



**PINNAROO
CHILD ENROLMENT FORM**

SECTION 1: CHILD'S DETAILS

Given Names: _____ Surname: _____

Sex: Male Female Date of birth: __ __/__ __/__ __ __ __

Child's CRN: _____

Country of Birth: _____ Child's nationality: _____

Address of child: _____

School Attending: _____

Of Aboriginal or Torres Strait Islander descent : YES NO

Is your child attending another service? YES NO

SECTION 2: MEDICAL INFORMATION

Medicare Number: _____

Family Doctor's name: _____

Telephone number: _____

Does your child have a diagnosed disability or other condition for which they need or receive special treatment? YES NO

If so you will need to fill in a "Children with Additional Needs" Form.

Please discuss this with the Coordinator.

If so please attach a letter from your doctor and a copy of your Health Care Card.

Does your child have any allergies (including asthma or anaphylaxis)? YES NO

If **YES** please provide details, including a copy of a medical management plan (required for asthma and anaphylaxis) or risk minimisation plan prepared by the child's doctor (if applicable):

Medical Plan attached: YES NO

Does your child require regular medication? YES NO

If **YES** please provide details: _____

If so you will need to fill in a “Long Term Medication” Form.

Does your child administer their own medication? YES NO

If so you will need to fill in a “Children’s Self Medication” Form.

Is your family a member of a Private Health Fund? YES NO

Private Health Fund: _____ Number: _____

***NOTE:** Medication will only be administered in accordance with the services Medication Policy that you be will be provided with.*

Immunisation

Has your child received the necessary immunisation for their age? YES NO

Immunisation Record Attached: YES NO

For a full copy go to www.immunise.health.gov.au

Medical Conditions/Additional Needs

Does your child have a medical condition or require additional assistance to meet their needs?
YES NO

If **YES** please provide details of the condition/needs they require assistance with:

SECTION 3: INDIVIDUAL INFORMATION

This information assists staff in the daily care and education of your child.

Does your child have any dietary requirements other than allergies? YES NO

If **YES** please provide details:

Is there anything else our staff needs to know about your child? (E.g. cultural or religious requests, interests, dislikes, fears etc.)

NOTE: Staff will also talk individually to your child about their interests on a regular basis and incorporate these into the program and experiences on offer.

Days you wish your child to attend the service (Please circle)

Before School care: Monday Tuesday Wednesday Thursday Friday
OR Casual only

After School care: Monday Tuesday Wednesday Thursday Friday
OR Casual only

* A separate form will be provided prior to each Vacation care period.

Child's expected start date at the service: ___ ___ / ___ ___ / ___ ___

PLEASE FILL IN A SEPARATE CHILD ENROLMENT FORM FOR EACH CHILD ATTENDING AND ATTACH TO YOUR FAMILY ENROLMENT FORM.

ADDITIONAL CHILD ENROLMENT FORMS ARE AVAILABLE ON THE WEBSITE OR AT THE CENTRE.