

**RE-ENROLMENT INFORMATION - 2012**

**To confirm placement with Samaritans Five Star Family Day Care in 2012 please complete this form fully and return to your educator or our office at PO Box 568 Cessnock 2325 or PO Box 263 Singleton 2330**

**PARENT/GUARDIAN 1 (Primary claimant for CCB/CCR)**

(Mrs, Ms, Miss, Mr)

Name \_\_\_\_\_

DOB: \_\_\_\_\_

Cultural Background: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

Ph: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

\_\_\_\_\_ (mobile)

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Hours of work    fulltime    parttime    casual

FAO CRN: \_\_\_\_\_

**SPOUSE/PARTNER 1**

(Mrs, Ms, Miss, Mr)

Name \_\_\_\_\_

DOB: \_\_\_\_\_

Cultural Background: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

Ph: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

\_\_\_\_\_ (mobile)

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Hours of work    fulltime    parttime    casual

**PARENT/GUARDIAN 2**

(Mrs, Ms, Miss, Mr)

Name \_\_\_\_\_

DOB: \_\_\_\_\_

Cultural Background: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

Ph: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

\_\_\_\_\_ (mobile)

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Hours of work    fulltime    part-time    casual

**SPOUSE/PARTNER 2**

(Mrs, Ms, Miss, Mr)

Name \_\_\_\_\_

DOB: \_\_\_\_\_

Cultural Background: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

Ph: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

\_\_\_\_\_ (mobile)

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Hours of work    fulltime    part-time    casual

**Reason for care:** (please circle)    Work / Study / Seeking Work / Disability (parent or child) / Respite

Are any Guardianship or Court Orders currently in force in relation to the child/children enrolled for care? **YES/NO**

**PLEASE NOTE** a copy of Guardianship Orders will need to be provided to the Scheme before access can be denied to a natural parent of the child/children. Please discuss your placement responsibilities with the Co-ordinator

**Would you like to comment on the care received during 2011?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT NUMBERS AND COLLECTION OF CHILD**

In the event of me being unable to be contacted or to collect my child/children from care **\*my spouse/partner** and/or the following persons may be contacted and may collect my child/children from care (\*delete if necessary) (please ensure the persons nominated are made aware that they may be contacted by the service in an emergency, are known to the child/children, and they are available and have appropriate transport to collect the child/children if necessary. Any changes to the persons nominated at any time should be notified **in writing**.)

NAME	ADDRESS	RELATIONSHIP TO CHILD	PHONE No.s
(1) _____	_____	_____	_____ (H) _____ (W) _____ (M)
(2) _____	_____	_____	_____ (H) _____ (W) _____ (M)

**CHILD/REN DETAILS**

NAME	FAO CRN	MEDICARE No.	IMMUNISATION UPDATED?
(1) _____	____/____/____	_____	Yes/No
(2) _____	____/____/____	_____	Yes/No
(3) _____	____/____/____	_____	Yes/No
(4) _____	____/____/____	_____	Yes/No

**What are your current care arrangements?**      **Current Educator/s** \_\_\_\_\_

Permanent / Casual / Roster / School Aged Care (please circle)

**Days (please circle)**    **M**    **T**    **W**    **Th**    **F**    **W/end**

**Hours:**      **From** \_\_\_\_\_

**To**      \_\_\_\_\_

**Do you require additional care? YES NO**    If yes, please contact the service office to discuss your needs.

Does your child/children identify as Aboriginal and/or Torres Strait Islander?      Aboriginal / TSI / NA

Does your child/children have a diagnosed disability or special need?      YES/NO \_\_\_\_\_

**MEDICAL DETAILS**

Doctor's Name \_\_\_\_\_ Surgery \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Surgery \_\_\_\_\_ Phone \_\_\_\_\_

**ASTHMA/ALLERGIES/SPECIAL DIET/CHRONIC HEALTH PROBLEM/MEDICATION/CURRENT MEDICAL TREATMENT:** (please note separate forms may need to be completed for certain conditions)

CHILD 1 \_\_\_\_\_ CHILD 2 \_\_\_\_\_

CHILD 3 \_\_\_\_\_ CHILD 4 \_\_\_\_\_

<b>Parent Name:</b> _____	<b>Parent Signature:</b> _____	<b>Date:</b> _____
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