

Date of Enrolment: \_\_\_\_\_

# *Little Possums Sharing Centre*

## *Occasional Child Care*

### Your Child

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_

### Mother

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Address (if other than above): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Father

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Address (if other than above): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Does anyone else live at home with your child? (ie. Siblings, Grandparents, etc). Please provide name, relationship and age (for siblings).

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

Are there any issues of custody/guardianship that you feel we should be aware of?

\_\_\_\_\_

Any relevant cultural, religious information or dietary requirements?

\_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Does your child have any pets or favourite toys? \_\_\_\_\_  
\_\_\_\_\_

Does your child have a comforter or dummy? \_\_\_\_\_

Does your child sleep during the day? If so, generally what time, for how long and any requests for sleeping. \_\_\_\_\_  
\_\_\_\_\_

Any extra information you think might be relevant: \_\_\_\_\_  
\_\_\_\_\_

Date of Enrolment: \_\_\_\_\_

Please provide the following information so we are able to provide your child with the best care possible.

Present Health:		Comments
Regular Medical attention or medication	Yes/No	_____
Asthma or recurrent chest infections	Yes/No	_____
Fits/seizures	Yes/No	_____
Skin problems	Yes/No	_____
Eye problems	Yes/No	_____
Speech problems	Yes/No	_____
Hearing problems	Yes/No	_____
Other chronic health problems	Yes/No	_____

Any known Allergies and current treatments: \_\_\_\_\_  
\_\_\_\_\_

Any other health problems and current treatments: \_\_\_\_\_  
\_\_\_\_\_

Previous Illnesses or operations: \_\_\_\_\_  
\_\_\_\_\_

Any special needs or considerations: \_\_\_\_\_  
\_\_\_\_\_

Immunisations:

Has your child been immunised? Yes/No  
Documentation has been sighted: \_\_\_\_\_ (signed by staff)  
Immunisations are up-to-date:  
Date checked: \_\_\_\_\_  
Date checked: \_\_\_\_\_

Child's Doctor or Hospital

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Medicare Number (optional): \_\_\_\_\_

**Authorisation (must be completed)**

I hereby give permission for a representative from Little Possums Sharing Centre to seek medical advice and attention in the case of an emergency and agree to pay any expense incurred for medical treatment and transport. I also agree in case of an emergency evacuation that the staff at Little Possums will evacuate my child in the staff/committee member's cars, to a designated welfare centre approved by the Shire of Mundaring.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Enrolment: \_\_\_\_\_

In case of an emergency, please provide the names of two people we can contact to collect your child (if we are unable to contact either parent).

1. Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_

2. Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Please list all persons you authorise to deliver and collect your child from Little Possums Sharing Centre (other than either parent and emergency contacts)

Name _____	Contact Number _____
Name _____	Contact Number _____
Name _____	Contact Number _____
Name _____	Contact Number _____

I do/do not give permission for my child to be photographed whilst at Little Possums.

If a photograph is to be used for outside advertising parents will be notified and permission requested.

I have read and understood the conditions in the parent handbook.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Certificate sighted by staff: \_\_\_\_\_ Date: \_\_\_\_\_

Where did you hear about Little Possums? \_\_\_\_\_

Date of Enrolment: \_\_\_\_\_

To help us get to know your child please complete and return. Thank you.

**Children's Special Information**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

What words best describe your child? \_\_\_\_\_

\_\_\_\_\_

What are your child's interests and strengths? \_\_\_\_\_

\_\_\_\_\_

Does your child have any particular likes or dislikes? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special toys/comforters? \_\_\_\_\_

\_\_\_\_\_

Does your child have any favourite songs or games? \_\_\_\_\_

\_\_\_\_\_

Does your child have a particular routine? \_\_\_\_\_

\_\_\_\_\_

Does your child have siblings, pets and close family members? Including names in which they refer to them as.:

Siblings \_\_\_\_\_

Family members \_\_\_\_\_

Pets \_\_\_\_\_

What is your child's family history? \_\_\_\_\_

\_\_\_\_\_

What would you like your child to gain from being in our care? \_\_\_\_\_

\_\_\_\_\_