



Enrolment Update Form 2019 Cribb Street Child Care Centre

Account name:					
Child's Name:					
Days of Attendance:	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>
Account Email address:					
Update Parent / Guardian 1 Details					
Full name:					
Home PH number:			Mobile:		
Email Address:					
Date of birth:					
Address:			Postcode:		
Occupation:			Work phone:		
Employer:					
Work address:			Postcode:		
Update Parent / Guardian 2 Details					
Full name:					
Home PH number:			Mobile:		
Email Address:					
Date of birth:					
Address:			Postcode:		
Occupation:			Work phone:		
Employer:					
Work address:			Postcode:		
AUTHORISED EMERGENCY CONTACTS See section 170(5) of the Law and sections 160, 161, 102 and 99 of the REGs.					
New Authorised Nominee - Authorised person is to be over the age of 18 to carry out the following responsibilities for my child					
Full name:		<input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Authorised to administration of medication <input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises <input type="checkbox"/> Collect the child from the education and care service <input type="checkbox"/> Authorise the collection of the child from the education and care service by another person not authorised on the child's enrolment form			
Relationship with the child:					
Address:					
Home phone:					
Work phone:					
Mobile:					
Licence number:					
New Authorised Nominee - Authorised person is to be over the age of 18 to carry out the following responsibilities for my child					
Full name:		<input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Authorised to administration of medication <input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises <input type="checkbox"/> Collect the child from the education and care service			
Relationship with the child:					
Address:					
Home phone:					
Work phone:					
Mobile:					

Licence Number:		<input type="checkbox"/> Authorise the collection of the child from the education and care service by another person not authorised on the child's enrolment form
Authorised person/s to be removed: Name:		
MEDICAL INFORMATION		
Child's full name:		
Does your child regularly experience any of the following? Please tick (✓) and provide details in the space below. If yes, an individual action / Medical care plan by and authorised medical practitioner maybe required.		
Known Allergies NO YES	What triggers the allergic reaction? <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylactic (Epipen must be provided to the service at all times child is in care)	
	Symptoms:	
	Please provide details of any allergy management plans	
	Action plan attached : YES NO (A current year action plan required from medical practitioner together with a current photo of the child is required in order to proceed with Enrolment and to be updated yearly)	
Dietary Requirements NO YES	Requirements: Please provide details	
Intolerances NO YES	What is the cause for the intolerance: <input type="checkbox"/> Mild or <input type="checkbox"/> Severe	
	Symptoms:	
	Current action plans: (please provide details):	
Asthma NO YES	<input type="checkbox"/> Mild or <input type="checkbox"/> Severe	
	What symptoms does your child present with when experiencing Asthma: Action plan attached : YES NO (A current year action plan required from medical practitioner together with a current photo of the child is required in order to proceed with Enrolment)	
Medication	Does your child have regular medication?	NO YES
	Please provide a letter from the doctor of full details:	
	Medication administered at the Centre will only be administered when there is a chemist label with the child's name, dose and time frame to be given. (time frame E.G 3 times a day is 8 hours apart)	
Other new info or changes:		
I hereby accept responsibility to advise Cribb Street Child Care Centre in writing of any changes to information provided by me in this form that may have bearing on health, care and safety of my child whilst in the care of Cribb Street Child Care Centre. Guardian/Parent name:.....Signed: Date:		