



CHILD ENROLMENT FORM – Group Leader File

Child's Name: _____ D.O.B. ____/____/____

Parents, Authorised to Collect & Emergency Contacts Names & Phone Numbers:

Parent 1: Name:	_____	Phone/s	_____
Parent 2: Name:	_____	Phone/s	_____
Other: Name:	_____	Phone/s	_____
Other: Name:	_____	Phone/s	_____
Other: Name:	_____	Phone/s	_____

What times of the day would you be likely to drop off and pick up your child?
From: _____ am To: _____ pm

MEDICAL INFORMATION:
IMMUNISATION:

Fully immunised to age of child. Please provide a copy of your updated Immunisation Record (from Medicare/doctor).

NUTRITION ISSUES:

It is essential that we are aware of any food intolerances, allergies or religious needs. Please indicate below:

HEALTH KNOWLEDGE:

Does your child have any allergies or food intolerances?	Yes / No
Has your child had any serious illnesses, accidents or hospitalisation?	Yes / No
Is your child on any long-term medication?	Yes / No
Does your child have a disability or is undergoing assessment for disability?	Yes / No
Have you ever held concerns about your child's development?	Yes / No
Are there any medical issues which we need to know about?	Yes / No
Does your family have any specific cultural or religious needs?	Yes / No

If you answered "Yes" to any of the above questions, please provide the details below:

In the case of a fever (over 38°C), do you give permission for the Educator to administer a once-only age and size appropriate dose of Paracetamol?

Yes / No Signed: _____ Date: ____/____/____



0-2 years Care Sheet

Child Name: _____ D.O.B. ____/____/____

Dear Parent,

It is our intention to provide your child with the best possible care service available. In order to promote an easy transition from home to care, please complete this form.

Age on Commencement: _____ years _____ months

Please circle the items which apply to your child or answer the question:

Fluid: 1. Breast Milk Formula Cow's Milk Soy Milk Lactose-Free Milk
Other: _____

2. Breast/Bottle Sipper Cup Open Cup
How Often? _____

All children will be offered water to drink during the day. (Babies - cooled boiled water) – Juice is not recommended or supplied

Food: Rice Cereal Introductory Solids (puree vegies/fruit etc) Intermediate Solids (some lumps)
Finger foods & some soft adult meals Normal children's sized meals & snacks

Has your child shown any particular preferences or dislikes? _____

Resting: What is your child's daily rest pattern? _____
_____ Does he/she have a particular "settling" routine or aids (e.g. dummy, teddy)? _____

Toileting: Nappies : Toilet familiarisation : Toilet Training – Nappies to rest in : Fully Toilet Trained

Emotions: Has your child been in care before? YES / NO If yes, has he/she usually settled? _____
What techniques do you use at home when he/she is upset? _____
Does your child have any particular fears? _____

Development: To your knowledge, is your child developing normally across the areas such as physical development, senses (sight, hearing, touch, taste, smell), socially, emotionally, language etc? _____
Are there any areas of concern that you hold? _____

Language: What is the family's primary language? _____

Babies Parents: Please indicate which of the following physical skills they have mastered:
lying down : leg & arm movements : rolling : sitting when supported : sitting in high chair
sitting unsupported : commando/slugging crawling : up-on-all-fours crawling : pulling to stand
furniture "cruising" : a few independent steps : walking : running & climbing

In what ways would you like to see your child develop during the coming year?

