



128 Ivanhoe Street Eden Hill WA 6054  
PH: (08) 9377 3233  
Email: sparxeh@optusnet.com.au

**Child Details**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Childcare Benefit Information**

Parent / Guardian CRN: \_\_\_\_\_ Child CRN: \_\_\_\_\_  
**Name a date of birth of parent claiming childcare benefit:**  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Number of children currently in care: \_\_\_\_\_ Are you claiming CCS from another service? \_\_\_\_\_

**Bookings Information**

Start Date: \_\_\_\_\_

*Please tick the days below that you require for your child*

Monday	Tuesday	Wednesday	Thursday	Friday

***If your child attends Kindy and is requiring Before and/or After School Care please tick the days you require***

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

School your child attends: \_\_\_\_\_ Room Number: \_\_\_\_\_

**Medical Information**

Childs Doctor / Medical service: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Do you have ambulance cover? Yes / No

Name of private health insurer: \_\_\_\_\_ Private health number: \_\_\_\_\_

Does your child have any known allergies? Please specify \_\_\_\_\_  
\_\_\_\_\_

What action do we take if there is a reaction? \_\_\_\_\_  
\_\_\_\_\_

**Is your child Asthmatic? Yes / No**

**IF YOUR CHILD IS ANAPHYLACTIC OR ASTHMATIC PLEASE BRING AN ACTION PLAN WITH A PHOTO OF YOUR CHILD TO KEEP AT THE CENTRE.**

Does your child take any medication on a regular basis? Yes / No - If yes for what conditions

\_\_\_\_\_

\_\_\_\_\_

Does your child have any dietary restrictions or intolerances? – If yes please specify

\_\_\_\_\_

\_\_\_\_\_

If your child has any dietary restrictions or allergy's do you give permission for the service to display this information/health plans to ensure all staff are aware of these restrictions or allergy's

Yes / No Sign: \_\_\_\_\_ Date: \_\_\_\_\_

#### Additional needs

Does your child present with a disability, medical condition or any specific difficulties? (Autism, ADD)

\_\_\_\_\_

\_\_\_\_\_

*If your child is accessing any specialist care it may be useful to have this information in the centre. Please contact the Centre Director to ensure appropriate and consistent care for your child.*

Any other relevant health management information (e.g premature birth, speech delays)

\_\_\_\_\_

\_\_\_\_\_

#### Family background

Childs Country of birth: \_\_\_\_\_

Is your child indigenous or Torres Strait Islander? Yes / No (if yes please specify) \_\_\_\_\_

Is your child of a culturally or linguistically diverse background? (If yes please specify) \_\_\_\_\_

What main language is spoken at home? \_\_\_\_\_

Has the family or child had a refugee experience? Yes / No

Are there any cultural or religious practices you wish to be included at the centre? \_\_\_\_\_

\_\_\_\_\_

#### Family Information

What is the child's current living situation? i.e lives with both parents / shared custody \_\_\_\_\_

\_\_\_\_\_

Are there any custody orders in place? Yes / No

***If yes please attach any relevant documents***

#### Immunisation Records

**You are required to supply the centre with an up to date copy of your child's immunisation records**



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**Parent Guardian Information**

*Parent/Guardian One*

Title Mr Mrs Miss Ms Dr

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ DOB: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number \_\_\_\_\_

Work Number: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Full Time   Part Time   Casual   FIFO**

**Parent Guardian Information**

*Parent/Guardian Two*

Title Mr Mrs Miss Ms Dr

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ DOB: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number \_\_\_\_\_

Work Number: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Full Time   Part Time   Casual   FIFO**

### Emergency Contacts

Please provide three emergency contacts (**these must be three different people other than the enrolling guardians**), if you are unable to provide three please see the director.

Only the people mentioned below are able to pick up your child from the centre, unless otherwise arranged. Photo ID will be required upon first arrival and subsequently thereafter. No persons under the age of 18 are permitted to pick up your child. In an emergency/and or if your child is not collected at closing time and the centre is unable to get in contact with you these contacts will be used.

#### Contact 1

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Phone: \_\_\_\_\_

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

#### Contact 2

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Phone: \_\_\_\_\_

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

#### Contact 3

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Parental Consents

Please note: if your child becomes ill during the day we will contact you immediately. Should your child develop a high temperature and you and your emergency contacts cannot be reached, it may become necessary to call an ambulance. If an ambulance is called a staff member will accompany your child to the hospital and continued effort will be made to contact you and your emergency contacts.

Initial \_\_\_\_\_

Parents/ Guardians will responsible for all costs involved incurred from transportation or any medical treatment relating to their child while at the centre.

Any medical/hospital fee reasonably incurred by a member of staff from the centre, on your behalf, will be recovered from the parent as a debt. I/we hereby consent to the director of his/her representative engaging the services of a doctor, dentist or ambulance in any emergency for my/our child. If I cannot be contacted, I accept that emergency service would be the closest hospital or doctor.

Initial \_\_\_\_\_

I/We hereby consent to the director of his/her staff escorting my/our child on walks or local expeditions outside the boundaries of the centre grounds on such occasions, as the director shall decide. Local expeditions will include Mary Crescent Reserve and Alf Faulkner Hall (excursions requiring transport will require individual parent permission forms to be signed prior to the excursion) I understand that staff will notify me in writing prior to these excursions taking place.

Initial \_\_\_\_\_

Our centre uses digital photographs as a record of information and documentation and it will be available to you at all times via your personal login for StoryPark. I/We give permission for my child's name and or photo to be used for centre displays and program documentation.

Initial \_\_\_\_\_



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I/We hereby consent Sparx ELC to photograph myself and my child and use said photographs on newsletters, the Sparx Facebook page and any promotional material. Sparx ELC does not need to submit any promotional material to me for approval before distribution. I/we warrant that I/we are the parental guardian of the named child and have the authority to grant the above consents.

Initial: \_\_\_\_\_

I/We agree to pay a weekly fee one week in advance for my child's attendance.

I/We agree to pay a \$50 admin fee on commencement.

I/We acknowledge that fees are still payable on all public holidays in which my/our child is enrolled as well as absent days. I/We have read and understand the terms and conditions set out in the services Fee Policy.

Initial: \_\_\_\_\_

I/We give permission for my child to be transported to and from \_\_\_\_\_ Primary School using the service shuttle buses.

Initial: \_\_\_\_\_

Sparx ELC regularly provides ointments/band aids for minor bruises and abrasions. I/We hereby give permission for my/our child to receive ointments/band aids for any minor cuts and abrasions that my/our child has incurred. Please ensure to let the director know of any products your child may be sensitive or allergic to.

Initial: \_\_\_\_\_

I/We give permission for staff of SparxELC to apply sunscreen and insect repellent to my/our child before any outdoor play.

If your child has allergies or sensitive skin please make the centre director aware.

Initial: \_\_\_\_\_

I/We have read and understand the Adventurous Play Policy.

Initial: \_\_\_\_\_

Sparx ELC will collect information about my family and my child. Most will be provided by me via the enrolment process. Some information may be provided by government departments or other agencies. Information collected by external sources will be checked with me to ensure they are correct.

Some information may be given to other organisations (such as government agencies), as required or authorized.

I have viewed Sparx ELC and I consent to progressing to enrolling my child in service.

I acknowledge having received and read the parent handbook and I understand any changes to such will be displayed within the centre.

I understand that the service does not accept responsibility for loss or damage of any property/items brought into the service from home.

I have read and understand the centre's policies and procedures and agree to abide by them.

I understand that if I fail to pay my fees my child's care may be terminated

I will ensure that I will keep the centre up to date with any child related information or any changes to my/our details.

I am aware that my child will be excluded from the service if he/she contracts a contagious disease and will not be able to return without a clearance,

The centre reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of the centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any parents credit.

Signature \_\_\_\_\_

Date \_\_\_\_\_

ADMIN USE ONLY	
Admin Fee Paid	<input type="checkbox"/>
Fees in advance paid	<input type="checkbox"/> Sign _____
Birth certificate sited	<input type="checkbox"/> Date _____
Enrolment Entered	<input type="checkbox"/>