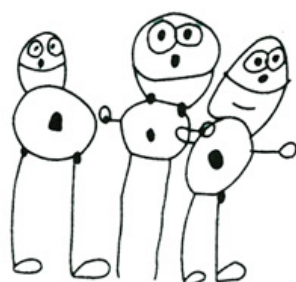


# Rutherford



# 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

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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](http://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.

<b>FIRST CONTACT PERSON</b>	<b>SECOND CONTACT PERSON</b>
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? \_\_\_\_\_

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