



Little Rascals

CHILDCARE & OUTSIDE SCHOOL HOURS CARE

Little Rascals Out of School Hours Care Before / After School & Vacation Care

62 Sloan Drive Leda
P: 9419 7868
E: schoolies.leda@outlook.com

2 Budden Way Medina
P: 9439 6804
E: little.rascals.medina@gmail.com

Little Rascals Childcare Long Daycare

6 English Retreat Leda
P: 9439 2382
E: little.rascals.leda@gmail.com

26 Wanliss Street Rockingham
P: 9591 1645
E: littlerascalsrockingham@gmail.com

Additional Child Enrolment Form

ATTACHED DOCUMENT CHECKLIST

Please ensure ALL of the following documents are attached to this application upon submission

- Childs Birth Certificate
- Immunisation Records
- CCB / JET Eligibility Letter
- Court orders (if required)
- Medical Action Plan (if required)

Child's name:

Entered By:

Date:

Please complete all information in **BLOCK LETTERS** (Please note: Parents & Children have their own individual CRN)
 Please be aware that if information is incomplete, you may not be able to claim CCB / CCR from Centrelink. You
 will be charged **FULL FEES** until all information is updated and correct

CHILD DETAILS

Child CRN:		
First Name (s):	Middle Name (s):	
Surname:		
Preferred Name:		
Date of Birth:	Gender:	Male Female
Home Address:		
Country of Birth:		
Language (s) spoken at home:		

FAMILY INFORMATION:

Are there any court orders, parenting orders or plans in relation to the child/ren or access to the child/ren?
 YES NO If yes, please attach a copy of the documentation and give brief details.

Cultural Background: Aboriginal Torres Strait Islander

Other: (Please specify) _____

Language/s spoken at home: _____

Any cultural or religious requirements to be observed:

BOOKINGS REQUIRED:

	Monday	Tuesday	Wednesday	Thursday	Friday
Long Daycare					
Before School					
After School					

Start Date: _____

MEDICAL INFORMATION:

Doctor:	Medical Practice:
Phone Number:	Medicare Number:
Ambulance cover: Yes/ No Fund:	
Private Health: Yes/ No	Name of fund: Member Number:
Are your child's immunisations up to date? YES NO	Copy of Immunisation record attached YES NO

CHILD HEALTH INFORMATION:

	Child 1		Child 2		Child 3	
Does your child have allergies, intolerances or dietary restrictions?	Yes	No	Yes	No	Yes	No
Does your child have any medical conditions?	Yes	No	Yes	No	Yes	No
Does your child take any medication?	Yes	No	Yes	No	Yes	No
Does your child have an Action Plan?	Yes	No	Yes	No	Yes	No
Is your child at risk of Anaphylaxis?	Yes	No	Yes	No	Yes	No

Please give details of any medical conditions, additional needs, dietary needs etc. your child has.

Details	Action Required:

Does your child have a diagnosed disability or special needs? YES NO
If yes, please provide relevant details:

MORE ABOUT YOUR CHILD

BABIES:

Does your child have formula or breast milk? FORMULA BREAST MILK
Is your child able to : (PLEASE CIRCLE)

ROLL OVER SIT UNAIDED STAND UNAIDED WALK UNAIDED

TODDLERS:

Is your child toilet training YES NO
Is your child toilet trained YES NO

KINDY:

Is your child toilet trained YES NO
Can your child go to the toilet unassisted YES NO
Does your child sleep during the day YES NO

Can you give us any further information to assist us in providing the best possible care for your child ie; usual bedtime routine, sleep, comforters etc:

AUTHORISATIONS:

Photos and video footage

I / we give permission:

For photos and video footage to be taken of my / our child for centre use and staff training purposes (footage will not leave the centre).	YES NO
For photos and video footage of my / our child to be used in Learning Stories and to be shared with other families that attend the centre.	YES NO
For photos and video footage of my / our child to be used for student training purposes (photos and video footage may leave the centre for students to present to lecturer and class for viewing and marking).	YES NO
For photos and video footage of my / our child to be used on Little Rascals Childcare Centre's website, social media and in the monthly newsletter.	YES NO

Parent / Guardian Signature: Date:

Parent / Guardian Signature: Date: