



Enrolment Form

SOCCS requires this form to be completed by a parent or guardian who has lawful authority in relation to the child. **This must be returned with the child's immunisation records** (and any other required documents) two weeks prior to the child's first day.

CHILD DETAILS

Child's First Name: _____ Surname: _____

Preferred Name: _____ Date of Birth: ____/____/____ Gender: M / F

Home Address: _____ Post Code: _____

Language(s) spoken at home: _____ Cultural Background: _____

Religion: _____ Place of Birth: _____

Is the child Aboriginal OR Torres Strait Islander? Yes / No

Does the child have a developmental delay or disability (intellectual, sensory or physical impairment?) Yes / No

Are there any Court Orders prohibiting anyone from having contact with or collecting the child? Yes / No

If yes, please provide a copy of all relevant documentation.

PARENT 1 / GUARDIAN DETAILS (Centrelink Claimant)

Title: _____ First Name: _____ Surname: _____

Relationship to the child: _____ Does the child live with you? Yes/ No /Shared Care

Home Address: _____ P/C: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Occupation: _____

Employer: _____ Work Phone: _____

PARENT 2 / GUARDIAN DETAILS

Title: _____ First Name: _____ Surname: _____

Relationship to the child: _____ Does the child live with you? Yes/ No /Shared Care

Home Address: _____ P/C: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Occupation: _____

Employer: _____ Work Phone: _____

CHILD CARE SUBSIDY INFORMATION (Centrelink)

Child's CRN: _____ Eligible Hours: _____

Parent 1/ Claimant Name: _____

Parent 1/ Claimant Date of Birth: ____/____/____ Parent CRN: _____

IMMUNISATION DETAILS

Is your child fully immunised? **YES / NO**

Please provide a copy of the Immunisation History Statement or an Immunisation Exemption form from Medicare. Your child cannot attend SOCCS without this. You are required to provide an updated record when your child is immunised next. **Overseas immunisation records are not accepted.** The overseas immunisation records need to be assessed by an Australian immunisation provider who will transfer the information to the Australian Immunisation Register (AIR).

EMERGENCY/AUTHORISED PERSON CONTACTS

In case of an emergency, SOCCS educators will contact the parents/guardians initially. If contact is unsuccessful, we will contact a person that you have listed in the emergency list below. This person/s will be an 'authorised nominee' that can collect the child from SOCCS and give permission for:

CONTACT 1

First Name: _____ Surname: _____

Relationship to child: _____ Address: _____

Postcode: _____ Home Phone/Mobile: _____ Work Phone: _____

Circle to authorise: Pick up/drop off Consent to medical treatment

Authorise educator to administer medication Authorise an educator to take the child outside of the centre

CONTACT 2

First Name: _____ Surname: _____

Relationship to child: _____ Address: _____

Postcode: _____ Home Phone/Mobile: _____ Work Phone: _____

Circle to authorise: Pick up/drop off Consent to medical treatment

Authorise educator to administer medication Authorise an educator to take the child outside of the centre

CONTACT 3

First Name: _____ Surname: _____

Relationship to child: _____ Address: _____

Postcode: _____ Home Phone/Mobile: _____ Work Phone: _____

Circle to authorise: Pick up/drop off Consent to medical treatment

Authorise educator to administer medication Authorise an educator to take the child outside of the centre

MEDICAL INFORMATION

Medicare Number: _____ Ref No. on card: _____

Family Doctor Name: _____ Phone Number: _____

Medical Centre Name: _____ Post Code: _____

Family Dentist Name: _____ Phone Number: _____

Address: _____ Post Code: _____

CHILD HEALTH INFORMATION

Does your child have any continuing serious illness? If yes, please give details: _____

Does your child have asthma? Yes / No. If yes, please include a copy of your child's Asthma Management Plan from your GP.

Does your child need regular medication? Yes / No. If yes, please give details: _____

Does your child have any allergies? Yes / No Does your child have an EpiPen for an allergy? Yes / No

If yes, please give details: _____

Do you have any special considerations for your child e.g. cultural, religious or dietary requirements or additional needs? Yes / No. If yes, please give details: _____

Are there any religious requirements in case of an accident? Yes / No If yes please give details: _____

Is there any other health information you would like to tell us about your child? Yes / No If yes, please give details: _____

BANK ACCOUNT DETAILS FOR DIRECT DEBIT OF FEES

Payment of fees must be paid by Direct Debit. You will receive via email a 'Direct Debit Request Service Agreement'. Please provide your account details below which fees will be debited from on a **weekly** basis.

Bank Name: _____ Account Name: _____

BSB: _____ Account Number: _____

Signature of Account Holder: _____

Date: _____

SECURITY PIN CODE FOR ENTERING THE CENTRE

Please choose a 5-digit number for you (and/or other family members) to use when entering the centre.

PARENT PERMISSION

Name of parent completing this section: _____

1. In the event of an emergency, illness or accident concerning my child and the staff being unable to contact me or an authorised person, I consent to medical treatment from a registered medical practitioner, hospital or ambulance service for my child including ambulance transportation. I accept liability for medical costs that may be incurred.

Parent signature: _____ **Date:** _____

2. If I cannot be contacted via telephone, I authorise an educator to administer paracetamol in the form of 'Panadol', in the recommended dosage, if my child's temperature is above 37.5 degrees Celsius. You will be notified of this accordingly.

Parent signature: _____ **Date:** _____

3. I consent for my child's Asthma /Allergy/Anaphylaxis/Special Dietary requirements and Medical Alerts to be visibly displayed in classroom.

Parent signature: _____ **Date:** _____

4. On a quarterly basis fire evacuation drills are practiced with the educators and children. I give permission for my child to take part in Emergency Fire Drills. Please see Evacuation Plan put up in the foyer for evacuation assembly areas.

Parent signature: _____ **Date:** _____

5. I consent to my child's photograph and first name being used for publicity for the centre i.e. the SOCCS website, Facebook page and KindyHub app. KindyHub is a communication program that parents will be given access to, to view their child's daily report along with photographs.

Parent signature: _____ **Date:** _____

6. I understand that during SOCCS celebrations, such as Christmas parties, incursions, graduation etc. my child may be photographed by other families.

Parent signature: _____ **Date:** _____

7. I consent to my child celebrating and participating in programs organised by the educators that may involve other religions and cultures such as Christmas, Diwali etc.

Parent signature: _____ **Date:** _____

8. I consent to sunscreen being applied on my child prior to outdoor play.

Parent signature: _____ **Date:** _____

9. I acknowledge that the SOCCS Policy Folder is available in the front foyer.

Parent signature: _____ **Date:** _____

10. Payment of Fees

I agree to pay the Annual Membership and Parent Levy fee prior to commencement.

I agree to pay the Bond of 2 weeks' of fees prior to commencement.

I agree to give 2 weeks' notice when needing to terminate my child's enrolment at SOCCS.

I agree that when my child is absent from SOCCS, I am still required to pay for fees to retain the position. I am also required to pay for public holidays if my child is scheduled for that day.

Parent signature: _____ **Date:** _____

Daily Routine Information – for the classroom Educators

Child's Name: _____

D.O.B: _____

Sleeping / Resting

- Does your child need a sleep or rest during the day? Please circle Yes / No
What time? _____ How long? _____
- Does your child need a nappy/dummy/bottle for sleep/rest time? Yes / No
If yes, please specify: _____
- Does your child have any special toys or objects for sleep/rest time? Yes / No
If yes, please specify: _____
- Does your child prefer to be patted or left alone to fall asleep? _____

Toileting (Please circle)

- Is your child toilet trained? Yes / No
- Does your child wear nappies? Yes / No
- Is there a special word that means 'toilet' to your child? _____

Parent Input

- What do you most want for your child at SOCCS? _____

- Is there any further information that you feel may assist us in providing the service best suited to your needs and the needs of your child? Example: religious beliefs, family situations? _____

- What information do you consider important to know each day and what is the best means of communication for you? _____

- Are there any special occasions your family celebrates that we can incorporate into our program? _____

- Are there any skills you can contribute to the centre's program? _____

Social and Emotional Needs:

- Does your child have deep fears about anything in particular? Example: storms, noise, dogs _____

- Has your child attended any other children's services? Playgroup, Family Day Care _____
- How would you best describe your child? Please circle Other _____

Confident Anxious Shy Trusting Solitary Cooperative Independent
 Insecure Fearful Loving Active Sociable Leader Happy

Communication with Children:

At SOCCS, we always aim to communicate with children from non-English speaking backgrounds using some words from their language in order to make them feel as comfortable as possible.

If your child speaks a language other than English, could you please write the following words (or equivalent) in your home language?

Language Spoken at home: _____

English	Language spoken at home e.g: Hindi, Chinese	Pronunciation - How do we say it?
Hello		
Goodbye		
Yes		
No		
Please		
Thank you		
Mummy		
Daddy		
Toilet		
Food		
Drink		
Sleep		
Play		
Come here		
Other special words e.g. Dummy, Bottle (detail below)		