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## **Welcome to Campbelltown Community Children's Centre.**

The Campbelltown Community Children's Centre is an integrated early learning service. We are a Community Based Child Care Centre, with a DECS preschool on-site, which is managed in partnership with the East Torrens Primary School. We are proud to offer parents/caregivers a wide and unique range of services. The centre offers a stable, caring environment, staffed by experienced, bilingual carers.

We welcome families from a variety of cultural backgrounds and children with additional needs. Parents and extended families are encouraged to participate in the centre's activities. We encourage you to come in and visit our centre at any time. Please feel free to walk around our centre, meet the Director and other staff members and to share any information about your child.

Before your child starts at our Centre we encourage transition visits for you and your child. We want to help make the settling in period as easy as possible. New situations are often overwhelming for young children. Now your child is about to attend a group program for the first time, it may be hard for you both to say goodbye each day.

During the orientation process you and your child will be introduced to staff members and shown around the centre. Important aspects of our centre will be pointed out to you e.g. sign in/out sheets, policies, programs, various communication channels etc. The Director and/or Team Leaders will take this opportunity to discuss with you the programming process which occurs in your child's room and the focus child process and the Learning Stories and how these cater for each individual child's needs and interests – mostly focusing on their interests and strengths.

Included in this enrolment package are the following forms:

- Enrolment Form
- Immunisation information
- Medical information
- Family Details
- Permission information
- Authority to collect
- Fees

Please complete all relevant sections of this enrolment package. Please speak to the Director if you have any questions in relation to the forms.

**Welcome to Campbelltown Community Children's Centre**

**Lorraine Diotallevi  
Centre Director**

# ENROLMENT FORM – COMMUNITY BASED - INTEGRATED CHILD CARE CENTRE

## CHILD'S DETAILS

Given Name/s \_\_\_\_\_ Surname/Family Name \_\_\_\_\_

Sex: M  F

Other name/s or former name/s child is known by: \_\_\_\_\_

Verification of child's birth date:

Date of Birth: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Date to Start Child Care \_\_\_\_\_ Ethnicity \_\_\_\_\_

Language spoken: \_\_\_\_\_ Religion \_\_\_\_\_

Child's Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Court/Custody Orders? Yes  No

(If yes, please provide details and copies)

\_\_\_\_\_  
\_\_\_\_\_

## DAYS/TIMES BOOKED

<u>TIMES</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
Arrival/departure					
Departure time					

Type of care required e.g. Fulltime/Part time \_\_\_\_\_

Are you applying for Child Care Benefit? Yes  No

**CHILD'S DOCTOR:**

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Ambulance Fund: Yes

**CHILD'S DENTIST:**

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Number on Card : \_\_\_\_\_

No

Health Fund \_\_\_\_\_

Membership Number \_\_\_\_\_

**IMMUNISATIONS**

Is your child immunized? Yes  No

Is your child up to date with their immunization? Yes  No

If no please provide details: \_\_\_\_\_

\_\_\_\_\_

Immunization Schedule			
Birth	Hep B		
2months	DTPA Combine Hep B	Pedvax	OPV
4 months	DTPA Combine Hep B	Pedvox	OPV
6 months	DTPA Combine Hep B	OPV	
12 months	MMR	Pedvax	
18 months	DTPA Combine Hep B		
4 years	DTPA Combine Hep B	MMR	OPV

**PARENT/GUARDIAN DETAILS**

**Parent/Guardian 1**

Title/First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Other Name/s Known by \_\_\_\_\_

Parent D.O.B: \_\_\_\_\_

CRN: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

(e.g. mother/father/guardian etc)

Email Address: \_\_\_\_\_

**Parent/Guardian 2**

Title/First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Other Name/s know by \_\_\_\_\_

Parent D.O.B: \_\_\_\_\_

CRN: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FAMILY DETAILS**

**Other children, Names and Dates of Birth.**

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**Can you contribute any skills to our child care centre's program or have time to volunteer: e.g. play a musical instrument, read a story, speak other languages, cover books, typing etc.**

**OTHER**

**Why did you choose Campbelltown Community Children's Centre?  
e.g. recommended to you by a friend/relative/neighbour etc, friendly staff, the atmosphere etc.**

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**Have you used child care before? Yes  No**

**If yes, please provide details**

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**ALLERGIES**

Does your child have any allergic reactions? e.g. foods, medication, grass, bees, sun cream, face paints etc. Yes  No

If yes, please provide details and action plans from your doctor for dealing with the allergic reactions.

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### MEDICAL CONDITIONS

Does your child have any medical conditions? E.g. Asthma, convulsions etc. Yes  No

If yes, please provide details and action plans from your doctor for dealing with the medical conditions:

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Does your child have any regular medications? E.g. Ventolin etc.

Yes  No

If yes, please provide details

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Child's present health status: \_\_\_\_\_

Is there any other medical information we might need to know? \_\_\_\_\_

### SPECIAL NEEDS

Does your child have any special needs/challenging behaviors?"

Yes  No

If yes, please provide details:

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Does your child regularly visit a specialist? E.g. speech/therapist etc.

Yes  No

If yes, please provide details:

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## GENERAL INFORMATION

### Food/Meals

Does your child have any special dietary needs?

e.g. vegetarian/religious/diet beliefs etc. Yes  No

If yes, please provide details:

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Foods they like: \_\_\_\_\_

Foods the dislike: \_\_\_\_\_

Other details: \_\_\_\_\_

## GENERAL NEEDS

Does your child participate in festivals/celebrations?

Yes

No

**Please provide details**

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**Does your child have a special comforter:** Yes  No

**If yes, please provide details**

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**Does your child have any fears? E.g. animals, thunder, lawn mowers, plug holes, etc.** Yes  No

**If yes, please provide details:**

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**Anything else you would like to share?**

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**AUTHORITY TO COLLECT/EMERGENCY CONTACTS:** (other than parents)

I authorize the staff members of The Campbelltown Children’s Centre to give the following persons access to my child \_\_\_\_\_ (child’s name)

N.B It is very important that you inform these people that you have nominated them. In nominating them you give them the authority to act on your behalf if neither parent/caregiver can be contacted, to pick up your child up in the case of an emergency and to care for the child until she/he can be returned home.

<b>Contact/Collect</b>	<b>Contact/Collect</b>	<b>Contact/Collect</b>
<b>First Name:</b>	<b>First Name:</b>	<b>First Name:</b>
<b>Surname:</b>	<b>Surname:</b>	<b>Surname:</b>
<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Mobile:</b>	<b>Mobile:</b>	<b>Mobile:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>	<b>Work Phone:</b>
<b>Relationship to child:</b>	<b>Relationship to child:</b>	<b>Relationship to child:</b>

**PERMISSION**

I give the staff of the Campbelltown Community Children's Centre the authority to:

- Apply sunscreen to my child for outside play.      Yes                       No
  
- For my child to take part in short supervised walking excursions within the local area as part of the Centre program. The Centre will inform parents of planned excursions prior to the excursion. Destination, activities, number of adults and date of excursion will be included on permission form.  
  
Yes                                       No
  
- My child to be photographed and for their image and name to be published in circumstances the Director deems to be appropriate.  
  
Yes                                       No
  
- The centre personnel and students to observe my child to assist in developing programs.                      Yes                       No

**GENERAL INFORMATION**

**Medical Emergency**

In the case of accidents or emergencies, every effort will be made to contact the parent/caregiver immediately. If in the event that my child requires medical attention, I authorise the staff of The Campbelltown Community Children's Centre to obtain medical assistance, and I agree to pay any medical / transport costs incurred.

The Centre agrees to maintain insurance to cover any costs of Ambulance services.

Parent/s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**PAYMENT AGREEMENT**

I / We understand that:

- Fees are payable weekly - either by standing order (credit card details required), Eftpos, cash (correct amount required), cheque or telephone credit card authority.
- I am aware that a \$10 per week administration fee will be charged to overdue accounts of two weeks or more.
- Fees will be charged for ALL booked sessions that my child does not attend due to illness, holiday, public holidays, RDO days etc.
- I need to provide two weeks notice prior to withdrawing from the centre and will agree to pay all outstanding fees prior to my departure from the centre.
- If I fail to pay my fees and my place is withdrawn or when I leave the centre, I will be liable for all additional costs incurred by the centre in collecting the outstanding fees.
- Full fees are payable until Child Care Benefit confirmation is received by the centre.

Parent/s Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/s Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD AND PARENT INFORMATION FORM

(To be kept in child's room)

### CHILD INFORMATION

1. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ CRN: \_\_\_\_\_

2. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ CRN: \_\_\_\_\_

3. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ CRN: \_\_\_\_\_

4. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ CRN: \_\_\_\_\_

**PARENT/CAREGIVER INFORMATION**

**Caregiver 1**

**NAME:** \_\_\_\_\_

**Parent's D.O.B:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CRN:** \_\_\_\_\_

**Home Ph No:** \_\_\_\_\_

**Work Ph No:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_

**WORK**

**Workplace:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Caregiver 2**

**NAME:** \_\_\_\_\_

**Parent's D.O.B:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CRN:** \_\_\_\_\_

**Home Ph No:** \_\_\_\_\_

**Work Ph No:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_

**WORK**

**Workplace:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**EMERGENCY CONTACTS**

1. NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

2. NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

3. NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**PEOPLE AUTHORISED TO COLLECT CHILD/CHILDREN**

1. NAME: \_\_\_\_\_

2. NAME: \_\_\_\_\_

3. NAME: \_\_\_\_\_

4. NAME: \_\_\_\_\_

**ASTHMA MANAGEMENT PLAN**

**CHILDS NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**USUAL ASTHMA MANAGEMENT PLAN**

**How often does your child have Asthma attacks?**

- Infrequently**                       **Frequently**                       **Most days/daily**
  
- Usually when exercising**