



**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:

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_



### School Aged 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

School Attending: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Area Selected for Collection (within school grounds): \_\_\_\_\_

Procedures discussed with parents: YES / NO

Usual Booking Pattern: (Please advise all changes in writing on the appropriate form.)

✓	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					
Vacation Care	This is upon request and is dependent on vacancies. Please contact the Educator at least 2-3 weeks prior to school holidays to arrange vacation care.				

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

**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? \_\_\_\_\_

What ways would you like to see your child gain in care during the coming year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### TRANSPORTATION AUTHORISATION:

I \_\_\_\_\_ understand and agree that the Building Futures Care Educator is able to drop off and collect my child \_\_\_\_\_ from their allocated school above for the days they are booked in for and for any additional days agreed to in the future.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_