reserves the right of expulsion at the director's discretion.
- 12) It is the responsibility of the parent/ guardian to sign children in and out daily.

Date: _____

Child's Name: _____

Mother's Name: _____

Mother's signature: _____

Father's Name: _____

Father's signature: _____

Director's signature: _____