



[www.gumnutgardens.com.au](http://www.gumnutgardens.com.au)

**EARLY LEARNING AND LONG DAY  
CARE CENTRE  
61 Moore Park Road Paddington 2021  
Tel 9361 4369**

# ENROLMENT FORM

## CHILD'S DETAILS

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Surname: ..... Given Names: .....  
Date of Birth: ..... Sex: ..... Child's Country of Birth: .....  
Language/s Spoken: ..... Primary Language: .....  
Home Address: .....  
Home Phone: .....  
Religion: ..... (you do not have to provide this)  
Child's CRN: ..... (This is a number allocated to your child by the Family Assistance Office. If you do not have one at the date of enrolment, please notify us as soon as your child has one.)  
**Parent's CRN:.....** (the parent/guardian whose CRN is written here must be **the first parent/guardian** added on the next page.)

Other children in the family:

Name: .....	Date of Birth: .....	Current Age: .....
.....		
Name: .....	Date of Birth: .....	Current Age: .....
.....		
Name: .....	Date of Birth: .....	Current Age: .....
.....		
Name: .....	Date of Birth: .....	Current Age: .....
.....		

## ATTENDANCE

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Enrolment Date: .....  
Commencement Date: .....  
Days and Times of Attendance  
Monday .....  
Tuesday .....  
Wednesday .....  
Thursday .....  
Friday .....

## FAMILY DETAILS

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### PARENT/GUARDIAN 1

Surname: ..... Given Names: .....  
Home Address: .....  
Home Phone: .....

Home Phone: .....

Mobile Number: .....

Email: .....

Relationship to child: .....

Occupation: .....

Name and Address of Employer: .....

Work Phone Number: .....

Work/Study hours: .....

Country of birth: .....

Home Language: .....

Date of Birth: ..... (We need to give this to the Family Assistance Office)

Religion: ..... (Optional)

**PARENT/GUARDIAN 2**

Surname: ..... Given Names: .....

Home Address: .....

Home Phone: .....

Mobile Number: .....

Email: .....

Relationship to child: .....

Occupation: .....

Name and Address of Employer: .....

Work Phone Number: .....

Work/Study hours: .....

Country of birth: .....

Home Language: .....

Date of Birth: ..... (We need to give this to the Family Assistance Office)

Religion: ..... (Optional)

Are there any special skills or services that either parent may be able to offer to Gumnut Gardens?  
For example reading aloud, cooking, excursion assistance, sewing, playing an instrument, sharing information about your occupation or culture.

**FAMILY STATUS:**

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Marital status of parents: ..... (Optional)

Are the parents separated or divorced? YES / NO

If yes, what is the name of the custodial parent? .....

Does the non-custodial parent have access to the child?

YES / NO

If yes please provide details (on a separate sheet if necessary):

.....  
.....

If the access of the non-custodial parent is not restricted, do you expect the non-custodial parent to want to see the child while he/she is in the care of the Centre or to drop off or collect the child on any days?

YES / NO

If yes, please provide details (on a separate sheet if necessary):

.....  
.....

*If the parents are separated or divorced, then before enrolment can be finalised papers relating to access arrangements (including any custody/access agreements between the parents and copies of all relevant Court Orders) must be given to the Director.*

## **EMERGENCY CONTACTS**

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Please provide details of two persons who may be contacted in sickness or an emergency. Contact with these persons will only be made if a parent cannot be contacted. Emergency contacts must be contactable by phone and willing and able to collect the child within 1 hour if the parents are unavailable. This means they should be persons living or working close to the Centre.

### **Emergency Contact 1**

Surname: ..... Given Names: .....

Home Address: .....

Home Phone: ..... Work Phone: .....

Mobile Phone: ..... Relationship to child: .....

### **Emergency Contact 2**

Surname: ..... Given Names: .....

Home Address: .....

Home Phone: ..... Work Phone: .....

Mobile Phone: ..... Relationship to child: .....

## **PERSONS TO COLLECT**

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The following persons (other than parents/guardians) may drop off and are authorised to collect the child:

1. Surname: ..... Given Names: .....

Home Address: .....

Home Phone: ..... Work Phone: .....

Mobile Phone: ..... Relationship to child: .....

Days when they may be expected to drop off or collect the child:

.....

2. Surname: ..... Given Names: .....

Home Address: .....

Home Phone: ..... Work Phone: .....

Mobile Phone: ..... Relationship to child: .....

Days when they may be expected to drop off or collect the child:

.....

*If a person other than those listed above is to collect the child, a parent's written permission must be provided (faxes may be sent during the day in emergency situations). Persons other than parents who collect your child may be asked to produce a current driver license or passport to identify themselves. The Centre may ask to take a photocopy of this.*

**DOCTORS DETAILS**

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Doctor: .....

Name of Practice.....

Phone: .....

Address: .....

**MEDICARE DETAILS**

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Medicare Number.....

Valid until: .....

**DENTISTS DETAILS**

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Name: .....

Phone: .....

Address: .....

**MEDICAL AND FAMILY INFORMATION**

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**1. Does your child have any allergies/anaphylaxis?**

YES / NO

If yes, please provide details below

If your child has an allergy or anaphylaxis you will need to fill out an *Allergy Action Form* and have your doctor sign it. As per the centre policy you will need to complete a risk minimisation plan in consultation with your child's room educator.

If your child has anaphylaxis, you must provide an EPI PEN to be kept in the asthma and allergy first aid box at Gumnut Gardens at all times, unless taken on an excursion.

**2. Does your child have any dietary restrictions?**

YES / NO.

If yes, please list the dietary restrictions.

**3. Does your child have any problems with hearing, sight or speech?**

YES / NO.

If yes, please specify

**4. Does your child have any health problems, operations, illnesses or disabilities?**

YES / NO

If yes, please specify

**5. Does your child require regular medication?**

YES / NO

If yes, you will need to fill out a long term medication form and give to the director. Please see the director for this form.

Please specify the medication and the reasons for the child requiring this medication

**6. Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?**

YES / NO

If yes, please specify

**7. Does either parent have a disability?**

YES / NO

**8. Does your child suffer from Asthma?**

YES / NO

If yes,, you must fill out a copy of the Asthma Action Plan and have it signed by your Doctor. As per the centre policy you will need to complete a risk minimisation plan in consultation with your child's room educator.

**IMMUNISATION**

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Is your child Immunised?

YES / NO

An original record of immunisation history statement issued by Medicare or a letter of explanation from the child's doctor, must be sighted and a copy given to the Director. If your child is not immunised you will need to provide a *Letter of exemption*.

Comments: .....

Sighted by Director.....

Signature of Director.....

DATE.....

**HEALTH RECORD CARD**

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Sighted by staff.....

Signature of staff.....

DATE.....

**Photographic Permission**

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This consent form authorises Gumnut Gardens and/or its agents to use the images, voices and artwork of enrolled children and, if applicable, their parents or guardians for:

Please **tick** sections for approval. For sections you do not wish to approve, please leave **blank**.

- Inclusion in research and publication
- Presentations at conferences and workshops on early education
- Telling the Gumnut Gardens story
- Gumnut Gardens website, social media pages (Facebook and Instagram)
- Preparing the daily diary and posting it on Storypark

I/We

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Give our consent for Gumnut Gardens to use the items we have approved above for both educational and promotional purposes.

Signed

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Date

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**Permission for Observation**

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I consent for my child being observed for training purposes. If however, questioning or testing of my child is to be undertaken, my permission should be sought beforehand.

Parent/guardian to authorise..... DATE:  
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**Medication Permission**

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I give permission for staff to administer paracetamol to my child if he/she has a temperature exceeding 38 degrees Celsius. My child has no known allergy to paracetamol. Prior to administering the medication, I am aware that the staff will contact me to confirm the medication being given and ask that the child be collected.

Parent/guardian to authorise..... DATE:  
.....

**Sun cream**

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I give permission for the staff to supply and supervise my child as they apply special sun cream supplied by the Centre and to apply the Centre’s sun smart policies to my child when outside.

Parent/guardian to authorise..... DATE:  
.....

**Emergency treatment**

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In the event of an emergency, illness, or accident concerning my child I consent to staff of Gumnut Gardens seeking medical treatment on my behalf from: registered medical practitioner, hospital, ambulance service or dental attention for my child.

Parent/guardian to authorise.....DATE: .....

**Emergency authorisation of an educator**

In the event of an emergency where my child has to be taken outside of the centre and transported by an ambulance, and no emergency contacts can be reached, I give my consent  or a staff member of Gumnut Gardens to accompany if staff rates allow.

Parent/guardian to authorise..........DATE: .....

**Babysitting**

I agree that I will not approach any staff member of Gumnut Gardens to conduct any private childcare or babysitting for my child or family.

Parent/guardian to authorise..... DATE:  
.....

**General**

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- I have received and read the Gumnut Gardens Parent Handbook and agree to be bound by the Centre’s policies and other requirements in respect of my child’s care, as given to me or which we tell you are available at the Centre or on our website.
- I have received, read and signed the Gumnut Gardens Noise Management Policy and agree to comply with that policy.
- I agree to fulfil my obligations regarding fees (including any notified fee increases).
- All information in this Enrolment Form is correct and all information that may affect my child's care at Gumnut Gardens has been included.
- I will notify Gumnut Gardens in writing if any of the above information changes.

Parent/Guardian’s name: .....

Parent/Guardian's signature: ..... Date: .....

Parent/Guardian's name: .....

Parent/Guardian's signature..... Date: .....

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*enrolment form amended.docx*