

CHILD'S PERSONAL HISTORY

FULL NAME		Place photo ID Here
DATE OF BIRTH	M / F	
ADDRESS		
SUBURB	Postcode	
PHONE H	PHONE mob	
PARENT NAME		
PARENT NAME		
POSTAL ADDRESS (if different from above)		

DETAILS OF BROTHERS AND SISTERS

FULL NAME #1	DATE OF BIRTH	M / F
FULL NAME #2	DATE OF BIRTH	M / F
FULL NAME #3	DATE OF BIRTH	M / F
FULL NAME #4	DATE OF BIRTH	M / F

IMMUNISATION RECORD (Please tick)

Diphtheria Tetanus Pertussis	Hib Hepatitis B	Pneumococcal	
Poliomyelitis	Measles Mumps Rubella	Meningococcal	
Varicella			

PLEASE DESCRIBE ANY SERIOUS ILLNESS OR HOSPITALISATION

PLEASE DESCRIBE ANY KNOWN DISABILITIES

PLEASE DESCRIBE ANY SPECIAL REQUIREMENTS RELATING TO DISABILITY

OTHER MEDICAL

1	HAS YOUR CHILD EVER HAD CONVULSIONS AT HIGH TEMPERATURES?	YES / NO
2	IS YOUR CHILD ON LONG TERM MEDICATION	YES / NO
3	DOES YOUR CHILD HAVE ANY ATTENTION PROBLEMS	YES / NO
4	OTHER	YES / NO

Please describe any ongoing concerns with regard to 1, 2, 3, or 4, and any precautions or treatment necessary.

KNOWN ALLERGIES (TICK ANY THAT APPLY)

	DESCRIBE ALLERGIC REACTION
NUTS	
PEANUT BUTTER	
EGG PRODUCTS	
INSECT BITES	
PRESERVATIVES	
MILK PRODUCTS	
GLUTEN	
DUST MITE	
STICKING PLASTER	
BAND AIDS	
OTHER (please specify)	

ALLERGY FIRST AID

DOES YOUR CHILD CARRY A TREATMENT PACK FOR SEVERE ALLERGIC REACTION?	YES / NO
If "Yes", please describe contents and application	

LANGUAGE

IS ENGLISH YOUR CHILD'S PREFERRED LANGUAGE AT HOME	YES / NO
If "No" What language does your child prefer to use at home?	
IS ENGLISH THE MAIN LANGUAGE SPOKEN AT HOME?	YES / NO
If "No" What is the main language spoken at home?	
If "No" Is a parent able to speak fluent English?	YES / NO
If "No" Is your child able to carry on a conversation in English?	YES / NO

EATING HABITS

DOES YOUR CHILD HAVE ANY EATING DIFFICULTIES OR PROBLEMS?	YES / NO
If "Yes", please describe	
ARE THERE ANY SPECIAL DIETARY REQUIREMENTS?	YES / NO
If "Yes", please describe	

TOILETING

WHAT LEVEL OF TOILETING IS YOUR CHILD AT?	FULLY ABLE	NEEDS SOME HELP	NEEDS SUPERVISION AND HELP	NEEDS SCHEDULED TOILETING
ARE THERE ANY SPECIAL TOILETING REQUIREMENTS?	YES / NO			
If "Yes", please describe				

SLEEPING HABITS

WHAT TIME DOES YOUR CHILD GO TO BED?	
DOES YOUR CHILD HAVE ANY SLEEPING DIFFICULTIES?	YES / NO
If "Yes", please describe	
PLEASE DESCRIBE ANY SPECIAL THINGS YOUR CHILD HAS OR DOES AT BEDTIME	
DOES YOUR CHILD USUALLY HAVE AN AFTERNOON SLEEP?	YES / NO
If "Yes", please give approximate times	
WHAT TIME DOES YOUR CHILD AWAKEN EACH MORNING?	

SOCIAL EXPERIENCE

DOES YOUR CHILD FREQUENTLY PLAY WITH OTHER CHILDREN?	YES / NO				
DOES YOUR CHILD SEEK OUT THE COMPANY OF OTHER CHILDREN?	YES / NO				
If child plays alone, please describe what he/she does.					
DOES YOUR CHILD SEEK FREQUENT ADULT ATTENTION WHEN PLAYING?	YES / NO				
DOES YOUR CHILD HAVE REGULAR CONTACT WITH ADULTS OTHER THAN PARENTS?	YES / NO				
HAS YOUR CHILD EVER SPENT TIME AWAY FROM PARENTS?	<table border="1"> <tr> <td>HALF DAY</td> <td>1 DAY</td> <td>OVER NIGHT</td> <td>MORE THAN 2 DAYS</td> </tr> </table>	HALF DAY	1 DAY	OVER NIGHT	MORE THAN 2 DAYS
HALF DAY	1 DAY	OVER NIGHT	MORE THAN 2 DAYS		
If your child spends regular time away from parental care, please describe the situation.					

PLAY INTERESTS

WHERE DOES YOUR CHILD PREFER TO PLAY?	INDOORS /OUTDOORS
WHAT ARE YOUR CHILD'S FAVOURITE TOYS, GAMES, ACTIVITIES?	
WHAT ARE YOUR CHILD'S FAVOURITE TV SHOWS, DVDS, ELECTRONIC GAMES? (Cross out any media your child does not have access to).	
IS YOUR CHILD ABLE TO OPERATE A COMPUTER?	YES / NO
HOW OFTEN DO YOU OR ANOTHER ADULT READ TO YOUR CHILD?	
WHAT ARE YOUR CHILD'S FAVOURITE BOOKS?	

FEARS

IS YOUR CHILD FRIGHTENED OF ANYTHING?				YES / NO
TO WHAT EXTENT IS YOUR CHILD FRIGHTENED?	QUICKLY RECOVERS ON HIS/HER OWN	CRIES FOR A FEW MINUTES BUT GETS OVER IT WITH HELP	NEEDS REASSURANCE FOR QUITE SOME TIME	GOES INTO HYSTERIA; NEEDS MEDICAL HELP
PLEASE DESCRIBE WHAT CAN SET OFF THE FEAR (EG. RAISED VOICES, LOCKED IN A ROOM, ANIMALS, SUDDEN NOISE)				

NAME OF THE PERSON COMPLETING THIS FORM
(Please print) _____ DATE: _____
Signature: _____

OFFICE USE ONLY

Date of enrolment:	Date of proposed first attendance:		
Birth Certificate Supplied	Immunisation Records Sighted		
Enrolment Fee Paid	date:	Receipt no:	
Hours of Attendance:	day	hrs	
	day	hrs	
	day	hrs	
Total Hours:			
Date of actual first attendance:	Age on 1st day _____ yrs _____ mths		
Director's name: _____	Date: _____		
Signature: _____			

FAMILY DETAIL

NAME OF CHILD		MALE / FEMALE	
DATE OF BIRTH	ADDRESS		
	SUBURB	Postcode	
MEDICARE NO:	PHONE		

PARENT NAME			
ADDRESS		EMAIL	FAX
SUBURB	Postcode	PLACE OF EMPLOYMENT	
PHONE H:	MOB:	PHONE WK:	

PARENT NAME			
ADDRESS		EMAIL	FAX
SUBURB	Postcode	PLACE OF EMPLOYMENT	
PHONE H:	MOB:	PHONE WK:	

PLEASE NAME up to TWO PERSONS (OTHER THAN PARENTS *named above*)

- Who may be called in an emergency
- Who you authorise to give consent for medical treatment
- Who you authorise to take the child out of the service

NAME #1			NAME #2		
RELATIONSHIP			RELATIONSHIP		
ADDRESS			ADDRESS		
PHONE H	MOB	WORK	PHONE H	MOB	WORK

**NAME OF PERSONS OTHER THAN PARENTS AND EMERGENCY CONTACTS
 WHO ARE AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE**

NAME #1		NAME #2	
RELATIONSHIP	PHONE H:	RELATIONSHIP	PHONE H:
	MOBILE:		MOBILE:

Are there any COURT ORDERS affecting CUSTODY OF, or ACCESS TO, your child?	YES / NO
If "Yes", please describe	

CHILD'S FAMILY DOCTOR

DOCTOR'S NAME			
PRACTICE ADDRESS		PHONE	MOB:
SUBURB	Postcode	EMAIL	
		FAX	

ENROLMENT FORM – B

CHANGES

HAVE THERE BEEN ANY CHANGES IN YOUR FAMILY RECENTLY THAT MAY AFFECT YOUR CHILD?					
NEW BABY	MOVING HOUSE	DEATH IN FAMILY	MARRIAGE OF PARENTS	SEPARATION OF PARENTS/ SIBLINGS	DEATH OF A PET
OTHER: Please describe					
WHAT SORT OF BEHAVIOUR MANAGEMENT STRATEGIES DO YOU USE WITH YOUR CHILD?					
TIME OUT	PHYSICAL	TAKE AWAY PRIVILEGES	VERBAL + -	REWARD SYSTEM	
DO YOU THINK YOUR CHILD WILL EXPERIENCE SEPARATION PROBLEMS WHEN STARTING AT THIS CENTRE?					YES / NO

PERSONAL FAITH

DO YOU HAVE A CHRISTIAN SUPPORT GROUP FOR YOUR FAMILY?	YES	NO
NAME OF GROUP		
DO YOU ATTEND REGULARLY?	YES	NO
DO YOU HAVE ANY CULTURAL BELIEFS OR TRADITIONS THE CENTRE NEEDS TO BE AWARE OF?	YES	NO
If "YES" please describe		

When choosing to enrol your child in this centre, you should note that it is owned and sponsored by a Christian Church (Raceview Congregational Fellowship Inc.). This means that there will be certain Christian customs, traditions, beliefs, cultural practices and printed material that you and your child will encounter. These may include Christmas, Easter, saying Grace at meal times, Church promotional material, stories from the Bible and promoting Christian structure and values for the Family. If these things differ from your own desires for yourself and your child, then you may have difficulty being in harmony with the aims and objectives of this centre.

ENROLMENT FORM – B

WHAT DO YOU HOPE YOUR CHILD WILL GAIN BY ATTENDING THIS CENTRE?

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CONSENT (please circle)

YES	NO	I am willing for my child named above on page 1, to have his/her photograph taken for viewing within the centre and for identity purposes on records.
YES	NO	I am willing for my child named above on page 1, to have his/her photograph taken and used within Raceview Congregational Kindergarten, provided it is tasteful, decent and portrays my child in a positive way. (Photos will not be posted on the internet)
YES	NO	I am willing for my child named above on page 1, to participate in the activities and the program of Raceview Congregational Kindergarten.
YES	NO	I am willing for my child named above on page 1, to participate in Kindergarten activities in the church buildings and fenced grounds when opportunities arise.
YES	NO	In the event of accident or illness that requires medical attention for my child, I authorise the staff of Raceview Congregational Kindergarten to seek medical treatment and to arrange transport by ambulance if necessary.
YES	NO	I agree to meet expenses incurred for my child's medical treatment and other necessary associated costs.
YES	NO	Have you read and understood the parent information handbook?
YES	NO	Do you hold a current Health Care Card?

NAME OF PARENT OR GUARDIAN

(Please print) _____ Date: _____

Signature of Parent/Guardian: _____

Name of Witness: _____

Signature of Witness: _____