

**Red Frog** 4 Early Childhood Education  
Enrolment Form Private and Confidential

Child's full name: \_\_\_\_\_ Male / Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on first day: \_\_\_\_\_ years \_\_\_\_\_ months

Home Address: \_\_\_\_\_ Postcode: \_\_\_\_\_ Commencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's year at School: \_\_\_\_\_ School attending: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ Telephone No. (H) \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Workplace: \_\_\_\_\_ Workplace: \_\_\_\_\_

Telephone No. (W) \_\_\_\_\_ Telephone No. (W) \_\_\_\_\_

Marital Status of Parents: Married/ defacto/ divorced/ separated/ widow/ single

Child lives with: both parents/ mother/ father/ other relatives/ other guardian

**Emergency Contact Persons:** (other than above)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Authorised to collect child: yes/ no

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Home Address: \_\_\_\_\_ Authorised to collect child: yes/ no

**Custodial Arrangements or Current Court Orders** (copy required) which may affect your child:

**Medical Information:** Injuries: \_\_\_\_\_

Allergies: (including food, sunscreen, medications, plants etc) \_\_\_\_\_

If yes, please provide details such as what the child is allergic to and what reaction occurs:

Has your child been diagnosed at risk of anaphylaxis? yes/ no (if yes please attach action plan) Has the anaphylaxis management policy for the Service been provided to you? Has the risk minimisation plan been completed by the Service in consultation with you?

Illnesses: \_\_\_\_\_

Special Needs/ Disabilities/ Fears \_\_\_\_\_

If a diagnosed disability please describe: \_\_\_\_\_

Special Cultural or Religious Requirements \_\_\_\_\_

Primary language of the family: \_\_\_\_\_

Is your child of Aboriginal **and / or** Torres Strait Islander descent: yes/ no

Other Important Information: (e.g. regular medication) \_\_\_\_\_

**Please circle if child has:** Is At Risk Disabled Parent Learning Needs  
Communication Needs Mobility Needs Interpersonal Needs

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Medicare No.: \_\_\_\_\_

The Service needs to maintain an up to date record of all children's immunisation. A **copy** of your **child's immunisation record** will need to be sighted and copied by the Service.

**Agreement and Consent: (please initial each paragraph when read and understood)**

Name of child concerned: \_\_\_\_\_

In consideration of Red Frog 4 Early Childhood Education accepting the above named child,

I/We the undersigned hereby acknowledge that:

- I/We authorise the Service (including all personnel employed by the Service) arranging the provision of medical treatment from a registered medical practitioner, hospital or ambulance service; and Transportation of said child by an ambulance service, including the administration of prescribed medications as considered necessary in cases of emergency or where I/We or the other nominated persons cannot be readily contacted, at my/our expense.
- I/We agree to the Service (including all personnel employed by the Service) administering one dosage only of Panadol Elixir in the event of the Child's body temperature rising above 37.5c.
- I/We consent to Administration of anaphylaxis and asthma medication in emergencies, including the use of the following medication in emergency situations: Adrenaline (Epipen) for treatment of anaphylaxis; and Salbutamol inhaler (Ventolin) for the treatment of acute asthma.
- I/We give permission for the Service (including all personnel employed by the Service) to apply sunscreen protection and insect repellent when appropriate.
- I/We give permission for the designated emergency contact person (listed on this form) to act on my behalf in the event of an emergency.
- I/We give permission for the Service (including all personnel employer by the Service) to remove the Child from the premises in case of an emergency arising (such as fire) and relocate them within the Red Frog building boundary if safe, or just outside if necessary, and my child to participate in monthly drill procedures.
- I/We agree to have child photographed during activity times for the purpose of displays, internal and external promotion.

**Payment Details:**

Is your family entitled to a Child Care Benefit? Yes / No

Name of Parent: \_\_\_\_\_ CRN: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

(9 digits + 1 letter)

Name of Child: \_\_\_\_\_ CRN: \_\_\_\_\_

Do you have children at any other services? Yes/ No. Name of Service:

\_\_\_\_\_ Has your child attended another Service during the current financial year? Yes/ No

**Days Required: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

**Before/After School Care Required: MON TUES WED THURS FRI**

**Vacation Care/Pupil Free Days required? Yes / No**

**How did you find out about Red Frog 4 Early Childhood Education?**

Word of Mouth Sign Yellow Pages Local Directories Argus Other \_\_\_\_\_

Why did you choose Red Frog? \_\_\_\_\_

**Declaration: (please initial each paragraph when read and understood)**

- I/We agree to collect my child promptly (within ½ hour) if my child becomes unwell.
- I/We agree to give one weeks notice of intention to withdraw my child from the Service.
- I/We agree to pay fees at least up to date in current week and normal fees are payable at all times including any period of absence for my child's illness, holidays or for any reason whatsoever.

Parent/s Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/s Print Name: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY**

Enrolment Form date rec: \_\_\_\_/\_\_\_\_/\_\_\_\_ CCB Details: \_\_\_\_ CCR: Service / Other Data entered: \_\_\_\_

Pocket label: \_\_\_\_ Copy Immunisation Record: \_\_\_\_ Copy of HCC if applicable : \_\_\_\_