

Child's Name _____



**Pelican
Childcare**
Early Learning Centres
CHILDCARE WITH A CONSCIENCE™

Centre Name _____

Parent / Guardian Details

Parent / Guardian 1

Title/First Name _____

Last Name _____

Date of Birth _____

Home Address _____

Home Phone _____

Mobile _____

Email _____

Ethnic Background _____

Language Spoken _____

Marital Status _____

Occupation _____

Work Name _____

Work Address _____

Work Phone _____

Work E-mail _____

Relationship to child _____

Parent / Guardian 2

Title/First Name _____

Last Name _____

Date of Birth _____

Home Address _____

Home Phone _____

Mobile _____

Email _____

Ethnic Background _____

Language Spoken _____

Marital Status _____

Occupation _____

Work Name _____

Work Address _____

Work Phone _____

Work E-mail _____

Relationship to child _____

Medical Practitioner

Doctor _____

Address _____

Phone _____

Ambulance Fund Yes No

Membership No _____

Medicare Number _____

Family Details

Do you have other children living at home? Yes No

Name _____

DOB _____

Name _____

DOB _____

Name _____

DOB _____

Name _____

DOB _____

How many of these children attend approved or registered care? _____

Do you wish to claim the Multiple Child Care Benefit Percentage for these children? Yes No

Can you contribute any skills to our centres program or have time to volunteer? eg play a musical instrument, speak other language, etc

Days Booked

Days (Please tick) Monday Tuesday Wednesday Thursday Friday

Start Date _____

Are you applying for Child Care Benefit? Yes No

Customer CRN Number _____

Child CRN Number _____

CCB % _____

Eligible Hours _____

Food/Meals

Does your child have any special dietary needs? eg vegetarian, religious requirements, etc Yes No

If yes, please provide details _____

Foods they like _____

Foods they dislike _____

Other details _____

General Needs

Does/can your child participate in festivals/ celebrations? Yes No

If yes, please provide details _____

Does your child have any fears? eg animals, thunder, trucks, etc Yes No

If yes, please provide details _____

Authority to Collect/Emergency Contacts (Do not include parent/s name/s)

Your consent is required for other people to collect your child from Pelican Childcare on your behalf. Please complete the below details to authorise who can collect your child. In the event that your child is not collected from the centre and we cannot contact you as parents / guardians this list will be used to arrange someone to collect your child / children. There may also be times when your child has an accident, injury trauma or illness and we cannot contact you as parents / guardians. In this event the below list will be used to arrange someone to collect your child / children.

I authorise the staff members of *Pelican Childcare* to give the following persons access to my child.

Please ensure these emergency contact persons are willing and able to collect your child in the event of an emergency.

<p>Contact 1</p> <p>First Name _____</p> <p>Last Name _____</p> <p>Address _____</p> <p>_____</p> <p>Home Phone _____</p> <p>Mobile _____</p> <p>Work Phone _____</p> <p>Relationship to Child _____</p>	<p>Contact 2</p> <p>First Name _____</p> <p>Last Name _____</p> <p>Address _____</p> <p>_____</p> <p>Home Phone _____</p> <p>Mobile _____</p> <p>Work Phone _____</p> <p>Relationship to Child _____</p>
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Permission

I give the management/staff of *Pelican Childcare* the authority:

- To use the name and/or photo of my child for the centre displays, centre website and/or promotional use including media Yes No
- To share group photos that my child is in, with families that use the service. Yes No
- To apply sunscreen for outside play Yes No
- To be observed by staff and students for developmental purposes Yes No
- To check child's hair if there is an outbreak of head lice Yes No
- The persons listed as Parents and Contact Persons are authorised to drop off and collect my child from the centre unless otherwise specified Yes No

Parent/s / Guardian/s Signature & Name/s _____

Date ____ / ____ / ____

Medical Emergencies / Consent to Administer Medical Treatment and Medication

The only person that can give consent for staff to authorise or administer medical treatment or medication is those with 'lawful authority' meaning the child's parents or guardians if appointed by the courts. I give consent for the staff at Pelican Childcare to undertake first aid or seek medical assistance or treatment that my child should require at my expense. In this event every effort will be made to contact the parents / guardians immediately.

Parent/s / Guardian/s Signature & Name/s _____

Date ____ / ____ / ____

Information Authority

The Family Assistance Office can provide your information to someone else in special circumstances, where Commonwealth Legislation allows or requires, or where you give permission.

Pelican Childcare may need to request the following information from the Family Assistance Office:

- Details regarding your Child Care Benefit percentage and it's currency.
- Your current residential address and phone number.

I give the Family Assistance Office the authority to provide *Pelican Childcare* information regarding my Child Care Benefit percentage and it's currency and/or my current residential address and phone number.

I have read and understood Pelican Childcare's Policies and Procedures and agree to abide by these at all times.

Parent / Guardian 1 Signature & Name _____

Parent / Guardian 2 Signature & Name _____

Date ____ / ____ / ____

Payment Requirements

I/we understand that:

- Fees are payable one week in advance at all times.
- If my fees are in arrears for more than two weeks and no arrangement has been made with the Centre Manager, my child's place will be withdrawn.
- Fees will be charged for booked days that my child does not attend due to illness, holiday, public holidays, RDO days.
- I need to provide two weeks notice in writing prior to withdrawing from the centre and will agree to pay all outstanding fees prior to my departure.
- Should I fail to pay my fees and my place is withdrawn or when I leave the centre, I will be liable for all additional costs incurred by the centre in collecting the outstanding fees.
- Full fees are payable until Child Care Benefit confirmation is received by the centre.

Parent / Guardian 1 Signature & Name _____

Parent / Guardian 2 Signature & Name _____

(To be signed by both parents or guardians where applicable)

Date ____ / ____ / ____

Routine

Please provide some information about your child's routine: _____

Does your child sleep during the day? Yes No

If so, when and for how long? _____

Does your child have a comforter? eg dummie/blanket/teddy Yes No

If so, what? _____

Does your child have a bottle during the day? Yes No

Additional information: _____



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