

Child's Name _____ D.O.B _____

ENROLMENT FORM Part II
Routine Information for Educators

Does your child have any allergies or medical conditions? If yes, please elaborate:

If so, how can we assist your child in regards to this allergy/medical condition?

Does your child have additional needs? If yes, please elaborate:

Is your Child taking any long term medication/s? If yes, please specify:

Does your child have any special dietary requirements? (Eg. religious, cultural, allergies, special dietary needs?) If yes, please specify:

Does your child have any fears? If yes, please elaborate:

Are there any special words that have a special meaning for your child? If yes, please elaborate:

Do you have any interests, skills or talents that you may like to share or incorporate into our program? Eg. Cooking, multicultural stories/songs etc. Yes/No

Has your Child been in Care before? Yes No

Does your Child have a special comforter or toy? If yes, please specify:

Is your child toileting independently? Yes No

Is your child feeding independently? Yes No

PARENTAL EXPECTATIONS

How may we help your Child at the Centre? _____

Is there anything that concerns you about your Child that we need to know about?

Y/N If yes, please specify

What are the major aspects of education that you feel are important for your Child at the Centre?

NON-PRESCRIPTION MEDICATIONS AND APPLICATIONS

I, give permission for staff at Bottleforest Long Day Care Centre, to administer the following non-prescription medications and or applications to my child whilst they are in the care of Bottleforest Long Day Care Centre:

Please circle and sign for applicable medications and applications

Panadol Zinc and Caster Oil Antiseptic cream Stingoes Sunscreen
Insect Repellent Bandages Band-Aids Sudocrem Baby Wipes Bonjela Teething
Gel

I am aware that all efforts will be made to contact me before Panadol is administered to my child and will sign a medication form on collection of my child from the centre to acknowledge my awareness that my child has had panadol administered while in care. Signature.....

Are there any court orders restraining any person from having contact with your child? Yes / No.

If so please provide details below and all corresponding Court Documents valid to date:

Name: _____ Relationship to child: _____

Address: _____ Phone number: _____

Details of any other Court Orders, Parenting Orders and or Parenting Plans (please also attach supporting documentation and corresponding court documents) _____
