

Enrolment Form

Montessori Manor

Child Details

Surname: _____ Given Names: _____

Preferred Name/Nickname: _____ Date of Birth: _____ Sex: M F

Address: _____ State: _____ P/C: _____

Is the child of Aboriginal and/or Torres Strait Island Origin? (please tick) No Yes

Country of birth _____ Language spoken at home _____

Proposed Start Date: _____

Days Required: (please tick) Monday Tuesday Wednesday Thursday Friday

School Information

When will this child be enrolled at primary school? _____ School attending _____

Child Custody Information

If parents are separated/divorced, is there a legal document specifying who has custody of or access to the child?

No (go to the next section) Yes (please complete the following)

Name of the custodial parent: _____

Any additional information about access arrangements:

Please supply the Centre with copies of Custody Orders or Access Arrangements that are in place for your child.

Health/Medical Information

Family Doctor's Name: _____

Family Doctor's Address: _____

Family Doctor's Telephone: _____ Child's Medicare Number _____

Does your Child have any allergies? No (go to the next question) Yes (please complete the following)

Has your child been diagnosed at risk of **anaphylaxis**? No Yes (please attach action plan)

Does your child have an auto injection (epipen) devise?

Has the anaphylaxis management policy for the centre been provided to you?

Has the risk minimisation plan been completed by the centre in consultation with you?

If you answer yes to any of the questions below you must provide a supporting letter from your local doctor.

Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any):

Other Allergies (please detail and specify the signs/symptoms to be aware of, if any)

Does your child have a history of illnesses or injuries? No (go to the next question) Yes (please provide details)

Does your child have any current medical conditions? No (go to the next question) Yes (please provide details)

Is your child currently on any prescribed medications? No (go to the next question) Yes (please provide details)

Does your child have any special needs? No (go to the next question) Yes (please provide details of management below)

Immunisation Details

To be eligible for Child Care Benefit, your children must meet the immunisation requirements if they are under the age of seven.

To meet the requirements, your child must be:

- fully immunised or up-to-date according to the Australian Standard Vaccination Schedule; or
- on a catch-up vaccination schedule; or
- you have an approved exemption for your child (see below).

Your child is exempt from the immunisation requirements in the following circumstances:

- you have been told by your doctor about the benefits and risks of immunising your child and you have a conscientious objection to immunising your child – your child's doctor or a recognised immunisation provider will need to complete a 'Medical Contraindication' form; or
- immunising your child with a particular vaccine is medically contraindicated; or
- the child has a natural immunity to a disease or a vaccine is temporarily unavailable; or
- you or your partner are a member of the Church of Christ Scientist and you have a letter from an official of the Church advising that you are a practicing member of the Church.

CCB & CCMS Information

To ensure that you are linked to our centre through the Child Care Management System ('CCMS') and to have Child Care Benefit ('CCB') applied to your child care fees, you must contact Centrelink to confirm that they have the correct name and date of birth for both the parent & child who are registered for CCB.

Please complete the following information accurately to ensure that your CRN is linked to our centre and to enable you to receive CCB:

Parent/Guardian Registered for CCB with Centrelink (details must be EXACTLY as per Centrelinks Records)

Full Name: _____

Date of Birth: _____ CRN: _____

Child Registered for CCB with Centrelink (details must be EXACTLY as per Centrelinks Records)

Full Name: _____

Date of Birth: _____ CRN: _____

Has this child attended another child care centre this financial year? Yes No

Is the child attending multiple child care centres? Yes No

Verification of Details held by Centrelink

I confirm that:

1. The information I have provided above is true and correct and that I have provided Centrelink with this same information.
2. I am responsible for communicating this information to Centrelink.
3. I understand that I am responsible for all fees charged by the centre in relation to this enrolment.
4. I understand that if any details are incorrect then full child care fees are payable by me directly to the centre until the details are corrected with Centrelink.

Name: _____ Signature: _____ Date: _____

Children in Care/Multiple Child CCB Percentage

If you have other children who are registered for CCB at another service, please complete the following information to ensure that you have the Multiple Child CCB Percentage applied to your account. As this information may change, we will ask you for updates periodically throughout the year to ensure the correct CCB percentage is applied.

Details of Other Children in Care

1. Full Name: _____ DOB: _____

2. Full Name: _____ DOB: _____

3. Full Name: _____ DOB: _____

4. Full Name: _____ DOB: _____

5. Full Name: _____ DOB: _____

Getting to know you

Child's full name _____

Preferred name _____

Has your child had regular separations from you? yes no

If so does he/she separate easily? _____

Do you have any concerns re your child's separation? _____

How does your child like to be comforted? _____

Sibling names and ages _____

Pet's & their name's _____

Are there any areas of your child's development that concern you? _____

Interests and activities that you share as a family. _____

Celebrations that are important to your family _____

Dietary requirements _____

Any other information about your child that you would like to share with us?
