

Terrigal School Care Inc.

PO Box 573, Terrigal NSW 2260

Mobile 0423 141 650

terrigalsc@gmail.com

www.terrigalschoolcare.com.au

Child Enrolment Form: Child Enrolment Form:

Child 1

Child 2

Given names:	
Last Name	
Child CRN	
Any other names by which the child is known:	
Start date	
Address (if different to Parent 1):	
Date of birth:	
Place of birth:	
Which school does your child attend?	
Religion: Language spoken:	
Language spoken:	
Ethnicity:	
Court orders, sighted & signed by JP (if any):	
Sex: M/F	

Days/Times required: Child 1

Monday	Tuesday	Wednesday	Thursday	Friday
AM				
PM				

Days/Times required: Child 2

Monday	Tuesday	Wednesday	Thursday	Friday
AM				
PM				

Child 1

Intended start date:
Is this child attending another centre in the same week? Yes / No If yes, please advise number of hours at that centre.
Care required Before, After, Vacation care, Casual. (Please circle)
Birth Certificate Sighted

Health:

Has your child been immunised: (please circle) Yes / No Please provide a copy of immunisation certificate

Child's present health state

Does your child

- regularly visit a specialist e.g. speech, etc. ?
- have any behaviour difficulties we should know about?
- have allergic reactions e.g. food, medicine, grass, bees, face paint etc.?

Does your child have Asthma?

Does your child have Anaphylaxis?

Does your child: (please provide details)

- take any regular medication?
- have any special medical condition?

General needs:

Does your child participate in Christian festivals/celebrations? Yes / no

If no, please provide information concerning the child's religion and cultural background and any practice that is to be observed at the service in respect of the child because of that religion or background.

Does your child

- have any special comforter?
- have Fears e.g. mowers, plug holes, thunder etc.:

Are there any words we need to know in any language to help make your child's day smoother?

Interests:

:

Child 2

Intended start date:

Is this child attending another centre in the same week? Yes / No If yes, Please advise number of hours at that centre

Care Required Before, After, Vacation care, Casual. (Please circle)

Birth Certificate Sighted

Health:

Has your child been immunised: (please circle) Yes / No Please provide a copy of immunisation certificate

Child's present health state

Does your child:

- regularly visit a specialist e.g. speech, etc. ?
- have any behaviour difficulties we should know about?
- have allergic reactions e.g. food, medicine, grass, bees, face paint etc.?

-Does your child have Asthma?

-Does your child have Anaphylaxis?

Does your child: (please provide details)

- take any regular medication?
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General needs:

Does your child participate in Christian festivals/celebrations? Yes / no

If no, please provide information concerning the child's religion and cultural background and any practice that is to be observed at the service in respect of the child because of that religion or background.

Does your child

- have any special comforter?
- have Fears e.g. mowers, plug holes, thunder etc.:

Are there any words we need to know in any language to help make your child's day smoother?

Interests:

Special dietary needs e.g. vegetarian, religious beliefs etc

Dislikes:

Favourite foods:

Although every care will be taken of your child while at the Centre, the staff can in no way be held responsible for an accident which may occur. In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the parents before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for the treatment to be undertaken. Parents are asked to complete and sign the following.

I hereby give my permission for the staff at Terrigal After School Care to seek medical attention for the above child in the event of an accident or emergency.

To help your child 's smooth transition to our centre please indicate any special interests your child may have.

Signed

Date.....Parent / Guardian