



Alstonville Nestle In Child Care Centre

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Director: Lisa Martin
BED (ECE)

Child's Name:

Date of Birth:

CRN:

Address:

Home Telephone Number:

Primary language spoken by child:

Place of Birth:

Mother's/Carer's Name:

CRN:

Home Address:

DOB:

Telephone Number:
(if different from above):

Occupation:

Mother's place of work:

Email:

Work Telephone Number:

Mobile:

Home language spoken:

Place of Birth:

Father's/Carer's Name:

CRN:

Home Address:

DOB:

Telephone Number:
(if different from above):

Occupation:

Father's place of work:

Email:

Work Telephone Number:

Mobile:

Home language spoken:

Place of Birth:

Other people living in the child's home:

Name:

Name:

Name:

Relationship:

Relationship:

Relationship:

Age (if relevant):

Age (if relevant):

Age (if relevant):

If the parents are separated/divorced or have specific arrangements, are there any special instructions for the centre? **Please provide the centre with any copies of court orders.**

Authorisation to Collect:

Please list 2 people authorised to collect your child.

Name:

Relationship to Child:

Daily Telephone:

Mobile:

Address:

Name:

Relationship to Child:

Daily Telephone:

Mobile:

Address:

HEALTH RECORD

It is vital that parents/carers give us current contact numbers upon enrolment.

Who can be contacted in an emergency if we cannot reach parents/carers?

Name: _____ Relationship: _____ Telephone Number: _____

Name: _____ Relationship: _____ Telephone Number: _____

What is the name of your Doctor?

Address: _____ Telephone: _____
Medicare Number: _____ Private Health Fund:
Membership Number: _____

Does your child have an allergic reaction to anything?

YES

NO

If *YES* please answer the following:

Please specify the allergy::

Please explain symptoms:

Explain the treatment for the allergy::

Has your child had:

Measles	YES	NO	DATE: _____
German Measles	YES	NO	DATE: _____
Mumps	YES	NO	DATE: _____
Chicken Pox	YES	NO	DATE: _____
Major Injuries	YES	NO	DATE: _____

Does your child have regular:

Colds	YES	NO	Details: _____
Ear Infections	YES	NO	Details: _____
Urinary infections	YES	NO	Details: _____
Convulsions	YES	NO	Details: _____
Asthma attacks	YES	NO	Details: _____
Epilepsy	YES	NO	Details: _____
Other(please specify)	YES	NO	Details: _____

Has your child ever been hospitalised?

NO

YES

DATE:

Details:

Do you have any concerns with your child's:

Eyesight	YES	NO
Hearing	YES	NO
Speech	YES	NO
Overall development	YES	NO

Details:

Does your child regularly take medicine? YES NO

If *YES* please specify details.

Is there anything else regarding your child's health that you would like us to know? (eg. *Treatment Plans for any illness*).

Does your child have any additional needs? YES NO

If *YES* please specify including any other programs the child is involved with.

Immunisation:

A current immunisation status report is required.

Please download immunisation status report from www.medicareaustralia.gov.au

PARENT/CARER CONSENT

Please complete and return to the centre prior to enrolment.

Child's Name: _____ **Date:** _____

Please read the following carefully and sign each section.

1. I give consent for the staff of Alstonville Nestle In Childcare Centre to seek urgent medical, dental, hospital treatment, or ambulance service if they are unable to contact myself or my partner in the event of an emergency.

Signed: _____ **Dated:** _____

2. I give consent for staff to administer Panadol in the case of fever or pain, in the event of not being able to make contact with my partner or myself.

Signed: _____ **Dated:** _____

3. I give consent for photographs or video recordings of my child to be taken and used for resources within the centre.

Signed: _____ **Dated:** _____

4. I give consent to the staff of Alstonville Nestle In Childcare Centre to apply sunscreen to my child.

Signed: _____ **Dated:** _____

I understand that I am required to pay weekly fees in advance of care (regardless of absences) unless the centre is closed for vacation. I also understand that **two weeks** written notice is required to cancel my child's placement.

Signed: _____ **Dated:** _____

I understand that in the event that my fees are not current at any particular time, my enrolment can be cancelled at the discretion of the Director.

Signed: _____ **Dated:** _____

GENERAL

Has your child attended a children's service previously? Eg, long daycare, family daycare

NO YES If *YES*, please give details:

Are there any religious or cultural taboos relating to your child's upbringing that we should observe in our relationship with your child?

NO YES If *YES*, please give details:

Is your child able to use the toilet independently? Please advise toileting routines eg. Nappies.

Does your child rest/sleep throughout the day and do they need a comforter during rest periods? Eg, dummy, bottle, blanket, cuddly toy etc.

What do you hope that your child will get from his/her attendance at Alstonville Nestle In Childcare Centre?

Are there any words that we need to know that has special meaning for your child? Eg, "hello" in your home language.

What do you love about your child that you would like staff to know about?

What information do you consider important to know each day and what is the best means of communication for you?

Have you any skills that you would like to contribute to the centre's program? Eg, music, cooking etc.

CHILD PROFILE

Please only complete the questions with which you feel comfortable.

We plan and program for children on an individual basis at Alstonville Nestle In Childcare Centre. It would be very helpful if you could give us some additional background information to help with our programming of experiences.

1. **Language Backgrounds** – Please give details of different languages your child speaks or comes into contact with, eg. Languages of relatives, friends, neighbours

2. **Home Life** – Please share details such as housing, pets, play spaces, extended family who live with or visit you on a regular basis

3. **Sleeping and Eating Patterns of the Family** – eg. eating out, special family meals etc. Sleeping habits – how and where? Comforts for your child.

4. **Special Family Activities** – eg. Outings, hobbies, church, community groups, travel.

5. **Your child's special likes and dislikes**

6. **Any fears your child has** – eg. Dogs, noise etc, **and how you deal with those fears.**