

# Armidale & District Family Day Care

95 Faulkner St (P O Box 951), Armidale NSW 2350

Ph: 02 6772 5300; 0417 550 072

E: admin@afdc.org.au



## ENROLMENT FORM

### Primary Parent/Guardian Information

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

Are you known by any other names, including maiden name?

\_\_\_\_\_

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

Postal Address: \_\_\_\_\_ Town: \_\_\_\_\_

Ph: \_\_\_\_\_ M: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_ Parent CRN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Medicare Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

*(Please be aware that this is the address to which your electronic PIN and fortnightly Payment Advices will be sent by the Service)*

Place of Work/Study: \_\_\_\_\_

W/ Ph: \_\_\_\_\_ Occupation: \_\_\_\_\_

Country of Birth \_\_\_\_\_

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

### Other Parent/Guardian Information

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

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

Ph: \_\_\_\_\_ M: \_\_\_\_\_

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

*(Please be aware that this is the address to which your electronic PIN will be sent by the Service)*

Place of Work/Study: \_\_\_\_\_

W Ph: \_\_\_\_\_ Occupation: \_\_\_\_\_

Family Status:      Married      Defacto      Separated      Single

Country of Birth \_\_\_\_\_

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

**Emergency Contact Details: (This person/s MUST be 18yrs or older)**

**Please note:** Parents will be called first. Emergency Contact ,will be called if parent/s can not be contacted.

1. Name/s: \_\_\_\_\_

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

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

\_\_\_\_\_ (M) Email: \_\_\_\_\_

*\*(Please be aware that this is the address to which the person's electronic PIN will be sent by the Service)*

Relationship to family/child: \_\_\_\_\_

This person is authorised to:

Collect the child/ren from the AFDC Educator; Yes/No

Consent to medical treatment for the child/ren from a registered medical practitioner, hospital or ambulance service; Yes/No

Authorise the administration of medication for the child/ren by our service's approved provider, nominated supervisor or educator; Yes/No

Consent to transportation of the child/ren by an ambulance service. Yes/No

**I have gained permission from the above to act in this capacity** \_\_\_\_\_

*(Please initial)*

2. Name/s: \_\_\_\_\_

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

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

\_\_\_\_\_ (M) Email: \_\_\_\_\_

*\*(Please be aware that this is the address to which the person's electronic PIN will be sent by the Service)*

Relationship to family/child: \_\_\_\_\_

This person is authorised to:

Collect the child/ren from AFDC Educator ; Yes/No

Consent to medical treatment for the child/ren from a registered medical practitioner, hospital or ambulance service; Yes/No

Authorise the administration of medication for the child/ren by our service's approved provider, nominated supervisor or educator; Yes/No

Consent to transportation of the child/ren by an ambulance service. Yes/No

**I have gained permission from the above to act in this capacity** \_\_\_\_\_

*(Please initial)*

**People authorised to deliver/collect child/ren: (This person/s MUST be 18yrs or older).**

**Please note:** Parents/s are automatically authorised to drop off & pick up their children unless Court Orders are in place which state otherwise.

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

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

\_\_\_\_\_ (M) Email: \_\_\_\_\_

*\* See Emergency Contact Note.*

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

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

\_\_\_\_\_ (M) Email: \_\_\_\_\_

*\* See Emergency Contact Note.*

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

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

\_\_\_\_\_ (M) Email: \_\_\_\_\_

*\* See Emergency Contact Note.*

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parents should be aware that in the case of an emergency, the Educator is authorised to call an ambulance, and parents are liable for all costs incurred.**

**Does the family have ambulance cover? Yes / No**

- **Have you read and understood the Conditions of Contract? Yes/No**
- **Do you agree to abide by the Conditions of Contract? Yes/No**
- **Do you understand that the payment of all fees is mandatory? Yes/No**

Name (please print): \_\_\_\_\_

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