



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
Before School					
After School					
Vacation Care					

Start Date: _____

Name of School: _____

Phone Number: _____ Fax: _____

Email Address: _____

Name of Principal: _____

Child's Year at School: _____

Child's Classroom number: _____

Teacher's Name: _____

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:

Does your child take any prescribed medication daily? Yes / No
If Yes, please provide any relevant details / documentation.

AUTHORISATIONS:

Photos and video footage

I / we give permission:

Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the centre).	YES	NO
Have SPF30+ sun cream applied prior to sun exposure.	YES	NO
Have band aids or sticking plasters applied when necessary.	YES	NO
Administer my child Panadol.	YES	NO
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 in Little Rascals Childcare Centre's monthly newsletter.	YES	NO
I/we give permission for my child to travel to and from the above named school, under the supervision of Little Rascals Childcare Centre staff	YES	NO

Parent / Guardian Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____

How did you hear about Little Rascals OSHC?

Please tick the relevant boxes.

Word of Mouth		Internet Search	
Website		Facebook	
Advertising		Other (Please explain):	
