



**CONFIDENTIAL**

**PERSONAL HISTORY**

25 Rose Valley Drive,  
UPPER COOMERA Q 4209  
Ph: (07) 5519 3476

Email: [ydhr@youngdiscoverers.org.au](mailto:ydhr@youngdiscoverers.org.au)  
[www.youngdiscoverers.org.au](http://www.youngdiscoverers.org.au)  
ABN: 43 139 430 934

The following information that we seek is quite lengthy. Please take your time and ensure that all information requested is provided fully. This information is essential in ensuring your child receives informed quality care at our Centre.

We may share your information with emergency contacts, educators and government departments, such as the Department of Education, Centrelink, Department of Communities etc., as required and in accordance with the Privacy Act (1988), as part of permissions collected during enrolment processes.

Upon completion, this paperwork becomes the "Complying Written Arrangement" which is required for receipt of Childcare Subsidy. Individual enrolment details need also to be **CONFIRMED** through your "MyGov" account, ideally prior to first day of attendance...

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

**FAMILY NAME OF CHILD:** \_\_\_\_\_

**GIVEN NAMES OF CHILD:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Child CRN:** \_\_\_\_\_ **Gender:**  Male  Female

Date of Entry to Centre: \_\_\_\_\_ Aboriginal  Yes  No

Age at First Attendance at Centre: \_\_\_\_\_ Torres Strait Islander  Yes  No

Days Enrolled: \_\_\_\_\_ **Enrolment Type:** Routine Sessions with Casual Care permitted...

Fee Schedule: For current Fee pricing please refer to the Daily Fee Schedules on display at Reception

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

**The following Session options are available and are dependent upon each family's individual Childcare Subsidy Entitlements.**

Please speak with our Office Staff to calculate your best option to ensure receipt of maximum benefits...

|               |  |  |
|---------------|--|--|
| <b>9 Hrs</b>  | <b>8.00am – 5.00pm</b>                                   |  |
| <b>10 Hrs</b> | <b>7.30am – 5.30pm</b>                                   |  |
| <b>12 Hrs</b> | <b>6.30am – 6.30pm</b>                                   |  |
| <b>*Other</b> | <i>* Our office staff will help you with this option</i> |  |

Customer/Guardian details for Child Care Subsidy:

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

**Date of Birth:** \_\_\_\_\_ **Centrelink Health Care Card:**  Yes  No

**Family CRN:** \_\_\_\_\_ **CRN belongs to:**  Guardian #1  Guardian #2

**CHILD CARE SUBSIDY**

To be eligible to receive any Child Care Subsidy entitlements you must ensure that all details on the front page of this form are filled in completely and correctly.

If you have any issues or questions regarding Child Care Subsidy go to [www.education.gov.au/childcare](http://www.education.gov.au/childcare) or contact Centrelink on **13 6150**

**FAMILY COMPOSITION AND HISTORY**

**MOTHER/GUARDIAN #1 NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

**PHONE HOME:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

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

(Use this email address for my weekly statement)  Yes  No

Country of Birth: \_\_\_\_\_ Australian Citizen  Yes  No

Ethnic/Cultural Background: \_\_\_\_\_ Aboriginal  Yes  No

If not born in Australia, how long in Australia: \_\_\_\_\_ Torres Strait Islander  Yes  No

**FATHER/GUARDIAN #2 NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

**PHONE HOME:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

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

(Use this email address for my weekly statement)  Yes  No

Country of Birth: \_\_\_\_\_ Australian Citizen?  Yes  No

If not born in Australia, how long in Australia: \_\_\_\_\_ Aboriginal  Yes  No

Ethnic/Cultural Background: \_\_\_\_\_ Torres Strait Islander  Yes  No

**Languages spoken:**

At home between parents \_\_\_\_\_ With child \_\_\_\_\_

**Please indicate any of the following that apply to your child:**

Child lives in a family situation with adults such as:

Two natural parents  Yes  No

Mother only  Yes Father only  Yes

Natural Mother with Father figure  Yes  No

Natural Father with Mother figure  Yes  No

Other care environment? \_\_\_\_\_

Do both parents have legal custody of the child?  Yes  No

If not, who does? \_\_\_\_\_ **(Please attach a custody order, if relevant)**

Any other relevant comments? \_\_\_\_\_

**EMERGENCY CONTACT (One) - In case primary carers cannot be contacted;  
Two required by law**

FULL NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Please tick all statements that apply to this contact:**

- This person is an authorised nominee to collect my child from the centre.
- And to give permission to another person to collect my child from the centre.
- This person is authorised to consent to medical treatment & administration of medication, & to sign incident reports for my child.
- This person is authorised to give permission to an educator to remove my child from the centre for excursion or medical treatment from a medical practitioner, hospital or ambulance service

**EMERGENCY CONTACT (Two) - In case primary carers cannot be contacted;  
Two required by law**

FULL NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Please tick all statements that apply to this contact:**

- This person is an authorised nominee to collect my child from the centre.
- And to give permission to another person to collect my child from the centre.
- This person is authorised to consent to medical treatment & administration of medication, & to sign incident reports for my child.
- This person is authorised to give permission to an educator to remove my child from the centre for excursion or medical treatment from a medical practitioner, hospital or ambulance service

**EMERGENCY CONTACT (Three) - In case primary carers cannot be contacted;**

FULL NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Please tick all statements that apply to this contact:**

- This person is an authorised nominee to collect my child from the centre.
- And to give permission to another person to collect my child from the centre.
- This person is authorised to consent to medical treatment & administration of medication, & to sign incident reports for my child.
- This person is authorised to give permission to an educator to remove my child from the centre for excursion or medical treatment from a medical practitioner, hospital or ambulance service

**EMERGENCY CONTACT (Four) - In case primary carers cannot be contacted**

FULL NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Please tick all statements that apply to this contact:**

- This person is an authorised nominee to collect my child from the centre.
- And to give permission to another person to collect my child from the centre.
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**Have there been any major changes in your family recently?** *Please tick or explain*

New baby \_\_\_\_\_  
Separation of parents \_\_\_\_\_  
Death in family \_\_\_\_\_  
Moving house \_\_\_\_\_  
Other \_\_\_\_\_

**Tell us about your child:** *Parents/Guardians perceptions (feel free to attach pages as required)*

How do you expect your child to react when starting at the Centre? \_\_\_\_\_  
\_\_\_\_\_

In what ways do you consider attendance at the Centre might help your child? \_\_\_\_\_

Will attendance create problems for you in any way? \_\_\_\_\_

How would you describe your child's character? \_\_\_\_\_

Why did you choose this Centre for your child? \_\_\_\_\_

Would you be willing to assist in the program occasionally? \_\_\_\_\_

Has your child attended Kindy/Pre School/Child Care/Family day care before? If yes, please specify  
\_\_\_\_\_

Where do you expect your child will be attending next year? \_\_\_\_\_

Is your child particularly frightened of anything? (e.g. animals, closed doors etc.) \_\_\_\_\_

Are there any objects your child likes to carry for security? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have a need for additional assistance, compared to children of a similar age, that could require long term support (more than 6 months) relating to:

- Learning and applying knowledge \_\_\_\_\_
- Communication \_\_\_\_\_
- Mobility \_\_\_\_\_
- Self Care \_\_\_\_\_
- Interpersonal interactions and Relationships \_\_\_\_\_
- Other \_\_\_\_\_

Is your child:

- Culturally or linguistically diverse \_\_\_\_\_
- From a refugee or other traumatic background \_\_\_\_\_
- Being supported by a child protection worker \_\_\_\_\_
- In the care of the State \_\_\_\_\_

**How would you generally describe your child when playing at home?**

Independent (occupies self) \_\_\_\_\_

Quiet (likes own company and passive) \_\_\_\_\_

Active (outgoing and boisterous) \_\_\_\_\_

Are you having any behavioural challenges at home? \_\_\_\_\_

How does your child react to being away from you for a while? \_\_\_\_\_

How does your child interact with other adults? \_\_\_\_\_

How does your child interact with other children? \_\_\_\_\_

Do you have any other information about your child that you feel might help us to understand him or her better? \_\_\_\_\_

**Was the birth of your child? (Please tick)**

pre term

full term

normal

difficult

If difficult or pre-term please specify: \_\_\_\_\_

Has your child ever had any serious illnesses or accidents?  Yes  No

If yes please specify: \_\_\_\_\_

Has your child ever been hospitalised?  Yes  No

If yes please specify: \_\_\_\_\_

For how long: \_\_\_\_\_ At what age: \_\_\_\_\_

Is your child under medical treatment at present?  Yes  No

If yes what for? \_\_\_\_\_

**Development History**

At what age did your child:

Crawl \_\_\_\_\_

Walk \_\_\_\_\_

Feed self \_\_\_\_\_

Talk in sentences \_\_\_\_\_

**Your Child's Health:**

Do you have a family doctor?  Yes  No

Family Doctor's Name and Address: \_\_\_\_\_

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

In the event of your child requiring immediate medical attention and a parent cannot be contacted, do you wish the Centre to:

Contact a doctor at your cost?  Yes  No

Contact the hospital at your cost?  Yes  No

**Child's Medicare Number:** \_\_\_\_\_

Does your child have any medical conditions? For example allergies, risk of anaphylaxis, Asthma?

What are the symptoms and treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a Medical Action Plan for the above medical condition?

No  Yes (Please attach)

If you answered YES to the above question please confirm below that you have received and read the centre's Medical Conditions and Medication Policy contained within the Parent Handbook...

I, \_\_\_\_\_ confirm that I have received and read the centre's Medical Conditions & Medication Policy.  No  Yes

Parent /Guardian Signature: \_\_\_\_\_

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

**Eating Habits:**

Does your child have any eating problems? \_\_\_\_\_

What foods are refused? \_\_\_\_\_

Does your child have food allergies not listed above? If so what, and what are the symptoms?

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

Does your child have any special diet you would like us to be aware of?  Yes  No

\_\_\_\_\_

**Toilet Habits:**

Is your child toilet trained?  Yes  No

What word does he / she use for - urination? \_\_\_\_\_

- bowel movement? \_\_\_\_\_

Does your child still wet at nights?  Yes  No

Is your child frightened of the bathroom?  Yes  No

**Sleeping Habits:**

What time does your child go to bed? \_\_\_\_\_ Pm Wake? \_\_\_\_\_ Am

Does he/she usually have an afternoon sleep? \_\_\_\_\_

If so, approximately from / to what time? \_\_\_\_\_

How does your child like to go to sleep? (eg. with a special toy, rug, dummy, likes to be patted, read to, listens to music, left alone, etc.) \_\_\_\_\_

**Does your child have any other needs not yet mentioned?**

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

**Special things about your child:**

Are there any special people in your child's life (other than yourselves of course) that your child may speak about at kindy. Eg. brothers and sisters, grandparents or a special friend that you would like us to know the names of?

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Does your child have any particular interests that you would like to tell us about?

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Does your child have a nickname or shortened name you would like us to use?

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Do you celebrate any particularly cultural or religious festivals that you would like us to acknowledge in our program?

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**Photos and online permission:**

- I give permission for my child's photo to be taken and displayed within the Centre (including for use in portfolios, which go home with families when complete).

Yes  No

- I give permission for my child's image to be recorded and distributed outside of the Centre for example, through newsletters, Young Discoverers specific sites such as websites, our Facebook page or future online forums. This could include first name mention of your child. Last names will never be used.

Yes  No

- During concerts & special events, I understand that photography will be permitted & by attending, I give permission for my child to be photographed during these events.

Yes  No

**Permission to Observe:**

I give permission for my child to be observed by student teachers for the purpose of developing the skill and experience of the student teacher. These records will not retain any identifying information.

Yes  No

I understand that educators will observe my child for the purpose of recording developmental progress and developing programs that will cater to their individual needs.

**Acknowledgement / Agreement:**

I, \_\_\_\_\_ state that the information provided in this enrolment form is correct. I agree to the conditions stated in the Parent Handbook which I have read.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Director: \_\_\_\_\_

### **Ongoing Excursion to Lakeside Community Room Permission:**

Young Discoverers Highland Reserve is fortunate to share their block of land with the Lakeside Community Room. Your children will visit this space for special events and an alternate play experience throughout their time at our centre.

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to attend supervised excursions to Lakeside Community Centre at any time during their enrolment at Young Discoverers Highland Reserve. I understand that the correct Ratios will be maintained and a risk assessment has been conducted by centre staff. (Please see Director to view risk assessment as needed)

Signed \_\_\_\_\_

#### Immunisation Details

*Please attach a copy of your child's immunisation record. This must be in the form of an official record issued by the Australian Childhood Immunisation Register or a letter from a recognised immunisation provider (e.g. a GP or immunisation nurse).*

*To be eligible for the Child Care Subsidy children must be immunised according to the standard vaccination schedule, be on an eligible catch-up vaccination schedule, or have an approved exemption from the immunisation requirements.*

*For more information about the immunisation requirements for Child Care Subsidy, contact Centrelink ([www.centrelink.gov.au](http://www.centrelink.gov.au)).*

*N.B. Not providing this information will result in exclusion from care in the event of the occurrence of an illness on the Immunisation Schedule. Normal fees will apply during absence.*

**Young Discoverers** is proudly owned and operated by CrossLife – a Baptist Church.

*A multisite Baptist church with three convenient locations:*

- *Helensvale (23 Discovery Dve, Helensvale),*
- *Southport (170 Nerang St, Southport) and*
- *Upper Coomera (58 Highland Way, Upper Coomera)*



*If you would like to know more about the church and the many activities available, it would be our pleasure to arrange for someone to contact you...*

**Yes please! I would like to be contacted...**







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## **PERMISSION TO ADMINISTER MEDICINE**

If my child is in need of children's paracetamol (e.g. Panadol), and the Director or Authorised Representative of Young Discoverers Highland Reserve has been unable to contact me, I hereby give permission for my child to receive the prescribed amount of dosage for his / her age.

(Staff will document all attempts to contact the parent/guardian regarding administration of paracetamol and will require a parent signature on the illness report when the child is picked up.)

Child's Name: \_\_\_\_\_

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

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

**Parent/Guardian Signature:** \_\_\_\_\_

Director's Signature: \_\_\_\_\_

### **Parenting:**

Parenting is one of the toughest jobs any of us will ever do. At Young Discoverers we have access to resources and support that we would encourage you to take advantage of.

Please write below any ways that you feel we could support you in your parenting journey.

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***Thank you for taking the time to complete your enrolment form, it will help us in ensuring your child always receives the best care possible while they are here!***

ALINA HAMILTON  
*Director*

### **Attachment Checklist**

- Immunisation history     Court order/ Parenting plans     Medical Action Plans