



# WorldTower ChildCare

Level 14 / 87 Liverpool Street, Sydney NSW 2000  
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 www.worldtowerchildcare.com.au  
 A.B.N. 95 63 54 34 943



CRN/Provider Number: 407 211 143L

Date of Entry to World Tower Child Care \_\_\_\_\_.

CHILD'S DETAILS	
Surname:	Given Name/s:
Gender: male / female (please circle one)	Preferred Name:
Address: _____ P/C	
Date of Birth:	Age: _____ years _____ months
Place of Birth:	
Religion:	Nationality:
Primary Language Spoken:	Primary Language Spoken at Home:
Religious and or Cultural Considerations	
Marital Status of Parents: (please circle one) married / de facto / divorced / separated / widow / single	
Child Lives With: (please circle one) both parents / mother / father / other relative / other	

PARENTAL DETAILS	
Parent 1 Details	Parent 2 Details
Name:	Name:
Relationship to Child:	Relationship to Child:
Address: _____ P/C	Address: _____ P/C
Telephone: Home: Work: _____ Mobile: _____	Telephone: Home: Work: _____ Mobile: _____
Occupation:	Occupation:
Employer & Employer Address:	Employer & Employer Address:
Email Address:	Email Address:
Nationality/Religion	Nationality/Religion
Languages Spoken:	Languages Spoken:

<b>CARE REQUIRED</b> (please tick days required)				
Monday	Tuesday	Wednesday	Thursday	Friday

<b>Priority of Access</b> (please tick appropriate category)				
Student	F/T Worker	P/T Worker	Disabilities of Parents	Disabilities of Child
Seeking Work	More than One Child Under School Age	Resident /Work in World Square	Parents / Guardian work in Sydney CBD	Other

<b>CUSTODIAL ORDER</b> If parents separated/divorced, is there a legal document outlining whom has custody of the child? (please circle one) <b>Yes / No</b> (If yes please attach a copy of the legal documentation.)	
<b>Date of Issue:</b>	<b>Certificate sighted by:</b>
<b>Custodian:</b>	
<b>Address:</b>	<b>Suburb:</b>
<b>Telephone:</b> Home:	Work: Mobile:
<b>Person(s) denied access:</b>	
<b>Name:</b>	
<b>Address:</b>	<b>Suburb:</b>
<b>Person(s) NOT to collect child:</b>	
<b>Name:</b>	
<b>Address:</b>	<b>Suburb:</b>
<b>Comments about access agreements:</b>	

<b>EMERGENCY CONTACTS</b>			
Please list family and friends who can be contacted in an emergency if we are unable to contact parent. Please keep this list up to date.			
<b>Name</b>	<b>Relationship to Child</b>	<b>Phone Numbers</b>	<b>Address</b>
		<b>Home:</b> <b>Work:</b> <b>Mobile:</b>	
		<b>Home:</b> <b>Work:</b> <b>Mobile:</b>	
		<b>Home:</b> <b>Work:</b> <b>Mobile:</b>	

<b>AUTHORISED PERSONS TO COLLECT YOUR CHILD FROM THE CENTRE</b>			
Please note that only parents /Guardians and persons noted in this section may collect your child from World Tower Childcare, unless prior notification is received .Photo identification, such as a drivers license, passport will be requested. Please keep this list up to date.			
<b>Name</b>	<b>Relationship to Child</b>	<b>Phone Numbers</b>	<b>Address</b>
		<b>Home:</b> <b>Work:</b> <b>Mobile:</b>	
		(Continued next page)	



<ul style="list-style-type: none"> <li>• Mumps</li> <li>• Muscular Dystrophy</li> <li>• Phenylketonuria</li> <li>• Operations</li> <li>• Problems at birth</li> <li>• Scarlet Fever</li> <li>• Temper Tantrums</li> <li>• Tonsillitis</li> <li>• Rheumatic Fever</li> <li>• Rubella</li> <li>• Whooping Cough</li> <li>• other medical considerations (eg. continuing medical treatment/medication)</li> </ul>	<b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b>
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**Medicare Number:** \_\_\_\_\_ **Child's position on card:** \_\_\_\_\_

**Private Health Fund (if any) :** \_\_\_\_\_

**Any special needs / disabilities?** If your child has special needs, is there anything we can do to assist?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Developmental History**  
 At what age did your child –

- crawl?
- walk?
- talk in sentences?
- feed self?

**Information about Eating Habits**  
 General Appetite:  
 Food likes:  
 Food dislikes:  
 Does your child eat independently

**Special Dietary Requirements**                      **Yes / No (please circle)**                      If 'yes' please provide details:

**Information about Sleeping Habits**  
 What time does your child sleep during the day?  
 What time does your child go to bed in the evening?  
 What time does your child wake up in the morning?  
 Do you have a special settling routine?

**Immunisation Record:**  
 Please provide your BLUE Immunisation book upon enrolment  
 Please complete separate Immunisation Details below on this form

**IMMUNISATION INFORMATION:**  
**Has your child been immunised?**      **Yes / No**

**If no, please state reason:**  
 \_\_\_\_\_

**Immunisations Completed: (please enter dates)**

Age	DTP	SABIN (polio)	HIB VAC	MMR
2 Months				N/A
4 Months				N/A
6 Months				N/A
12 Months	N/A	N/A	N/A	
18 Months		N/A		N/A
5 years (school)		N/A	N/A	

Any other relevant information we need to know? e.g. Injuries, Allergies, Illness:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Information required for children under 3 years (please circle as appropriate)**

Diet/Feeding information :                      Bottle                      Cup                      Feed Self                      Spoon Fed

Food/s not tolerated: \_\_\_\_\_

Toilet Information :                      Nappies                      Being trained                      Trained

Sleeping Information :  
(Babies & Toddler only)                      Comforter                      Dummy                      Bottle

What time does your child sleep? \_\_\_\_\_ How long? \_\_\_\_\_

How does your child sleep? Eg. On Tummy/back/side \_\_\_\_\_

**PARENT PERMISSION**

• **Exclusion and Indemnity**

Name of Child concerned: \_\_\_\_\_

In consideration of the centre accepting the above named child into World Tower Child Care, I/We undersigned hereby acknowledge that :

1. I give permission to the Centre Director or its assistants to contact the emergency contact person and to seek and provide for the provision of medical treatment, dental, hospital or ambulance service in the case of an accident or sudden illness for the said child. This includes the administration of anaesthetics or prescribed medications as deemed necessary in cases of emergency or where I/WE or other nominated persons cannot be readily contacted.
2. I/WE AGREE the Centre Director or its assistants administering one dosage of Paracetamol in accordance with manufacturer's instructions in the event of my child's body temperature rising above 37.7 degrees Celsius.  
*(Centre Director will endeavor to contact the Parent/s before administering the dosage for verbal approval)*
3. I understand and accept that should the management/staff of the Centre consider my child contagious or too ill to attend the Centre that this decision be regarded as final and my child will be collected promptly from the Centre.
4. I understand and accept that should my child have a contagious illness, I will not return my child to the Centre until the duration of the clearance period or until a medical certificate is issued by a qualified and registered practitioner.
5. I understand and accept that should my child not be immunized and there is an outbreak in the Centre of the vaccine-preventable disease, that he/she may be excluded from attendance by order of the New South Wales Department Of Health (Staying Healthy In Child Care Folder) and that the daily fee must still be paid for reservation of that space.

**Parent 1** Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Parent 2** Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

• **Asthma Authorisation**

To my knowledge my child \_\_\_\_\_ does/does not suffer from Asthma. However should he/she suffer an asthma attack, I give my permission for staff to administer emergency first aid according to the centre policy or call an ambulance.

**Parent 1** Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Parent 2** Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

- **Sun Protection**

Do you give permission for the centre to apply SPF 30+ Ultra Protect sunscreen lotion at the appropriate times to all unprotected areas of skin on your child as they feel necessary: **YES / NO**

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

- **Permission to apply nappy rash creams:**

Do you give permission for the centre to apply the provided nappy rash creams to nappy rash or other forms of skin irritation (burn/scold/bite etc.) (A medication consent form must be filled in and signed for each day this is to be applied)

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

- **Permission for observations:**

World Tower Child Care Centre provides an educational program for each child through programming and observations.

I understand that observations will be made on my child by the staff within the centre.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

- **Permission for photographs:**

I consent to my child to be photographed by staff at the centre and his/her name and age being used for the following purposes:

- publicity for the centre
- centre program / evaluation
- group / individual records

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

- **Maintaining fees:**

I agree to abide by the centre's policy of maintaining fees **two (2) weeks in advance**. I also understand that fees are to be paid for all days the child is absent or sick, including public holidays if so stipulated for which my child is enrolled whether or not he/she is in attendance. I also understand that if fees fall behind, my child's place at the centre may be in jeopardy.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

If at the end of any week my child's account is over due, I agree for the Centre Manager to contact me to discuss this issue and arrange for the outstanding payment to be made, either through Ezi Debit Payment system or from the Credit Card details below:

Credit Card Numbers: \_\_\_\_\_  
 Expiry Date of the Credit Card: \_\_\_\_\_  
 CCV Number: (Last 3 digits on the back of the card) \_\_\_\_\_

- **Policy and Enrolment Information:**

I have read the centre's Parent Handbook, discussed this with the Centre Manager, and agree to abide by the conditions and policies of the centre.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

