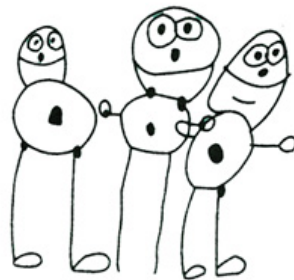


Rutherford



Playtime

Pre-School



Enrolment Form

Please hand to director upon first day of arrival

- Original copies of your child's birth certificate.
- Current Immunisation record

75 Regiment Road

Rutherford NSW 2320

Phone: (02) 49326332

Fax: (02) 49326101

Email: [info @rutherfordplaytimepreschool.com.au](mailto:info@rutherfordplaytimepreschool.com.au)

Website: www.rutherfordplaytimepreschool.com.au

Rutherford Playtime Preschool

Providing quality education, learning experiences and development opportunities
for children aged 0 to 5 years.

**THIS FORM MUST BE COMPLETED AND HANDED TO DIRECTOR
BEFORE YOUR CHILD COMMENCES CARE.**

Child's Full Name: _____

Child's Date of Birth: ____ / ____ / ____

Country of Birth: _____

Child's Sex- Male / Female

Child's CRN: _ _ _ _ _

(CRN = Centrelink customer reference number.)

1. Parent/ Guardian Full Name: _____

Parent/ Guardian's Date of Birth: ____ / ____ / ____

Parent/ Guardian's CRN: _ _ _ _ _

2. Parent Guardian Full Name: _____

Parent/Guardian's Date of Birth: ____ / ____ / ____

Parent/ Guardian's CRN: _ _ _ _ _

Have you contacted Centrelink on 136 150 and linked your child to our service and
received a CCB% (to help reduce you fees)

Our CRN is 407 259 872H

Yes, I have contacted centrelink and I am approved

For ____ hours of care at ____ % (CCB). _____ (CCR)

Yes, I have my child's Birth Certificate to be copied and sighted by staff.

Yes, I have my child's record of immunisation to be copied and sighted by staff.

If you require assistance please contact our office on 4932 6332

**THIS FORM MUST BE COMPLETED AND HANDED TO DIRECTOR BEFORE YOUR CHILD
COMMENCES CARE**

Days Attending. Please Circle:

Monday Tuesday Wednesday Thursday Friday

Please specify what times you need your child in care for.

Monday: __:__am - __:__pm

Tuesday: __:__am - __:__pm

Wednesday: __:__am - __:__pm

Thursday: __:__am - __:__pm

Friday: __:__am - __:__pm

Please note: only pick your child up after 5pm if you are working.

CHILD'S DETAILS

Child's Full Name: _____

Other Name/s Child is known as: _____

Ethnic and cultural identity of child: _____

Address: _____

Postcode: _____

Phone: _____ Date of child's First attendance: _____

Is your child Aboriginal / Torres Strait Islander? Yes No

Birth certificate sighted and copied by Staff: _____ Date: _____

Immunisation sighted and copied by Staff: _____ Date: _____

FAMILY DETAILS

Family Nationality/cultural background: _____ Religion: _____

Language spoken at home: _____

Your child lives with (please include names and ages): _____

Parent / Guardian

Name: _____

E-mail: _____

CRN: _____

Other name/s by which parent/ guardian is known as: _____

D.O.B: _____

Address: _____

Post Code: _____

Home Phone: _____

Mobile: _____

Work Phone: _____

If applicable occupation: _____

Employer: _____

Address: _____

Post Code: _____

Parent/ Guardian

Name: _____

E-mail: _____

CRN: _____

Other name/s by which parent/ guardian is known as: _____

D.O.B: _____

Address: _____

Post Code: _____

Home Phone: _____

Mobile: _____

Work Phone: _____

If applicable occupation: _____

Employer: _____

Address: _____

Post Code: _____

EMERGENCY CONTACTS & PERSONS AUTHORISED TO COLLECT CHILD:

Please ensure that emergency contacts are available to collect your child during the day, if you are not available. A contact phone number is essential. This person will be authorised to collect your child.

All emergency contact person's must be over the age of 16 and proof of identity is required if staff are unfamiliar with the person.

Parents please do not list parents/ guardians in this section.

FIRST CONTACT PERSON	SECOND CONTACT PERSON
Name:	Name:
Address:	Address:
P/Code	P/Code
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Relationship to child:	Relationship to child:

Is there any court orders involving your child: Yes No

If yes please submit a copy of the legal documents to director.
Court orders cannot be enforced in the centre without this copy

PERMISSIONS:

I give the staff at Rutherford Playtime Preschool Permission to administer:

Insect Repellent Yes No Parent Signature: _____

Sting Goes: Yes No Parent Signature: _____

Sunscreen Lotion Yes No Parent Signature: _____

Dettol Yes No Parent Signature: _____

I _____ give permission for staff of Rutherford Playtime Preschool to take photos of my child within their learning environment, for use in the development of their personal portfolio, observations, for displays on our Facebook page our webpage and for advertisement purposes.

Parents Signature: _____ Date: _____

Health Details

Medicare Number-_____Expire date:_____

Child's Name, as on card:_____

Private Health Fund:_____Health Fund Number:_____

Do you have Hospital insurance?_____

Do you have Ambulance Cover?_____

Family Doctor:_____ Family Dentist_____

Doctors Address:_____ Doctors Address_____

Phone:_____ Phone:_____

I_____authorise the staff of Rutherford Playtime
Preschool to seek emergency ambulance, medical, hospital or dental
treatment for my child_____should this be
considered necessary. I understand that I will be liable for any costs
involved. I understand staff will contact me as soon as possible.

Signature:_____ Date:_____

LONG TERM MEDICATION

Is your child on any long term medication? i.e. Asthma, epilepsy? Yes/ No

Please list medications:_____

Reason for Medications:_____

If Yes, please complete the attached **Medication Authority Form as well as
the Risk Minimisation plan & Communication plan**

Does your child have a current medical
condition?:_____

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES? Yes / No

Please specify:_____

PLEASE NOTE* for all children who do suffer from asthma, anaphylaxis or any
other medical condition we will need an asthma action plan or any applicable
action plan from your medical practitioner.**

PARACETAMOL

If you would like the primary contact staff member at Rutherford Playtime Preschool to administer paracetamol to your child, in the event of an emergency, please complete the attached-

AUTHORITY FOR ADMINISTERING PARACETAMOL IN AN EMERGENCY form.

Without completion of this form, we are unable to administer paracetamol to your child in an emergency.

I _____, (Parent/ Guardian Name) authorise Rutherford Playtime Preschool to provide one dose of paracetamol to my child _____ (Child's Name)

I understand that this is a guideline for administration of a specific dose. I understand that every effort will be made, for my verbal permission, for each specific emergency.

I understand that if I cannot be contacted, the authorised supervisor will make the judgment as to whether to administer the paracetamol to my child.

In the event of an emergency, I agree to collect my child as soon as possible.

I understand the potential risks and side effects of this medication for my child.

Parent/ Guardian Name: _____ (Please Print)

Signature: _____ Date: ____/____/____.

CHILD'S WELL BEING

The following is used by staff, to assist your child routine and in settling into the preschool environment.

Is your child Toilet Trained Yes / No

What stage is your child at with this process? _____

Does your child have any soothers/ comforters? Yes/ No

If yes please list: _____

Does your child have a dummy or a bottle? Yes / No

When? _____

Does your child have any fears? Yes / No

If yes please list: _____

Does your child have any allergies? Yes / No

If yes please list: _____

What's your child's favourite Songs, Games, Actions?

What is your child's current likes, dislikes, interest?

What is your child's usual day routine? (Sleep, rest etc....)

Goals:

What would you like for your child to achieve during their time at Rutherford Playtime Preschool? _____

