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## Yarrunga Community Centre Child Care Registration Form

We really appreciate you taking the time to fill in this form. If you have any queries or concerns when filling out the form please ask us for assistance. This information will help us to understand your child and provide them with the best possible care. Please let us know of any changes of address, phone number, immunizations or care arrangements as soon as possible.

Thank you.

Date Enrolled

Date Started

Date Left

### Child's Information

Child's Name: \_\_\_\_\_  
(Given Names) (Surname)

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

Telephone No: \_\_\_\_\_ Birth Date: / / Age: \_\_\_\_\_ Sex: M/F

Language/s Spoken at Home: \_\_\_\_\_

Sibling/s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F

### First Parent Information

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

Surname: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Language Spoken at Home: \_\_\_\_\_

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

(if differs from above)

### Second Parent Information

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

Surname: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Language spoken at home: \_\_\_\_\_

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

(if differs from above)

**Custody Arrangements** (Where applicable)

Details of custody/access arrangements : (If Applicable) \_\_\_\_\_

Copy of custody order is attached: (please circle) Yes No

**Emergency Contact (If Neither Parent nor Guardian Available)**

Name 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Person to contact in case of: Accident  Injury  Illness  or Trauma

Name 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Person to contact in case of: Accident  Injury  Illness  or Trauma

**The following people are also authorized to collect child**

First Person

Second Person

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

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

Phone: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ Phone: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

**Background Information**

Child's Country of Birth: \_\_\_\_\_

Parent's Country of Birth: \_\_\_\_\_

How Long has your family been in Australia? \_\_\_\_\_

Has there been any prior separations from home including previous care?  
\_\_\_\_\_

**Other**

What activities does your child particularly enjoy? (eg. Painting, puzzles, music, etc)  
\_\_\_\_\_

Is your child particularly frightened of anything? (eg. Animals, closed doors etc.)  
\_\_\_\_\_

Does your child have a favourite toy or belonging?  
\_\_\_\_\_

Any other comments about your child that you feel might help us to understand him/her?  
\_\_\_\_\_

## Child's Medical Record

Maternal & Child Health Centre Attended: \_\_\_\_\_

What communicable diseases has your child had (*please tick*)

German Measles

Chicken Pox

Measles

Whooping Cough

Mumps

Others \_\_\_\_\_

Any serious illness or hospitalization? \_\_\_\_\_

Does the child have any known allergies? (asthmas, hay fever, food, insect bites etc.)

Has your child had a convulsion?

Has your child had a convulsion with a high temperature?

Is your child taking any medication?

Is the medication current?

Any other conditions staff should be aware of? (eg: diabetes, bronchitis, epilepsy)

## Child Immunization Record

Has the child been immunized? No  Yes  If yes, provide the details by:  
 Attaching a copy of the Immunization Record form from the Child Health Record book OR  
 Attaching a copy of the Immunization Record printout from local government OR  
 Completing the table below using the child's Immunization Record to provide the dates of immunizations received.

| Immunization                       | 2 months | 4 months | 6 months | 12 months | 18 months | 4 to 5 years |
|------------------------------------|----------|----------|----------|-----------|-----------|--------------|
| DTP (Diphtheria/Tetanus/Pertussis) |          |          |          |           |           |              |
| CPV (oral Polio Vaccine- Sabin)    |          |          |          |           |           |              |
| MMR (Measles, Mumps, Rubella)      |          |          |          |           |           |              |
| Hib-TITER OR Hib PedvaxHIB         |          |          |          |           |           |              |
| Meningococcal C                    |          |          |          |           |           |              |

You may have also purchased additional immunizations for the child. If so please provide dates these have been given:

|                                |   |   |   |
|--------------------------------|---|---|---|
| Hepatitis B (three injections) | 1 | 2 | 3 |
| Childhood Pneumococcal Vaccine |   |   |   |
| Chicken Pox                    |   |   |   |

### **Medical Contacts**

Child's Family Doctor : \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Hospital: (which one would you prefer?) \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Do you have a current ambulance subscription (*please circle*)    Yes    No  
Do you have a health care card?    Yes    Card No. \_\_\_\_\_    No

### **Privacy Statement**

Yarrunga Community Centre childcare is bound by the current State & Federal Privacy Regulations. The information we collect is to enable us to contact you if necessary and is used to assist in providing relevant programs and services within this centre. This information is not disclosed to a third party without your permission. If you wish to see a full copy of the Centre's privacy policy please ask the Co-ordinator.

### **Authorization**

I/We consent to emergency medical, hospital or ambulance service being obtained at my expense in the event of my child's sudden illness, or an accident occurring to my child.

I/We consent to my emergency contact/s being contacted to collect my child from the Centre in the event that an emergency prevents myself or other usual person/s from collecting my child prior to the usual closing time and from contacting the Centre to make alternative arrangements.

I/We also consent to my child being evacuated from the Centre, under the supervision of Yarrunga Community Centre staff, in the event of an emergency or fire drill.

I/We acknowledge and agree to abide by the policies and procedures set down in the Centre Handbook and accept the conditions of enrolment at Yarrunga Community Childcare Centre for our child. I also consent to childcare staff taking photographs of my child for display in and around the Centre only.

**Signature of First Parent**.....    **Date**.....

**Signature of Second Parent**.....    **Date**.....

***Thank you for helping us care for your child. We welcome your comments and are happy to discuss our service with you at any time.***