



# Mother Goose Day Nursery

13 Paterson Road, Bolwarra.

Phone: 49303311 Fax: 49300722

## Enrolment Form

Commencement Date: \_\_\_\_\_

Child's Full Name		Called	
Former Names of the child			
Date of Birth		Country of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Religion	
Residential Address			
Is your child Aboriginal or Torres Strait Islander origin?	<input type="radio"/> No <input type="radio"/> Yes, Aboriginal <input type="radio"/> Yes, Torres Strait Islander		

Mothers / Guardians Full Name		Date of Birth	
Names previously known as			
Place of Work		Phone (H)	
Work Address		Phone (W)	
Email Address		Mobile:	
Residential Address			

Fathers / Guardians Full Name		Date of Birth	
Names previously known as			
Place of Work		Phone (H)	
Work Address		Phone (W)	
Email Address		Mobile:	
Residential Address			

Siblings/Children living in the same home:		
	DOB:	Gender:
	DOB:	Gender:
	DOB:	Gender:
	DOB:	Gender:

Languages (other than English) spoken at Home:

Are there any court orders affecting your child's custody or residence? Yes / No

If yes, please provide a certified copy of the court order, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child (*Please note that unless a certified copy is provided access cannot be denied to another parent*).

Details: \_\_\_\_\_  
\_\_\_\_\_

Is there any other information that we may need to know regarding your child ie: Additional needs, family values, fears, likes / dislikes, anything that will help us understand your child better?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Care Needed for my Child:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					

Reason for required care:

- ☐ Parent is Working / Training / Student
- ☐ Child with a disability
- ☐ Child at risk
- ☐ Parent at home with children

### Permission to collect child/ren

Proof of ID will be required. I give permission for the following people to have access to my child: This person will only be contacted or asked to collect your child, if the parents cannot be reached, in the case of illness or incident.

<b>Authorised Nominee Name:</b>			
Address			
Phone (H):	Phone (W):	Mobile:	
Relationship to child			
<input type="checkbox"/> Visit while in care	<input type="checkbox"/> Be notified of incident/ illness		
<input type="checkbox"/> Pick up	<input type="checkbox"/> Advice on Medication/provide		
<input type="checkbox"/> Drop off	<input type="checkbox"/> Permission for excursion		

## Permission to collect child/ren continued:

Proof of ID will be required. I give permission for the following people to have access to my child:

Name			
Address			
Phone (H):	Phone (W):	Mobile:	
Relationship to child			
<input type="checkbox"/> Visit while in care	<input type="checkbox"/> Be notified of incident/ illness		
<input type="checkbox"/> Pick up	<input type="checkbox"/> Advice on Medical treatment		
<input type="checkbox"/> Drop off	<input type="checkbox"/> Permission for excursion		

Name			
Address			
Phone (H):	Phone (W):	Mobile:	
Relationship to child			
<input type="checkbox"/> Visit while in care	<input type="checkbox"/> Be notified of incident/ illness		
<input type="checkbox"/> Pick up	<input type="checkbox"/> Advice on Medical treatment		
<input type="checkbox"/> Drop off	<input type="checkbox"/> Permission for excursion		

Name			
Address			
Phone (H):	Phone (W):	Mobile:	
Relationship to child			
<input type="checkbox"/> Visit while in care	<input type="checkbox"/> Be notified of incident/ illness		
<input type="checkbox"/> Pick up	<input type="checkbox"/> Medication		
<input type="checkbox"/> Drop off	<input type="checkbox"/> Permission for excursion		

**Please complete the following:**

Are you eligible for Childcare Benefit (CCB) and/or Childcare Rebate (CCR)? (Please circle)	Yes / No
How many children are in care?	
Do you use another childcare service?	Yes / No
Who is liable for the cost of care and payment of fees?	
Who can claim the CCB?	
Child's Customer Reference Number:	
Parent/Guardian claiming the CCB Customer Reference Number:	

---

I have filled out and attached the following documents:

- ☐ Medical form
- ☐ Routine information
- ☐ Immunisation History Statement, showing all immunisations are up to date
- ☐ Certified copy of child's birth certificate
- ☐ Certified copy of court order, parenting orders or parenting plans etc
- ☐ I have read and understand the Philosophy, Policies and Procedures of your service and I agree to the terms outlined in these.
- ☐ I agree for my child's photo to be taken and used in developmental records, class dojo, Centre displays, Centre's website, newsletters, promotions, Centre photo days and for craft activities; Media Permission Note is attached.
- ☐ I give permission for the information provided upon enrolment, to be shared with my child's primary educators, so that they may provide the best standard of care possible for my child.

Mother Goose Day Nursery uses face book and Class Dojo to keep parents up to date.

**Parent/Guardian who is liable for payment of fees**

Signed:

Print Name:

Date:

**Witness**

Signed:

Print Name:

Date:



# Mother Goose Day Nursery

13 Paterson Road, Bolwarra.

Phone: 49303311 Fax: 49300722

## Medical Form

Childs Full Name: \_\_\_\_\_

Medicare No.			
Ambulance Fund Provider		Membership No.	
Health Fund Provider		Membership No.	

### Doctor's Details

Name: \_\_\_\_\_

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

Phone No: \_\_\_\_\_

### Dentist's Details

Name: \_\_\_\_\_

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

Phone No: \_\_\_\_\_

Details of any medication required on a regular basis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: If medication is required then a medication consent form must be completed.**

Details of any side effects to this medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information regarding your child's health in the past or present that we may need to know?

- ☐ Has your child ever had a febrile convulsion
- ☐ Does your child have a medical condition
- ☐ Has your child been diagnosed as at risk of anaphylaxis
- ☐ Does your child have and food restrictions, allergies to grass, insects, pollen etc
- ☐ Does your child display challenging behavior
- ☐ Does your child have regular specialist appointments e.g. Speech.

*If you answered yes to any of the above please provide details, please note a risk minimisation plan will be needed if your child suffers from Asthma, diabetes or anaphylaxis.*

---

---

---

---

I give permission for these products to be used if needed:

- ☐ Sunscreen (it will be the parent's/guardian's responsibility to apply sunscreen prior to arrival at the Centre. Please see the Sun Smart Policy for further details).
- ☐ Aero guard
- ☐ I understand that nappy rash cream and teething gel can only be applied if provided by the parents in advance and will only be used in accordance with the direction on the package. Parents will be notified of times that these products have been used, as stated in our policies.

Our Health, Immunisation & Hygiene Policy states that we do not administer Panadol. The reasons for this are clearly outlined in our policy. If you have a concern after reading this policy or any other policy please make an appointment to discuss these issues with our Manager. Your child's well being and care was taken into consideration when forming our policies and we are happy to discuss this with you.

In case of an emergency, illness or accident:

I give permission for an ambulance to be called for my child.

I give permission for Mother Goose Day Nursery to seek emergency medical treatment.

I give permission for Mother Goose Day Nursery to seek emergency hospital treatment.

I give permission for Mother Goose Day Nursery to seek emergency dental treatment.

Signed: \_\_\_\_\_

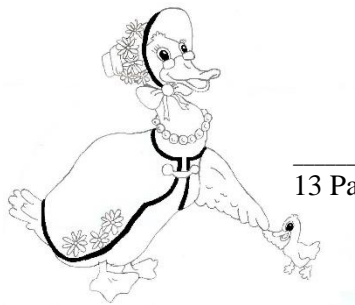
Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



# Mother Goose Day Nursery

13 Paterson Road, Bolwarra 2320 Phone: (02) 49303311 Fax: (02) 49300722

E: [mgdn@mothergoosedaynursery.com.au](mailto:mgdn@mothergoosedaynursery.com.au)

## Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny (please circle) permission for **Mother Goose Day Nursery** to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs and or images taken of my child for use in materials that include, and digital images such as those on the **Mother Goose Day Nursery's** Web site.

- ☐ Deny permission to use my child's image at all.
- ☐ Grant permission to use my child's image in the following ways (mark all that apply):
  - ☐ **Limited usage:** I agree to having my child's image used within the **Mother Goose Day Nursery** setting only, (not in the larger community) This includes documentation within the room, Dojo, portfolios and program evaluations (this may include the child's first name only).
  - ☐ **Unrestricted usage:** I give unrestricted permission for my child's image to be used on facebook. I agree that these images may be used by **Mother Goose Day Nursery** for media without further notifying me. I do understand that the child's last name will not be used in conjunction with any digital images.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name): \_\_\_\_\_

*Please make a copy of this form for your own records and either attach the original form to your enrolment form (upon enrolment) or hand into the office.*

*If you have questions, please contact Sharron Thomas on (02) 4930 3311.*



## Stay connected on ClassDojo!

In an effort to increase communication and involvement with our families, we have decided to introduce ClassDojo. This is a private communication platform that will allow insight into each child's day. This will replace the Day Book that we currently share with families.

I'd like all families to join us by signing up for a parent account on ClassDojo! You can use it on any device: it's a simple, free mobile app for iOS and Android, and can also be accessed from your computer at [classdojo.com](http://classdojo.com). I'll need your email address or mobile phone number to invite you. Feel free to reach out with any questions.

Find out more about why we're excited to use ClassDojo, and how it is safe and simple:  
[classdojo.com/learnmore](http://classdojo.com/learnmore)

[www.classdojo.com/privacycenter1se3e](http://www.classdojo.com/privacycenter1se3e)

---

**Please send my ClassDojo invite to...**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone number (optional):** \_\_\_\_\_

**Your child's name:** \_\_\_\_\_

---

I give permission for my child \_\_\_\_\_ to appear on ClassDojo, class story. I understand this is a private, educational, sharing app and will only be viewed by approved parents and staff at Mother Goose Day Nursery. By signing this I am agreeing to abiding by the Class Dojo Policy guidelines (see policy book).

**Parent/Caregivers name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



# Getting to know your Child

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Routine

Please include things such as:

- normal time your child wakes in the morning.
- goes to bed of a night.
- routine before day time nap and how long they would sleep for.
- meals and snacks.
- has unsettled periods.
- takes medication, or anything else that we can do that you do at home.

This helps us meet your child's needs and maintain the same structure that your child is used to at home. It is important for your child's happiness and well being in the long term.

### Morning

6.00 am

7.00 am

8.00 am

9.00 am

10.00 am

11.00 am

### Lunch

12.00 pm

1.00 pm

Afternoon

2.00 pm

3.00 pm

4.00 pm

5.00 pm

6.00 pm

7.00 pm

8.00 pm

*My child sleeps in a:*

- ☐ Cot
- ☐ Bed
- ☐ Other please give

details\_\_\_\_\_

*I help my child get to sleep*

*by*\_\_\_\_\_

*My child has the following dietary requirements: e.g. dislikes, likes, allergies, vegetarian, religious or cultural needs.*

---

---

---

---

My child has their food: (for infants please list food that your child has eaten successfully)

---

---

---

---

- ☐ Only Formula in bottle      \_\_\_\_\_ mls each feed.
- ☐ Pureed
- ☐ Mashed
- ☐ Cut up
- ☐ Independent

 I would describe my child's reaction to being separated from me as:

---

---

---

---

 I would describe my child's social interactions as:

---

---

---

 My child's interests are:

---

---

---

---

 We celebrate the following at home:

---

---

---

 Our cultural or religious beliefs mean that my child needs:

---

---

---

 My child is afraid of:

---

---

---

---

**My child's toilet routine:**

- ☐ Still in nappies
- ☐ Needs to be reminded
- ☐ Shows indication or uses a special word
- ☐ Needs help
- ☐ Independent

 **Other habits or information about my child:**

---

---

---

---

---

 **I have the following skills that I would like to share with children:**

---

---

---

---

 **Why I chose this Centre:**

---

---

---

---

 **What I hope my child will gain from attending this Centre:**

---

---

---

 **I would like to know the following information about my child's day:**

---

---

---