

**Funny Days Kindergarten**  
27 Earle Street Doonside NSW 2767  
Ph: 02- 8809 6884 / 0435816845  
Email- kangaroochildcare@yahoo.com

**PRIVATE AND CONFIDENTIAL**

**Child's Surname:** \_\_\_\_\_ **Given Names:** \_\_\_\_\_

**Sex:** M / F: \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_ **Ethnic Group:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Address** (if different to parents):  
\_\_\_\_\_

Details of any court orders, parenting orders or parenting plans relating to powers, responsibilities or duties authorities of any person in relation to child or access to the child (if any, need to provide a copy)  
\_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

**Address (Home):** \_\_\_\_\_

**Home Ph No:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Employer Ph No:** \_\_\_\_\_

**Cultural Background:** \_\_\_\_\_ **Celebrations:** \_\_\_\_\_

**Language spoken:** \_\_\_\_\_ **Marital status:** \_\_\_\_\_ **Date of Birth** \_\_\_/\_\_\_/\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

**Address (Home):** \_\_\_\_\_

**Home No:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Employer Ph No:** \_\_\_\_\_

**Cultural Background:** \_\_\_\_\_ **Celebrations:** \_\_\_\_\_

**Language spoken:** \_\_\_\_\_ **Marital status:** \_\_\_\_\_ **Date of Birth** \_\_\_/\_\_\_/\_\_\_\_

**Child's Medicare No.:** \_\_\_\_\_ **Health Fund:** \_\_\_\_\_

**Email Address:** 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Does/ Did your child attend another Centre?** (Yes/No) \_\_\_\_\_

**Are you or your family member from an Aboriginal/Torres Strait Island cultural background?** Yes/No  
( if yes, please give details) \_\_\_\_\_

Other children living with the child:

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**Attendance**

Commencement Date: \_\_\_/\_\_\_/\_\_\_\_\_

Days Child will attend: Mon  Tue  Wed  Thu  Fri

Type of care (e.g. Casual or Regular long day care) : \_\_\_\_\_

**Health**

Has your child been immunised: Yes / No [e.g. online Medicare statement required]

Does your child have allergic reactions (food, medicine, faces paint, etc)? If yes please provide details

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Behaviour difficulties: \_\_\_\_\_

Regular or special medical conditions: \_\_\_\_\_

Does your child have anaphylaxis or any other medical management plan or risk minimisation plan to be followed when your child is in our care? \_\_\_\_\_

Is child's health record sighted by childcare provider? (e.g. medical management plans, medical condition, allergy or other additional health records) Yes / No

Is child's immunisation statement sight by approved provider? Yes / No

**General Needs**

Does your child have any special interest? \_\_\_\_\_

Fears e.g. thunder, mowers, plug holes, etc. \_\_\_\_\_

Other special needs: \_\_\_\_\_

Does your child participate in festivals/ celebrations? [Yes/ No] \_\_\_\_\_

if yes please give details: \_\_\_\_\_

Does your child speak any language?

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**Eating**- Special dietary needs e.g. vegetarian, religious beliefs etc.

Any food likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Any food allergy \_\_\_\_\_

Other allergies (if any) \_\_\_\_\_

List other food restrictions (e.g. religious or for any other reason)

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Date: \_\_\_/\_\_\_/\_\_\_\_\_ Signed: \_\_\_\_\_

**Authority:** Please provide at least one emergency contact before enrolment commences [must be over 18 years and Do not include child's Parent's Names]

I authorise below people to give my consent if I/we are not contactable in case of following situations.

- a) is authorised to access or collect my child in the event of any emergency or if I/we are not able to pick up child during centre operating hrs.
- b) is authorised to consent to medical treatment of or to authorise administration of medication to the child and
- c) is authorised to authorise an educator to take the child outside of the service premises and
- d) is authorised to authorise Funny Days to transport the child or arrange the transportation of the child

1) Full Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship with child/Parent: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

2) Full Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship with child/Parent: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

**Medical Practitioner Details**

**Child's Doctor Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

I \_\_\_\_\_ authorise Funny Days staff administer the medication in case of asthma or allergy or anaphylaxis emergency, to seek medical, dental or other medical treatment and /or transportation by an ambulance in case of medical emergency.

Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

I give my permission to Funny Days staff to administer Paracetamol or Panadol or Nurofen if my child's body temperature goes higher than 38°C and the authorised person (parent) is not contactable.

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

I understand that the Funny Days staff needs to apply sunscreen to my child before taking them outside (weather permitting) and will therefore give them my permission for this.

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

I authorise Funny Days educators to take photos of my child to prepare observations, for events/ Portfolios/to display in the service or Funny Days childcare website or Funny Days daily journal App which can be seen by all parents. I am aware that centre staff or approved provider or other parents may take group photos in childcare events that include my child's photo to share with families (e.g. Birthday, Christmas, Easter party, etc)

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

## **Declaration**

I/We the undersigned \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ (child's full name) declare that the information given in this enrolment form is accurate to the best of my/our knowledge. I give permission to provider to lodge the enrolment of our child with centrelink.

I/We also are aware and agree that:

- I/we will inform the Service in writing immediately of any changes to the above information.
- Fees must be paid by the due date and always to be keep 2 weeks in advance.
- Fees are payable on holidays, public holidays, sick absence or any other kind of absence.
- If you no longer need a care, you are required to give 4 weeks notice before withdrawing your child from Funny Days Kindergarten. Failure to give 4 weeks notice will require full payment of 4 weeks fees. (Please refer Payment & Fees Policy).
- Centre has constant video surveillance for safety of children, staff, parents and premise.
- Display of our child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children's rooms or kitchen.
- By signing this form we abide by centre's standard policies and procedures set as per regulations.

I/We understand the importance of signing the attendance register and agree to sign in and out every day of my child's attendance.

**Parent/Guardian Name:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_\_\_

**Signature:** \_\_\_\_\_

CRN (Centrelink Reference Number):

Parent 1: \_\_\_\_\_ (Mum)

Parent 2: \_\_\_\_\_ (Dad)

Child CRN : \_\_\_\_\_

## **What to Bring to Funny Days:**

- 1) Immunisation Statement (Medicare copy)
- 2) Birth certificate
- 3) Parents current address proof
- 4) Nappies & innerwear's
- 5) Blanket
- 6) Water Bottle
- 7) Sun Hat
- 8) Spare clothes
- 9) Wipes & Nappy rash cream (if special wipes and cream needed)

Our current daily fee is as follows. A daily fee includes the morning tea, lunch, afternoon tea and late afternoon tea.

0- 2 yrs - \$120

2- 3 yrs - \$115

3- 6 yrs - \$110