

BEFORE/AFTER KINDERGARTEN CARE

Registration Form

Times: 6.30-8.00am 5.00-6.00pm



CHILD DETAILS

Child's Name:	D.O.B.: / /	Gender: M / F
Residential Address:		
Postal Address: (if different to Residential Address)		
Home Phone Contact:		

FAMILY UNIT DETAILS

Parent/Guardian # 1	Name:	D.O.B.:	/ /
	Address:		
	Daytime phone contact:	Mobile No.:	
	Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other.....		
Parent/Guardian # 2	Name:	D.O.B.:	/ /
	Address:		
	Daytime phone contact:	Mobile No.:	
	Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other.....		

DETAILS OF OTHER PERSONS AUTHORIZED TO COLLECT CHILD / EMERGENCY CONTACTS

1.	Name:		
	Address:		
	Daytime phone contact:	Relationship to Child:	
	Identification sighted upon first collection of child: <input type="checkbox"/>		
2.	Name:		
	Address:		
	Daytime phone contact:	Relationship to Child:	
	Identification sighted upon first collection of child: <input type="checkbox"/>		
3.	Name:		
	Address:		
	Daytime phone contact:	Relationship to Child:	
	Identification sighted upon first collection of child: <input type="checkbox"/>		

All details completed are correct as at the date listed below:

Signed: _____

Date: / /

SHELDON COLLEGE WONDERLAND
INDIVIDUAL NEEDS FORM

Custodial/Cultural/Religious Needs

Are there any custodial needs affecting your child of which we need to be aware? Yes / No
(If yes, please provide details)

Medical

A. *(Wonderland staff to complete this section)*

B. Does your child have needs particular to a disability? Yes / No
(If yes, please provide details)

C. Please include any other information that may be relevant to your child enjoying our service; i.e. does your child have any other special needs?

Medical Details: Does the child suffer from any of the following:

✓ Please tick all applicable	Medication and Dosage
Asthma	
Diabetes	
Haemophilia	
Epilepsy	
Heart problems	
Blood Pressure	
Migraines	
Dyslexia	
ADD or ADHD	
Allergies:	Food
	Drug
	Other
Does management include Antihistamine / Epipen?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Backbone/joint problems	
Recent operations/illnesses	
Prior physical injuries	
Special Dietary requirements	
Other details	
Hearing loss	Left Ear <input type="checkbox"/> Right Ear <input type="checkbox"/> Partial <input type="checkbox"/> Profound <input type="checkbox"/>
Visual Impairment	Glasses <input type="checkbox"/> Prescribed <input type="checkbox"/> Reading <input type="checkbox"/> General <input type="checkbox"/>

Government regulations prohibit the administration of the following medications:

Pharmacy Medication or Caution S2; Pharmacists only Medicine or Caution S3; Prescription only Medicine or Caution S4; Analgesics – Panadol, Panadeine, Paracetamol, Aspirin, Disprin or Codral products; Eye Treatments – Albalon, Astatine-Privine, Visine or Murine; Burn Creams – Mediderm, Derm-Aid, Medi-Crème, Silvasine; Cold and Flu – Benadryl, Codral, Demazin, Diffan, Duro-Tuss, Orthoxicol, Sudafed; Other products – Ventolin, Brondecon, Mercurochrome, Bis Pectin.

Should you wish your child to be administered with any of these medications, an Administration or Medication form must be completed. Medications are to be provided by the parent/guardian and must be labelled with the child's name and clear dosage instructions.

Doctor's Name:		Phone No.
Doctor's Address:		
Medicare Number:		
Private Medical Insurer:	Membership Number:	
Ambulance Subscriber: Y / N	Permission to call ambulance if required Y / N	

Parent/Guardian's signature to give permission for Sheldon College Wonderland Early Learning Centre employees to give medical attention to your child :

Signed: _____ Date: ____/____/____

Promotional Materials

(Sheldon College Wonderland Early Learning Centre acknowledges the achievements of children and celebrates their successes. To this end, advertising and promotional materials are often released. In order to facilitate this process, we seek your approval to use promotional materials featuring your child.)

I give permission for the Sheldon College Wonderland Early Learning Centre to use promotional materials featuring my child.

Name: _____ Signature: _____ Date: ____/____/____

🔴 IMPORTANT NOTICE:

You are required to make a full and frank disclosure on your child. Failure to do so may affect ongoing enrolment.

This application for enrolment is made on the understanding that there will be full compliance with the Sheldon College Wonderland Early Learning Centre Regulations and Policies.

.....
Parent/Guardian Signature

.....
Parent/Guardian Signature

.....
Date

CCMS ENROLMENT REGISTRATION

Long Day Care Start Date: ____/____/____

Informal Enrolment (CCB can be claimed later)

Formal Enrolment (CCB claimed now, as Fee Reduction or Lump Sum)

If Formal Enrolment please complete the mandatory information below:

Primary Parent contact at FAO: _____ DOB: ____/____/____ CRN: _____

Child's Name: _____ M/F _____ DOB: ____/____/____ CRN: _____

.....
Parent/Guardian Name

.....
Parent/Guardian Signature

.....
Date

FINANCE DEPARTMENT ONLY

Details entered into QikKids ____/____/____ Completed by: _____

Enrolment details submitted to DEEWR ____/____/____ Completed by: _____