MEETING HOUSE INC. CRN: 281 717 332L
47 Burns Bay Road
LANE COVE NSW 2066 PHONE: 9008 5549 or MHI Neighbourhood Centre 9427 1841/FAX: 9418 8321

Enrolment Form:

Child's given names:	Child's last name:
Gender: ☐ Male ☐ Female	
Date of birth	Place of birth
Current Address:	
Is your child of Aboriginal or Torres Strait Islander Descent? ☐ Yes ☐ No	
Please specify Cultural Background of your child	
Is your child attending another childcare centre service? ☐ Yes ☐ No If yes please supply name and email:	

Parent 1:		**Parent 2:**	
Given Names:		Given Names:	
Last Name:		Last Name:	
Gender: ☐ Male ☐ Female		Gender: ☐ Male ☐ Female	
Date of birth		Date of birth	
Place of birth		Place of birth	
Cultural Background		Cultural Background	
Address		Address	
Suburb		Suburb	
State		State	
Postcode		Postcode	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile		Mobile	
Email		Email	
Occupation		Occupation	
Place of Work		Place of Work	
Work starts	Work finishes	Work starts	Work finishes
Languages spoken at home		Languages spoken at home	
Are you of Aboriginal or Torres Strait Islander descent? ☐ Yes ☐ No		Are you of Aboriginal or Torres Strait Islander descent? ☐ Yes ☐ No	
Disability? ☐ Yes ☐ No	Primary Care Giver? ☐ Yes ☐ No	Disability? ☐ Yes ☐ No	Primary Care Giver? ☐ Yes ☐ No
Preferred Method of Contact ☐ Home phone ☐ Mobile ☐ Email		Preferred Method of Contact ☐ Home phone ☐ Mobile ☐ Email	

Family Status: ☐ Both parents at home ☐ Sole Parent ☐ Shared custody ☐ other

Custody Arrangements:

If you are separated or divorced, who has legal custody of the child? ☐ Parent 1 ☐ Parent 2 ☐ Both

Parent 1 Access arrangements? ☐ Full ☐ Limited

Parent 2 Access arrangements? ☐ Full ☐ Limited

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?
☐ Yes ☐ No

Emergency Contacts & Authorisations:

Name:	**Name:**
Relationship to child	Relationship to child
Address	Address
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile
This person has authority to:	**This person has authority to:**
☐Collect/Deliver your child to/from the Preschool	☐Collect/Deliver your child to/from the Preschool
☐Consent to medical treatment for your child	☐Consent to medical treatment for your child
☐Permit transportation of your child by an ambulance service	☐Permit transportation of your child by an ambulance service
☐Authorise a member of staff to take the child off the Preschool premises e.g. to accompany in an ambulance	☐Authorise a member of staff to take the child off the Preschool premises e.g. to accompany in an ambulance
☐Request/Permit medication to be given to your child	☐Request/Permit medication to be given to your child
☐If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child	☐If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child

Health & Medical Information:

Medicare Number	Private Health Insurer
Medical Centre Name	☐ Ambulance Subscription
Doctor Name	Dentist Name
Phone	Phone
Address	Address

☐ Authorisation for your child to self-administer medication

Anaphylaxis - Has your child been diagnosed with Anaphylaxis? ☐ Yes ☐ No

Please provide a medical management plan – for Anaphylaxis and a risk minimisation plan

Does your child have:

Any allergies: e.g. food, medication, animals, insects? ☐ Yes ☐ No

Any food allergies? ☐ Yes ☐ No

☐ Eggs ☐ Fish, shellfish and all seafood ☐ Milk and all dairy food (lactose) ☐ Nuts (including tree nuts, coconuts and legumes) ☐ Seeds (including corn and sesame) ☐ Soy and soybeans ☐ Wheat and gluten (including oats) ☐ Fruits and vegetables ☐ Honey ☐ Chocolate ☐ Other

Any special dietary requirements? ☐ Yes ☐ No

Any problems with hearing, sight, speech? ☐ Yes ☐ No

Any health problems, operations, illnesses, disabilities? ☐ Yes ☐ No

Does your child take any regular medication? ☐ Yes ☐ No

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? ☐ Yes ☐ No

Immunisations:

	Birth	2 mo	4 mo	6 mo	12 mo	18 mo	4 yrs
Hepatitis B	☐	☐	☐	☐			
Diptheria		☐	☐	☐			☐
Tetanus		☐	☐	☐			☐
Pertussis		☐	☐	☐			☐
Polio		☐	☐	☐			☐
Hib		☐	☐	☐	☐		
Pneumococcal		☐	☐	☐			
Rotavirus		☐	☐	☐			
Measles					☐	☐	
Mumps					☐	☐	
Rubella					☐	☐	
Meningococcal C					☐		
Varicella						☐	

☐ **Not immunised**

☐ Child has a medical reason not to be vaccinated

☐ Parent/Guardian who has a conscientious objection to vaccination

☐ Child is on a recognised catch-up schedule

Please attached supporting documents – medical health record or equivalent from NSW Health

Routines:

Are there any aspects of your child's cultural, ethnic and/or religious background that you would like us to be aware of?
☐ Yes ☐ No

Are there any religious activities the staff should be aware of? ☐ Yes ☐ No

Siblings: Please list names and ages of other siblings

Formal:

Invoices & Receipts – A hard copy of these will be placed in your communication pocket at the Preschool. If you are unable to collect these and would prefer a copy to be emailed please tick box and specify email address: ☐ Yes please email to:

Method of payment: How would you like to pay?
☐ Direct Deposit ☐ Cash ☐ Cheque

Parent Name:	**Signature:**	**Date:**

Staff to complete:					
Days required:	*Mon ☐*	*Tue ☐*	*Wed ☐*	*Thurs ☐*	*Fri from 2019☐*
Documentation sighted:					
Child's Birth Certificate ☐		*Parent Identification ☐*		*Immunisation ☐*	
Other (where relevant). Please specify					
☐		☐		☐	
☐		☐		☐	
Name:		*Signature:*		*Date:*	