



OCCASIONAL CARE

ENROLMENT FORM- Confidential Student Information

Children Enrolling

| Child's Surname | Given Names | M/F | Date of Birth | Main Language spoken at home | Has either parent lived 5 years or less in Australia? Yes/ No | Is the child Aboriginal or Torres Strait Islander Yes/ No |
|-----------------|-------------|-----|---------------|------------------------------|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Parent/ Guardian Information

Surname: _____ First Name: _____

Address: _____

Suburb: _____ Post code: _____

Home Phone NO: _____ Mobile Phone Number: _____

Work Phone NO: _____ Email: _____

Emergency Contact

| | Name | Relationship | Contact Phone | Alternative Phone |
|---|------|--------------|---------------|-------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Child/ren Information

Does your child have any medical condition or other health care concern? Yes / No

If 'yes' give details below.

Are you aware of any medical/health care emergency that could arise? Yes / No

| | |
|---|--|
| Type of emergency and how to recognise it | |
| Avoidance Precautions | |
| Emergency Treatment | |

Does your child take any prescribed medication, including inhalers? Yes / No

| Medication | Dose | When & How Taken? | Side Effects? |
|------------|------|-------------------|---------------|
| | | | |
| | | | |

Allergies

Has the child had any allergic reactions?

Foods: _____ Reaction: _____

Medications: _____ Reaction: _____

Other: _____ Reaction: _____

The school actively promotes the use of sunscreen.

Is your child allergic to sunscreen? Yes / No

If yes, please provide details

Toileting

Is the child toilet trained and therefore able to utilise toilet facilities? **Yes / No**

Immunisation

It is a requirement in line with current legislation that all children accessing early year services (Occasional Care) are up to date with immunisation and that these records have been sighted by the early year's educator.

Date sighted: _____ Educator to sign: _____

Custody (to be completed if custody is an issue for the family)

Are parents separated or divorced **Yes / No**

Do the children have contact with the non-custodial parent? **Yes / No**

Is anyone legally denied access to the child? **Yes / No**

Who? _____ Custody Number: _____

Is there any additional information regarding separation or custody that Occasional Care staff may need to know?

| Child and adult publication, image, web, media & communication consent | YES | NO |
|---|------------|-----------|
| I give consent for non- identifiable data to be collected for statistical planning and similar purposes. | | |
| I give consent for video footage/ photos/ other images of my child and myself being taken by staff in playgroup to share with my family and other families within Occasional Care (seesaw). | | |
| I give consent for video footage/ photos/ other images of my child and myself to be shared externally in newsletters, Facebook, website, conference presentations. | | |

We will treat everything you tell us as confidential; the only exception would be any serious issue concerned with the protection of your child/ren.

Parent/ Guardian Signature: _____

Date Enrolled: _____