

Enrolment Update



Child's full name		Date of Birth	
Date completed	June 2023		
Service your child is currently attending (please tick)			
<input type="checkbox"/>	Deniliquin Preschool		
<input type="checkbox"/>	Deniliquin Childcare Centre		
<input type="checkbox"/>	Mobile Preschool/Childcare	Mobile Location	
<input type="checkbox"/>	Barham Early Learning Service Childcare		
<input type="checkbox"/>	Barham Early Learning Service Preschool		

Please update any of the information below which is different or has changed from your child's enrolment form:

Has the address of the parent/guardian changed? (Please tick)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please provide here:				
Have the contact telephone numbers for parents/ guardians changed? (Please tick)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please provide here:				
Have the emergency contacts for your child changed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please complete the Emergency Contact Form				
Have the other people who can collect your child changed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please complete the Person to Collect Form				
Are there any new court order relating to the child?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, provide a copy of any court orders				
Do you have a Health Care Card with your child's name on it?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please provide a copy of the Health Care Card to administration				
Has your permission for photography at the service changed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please complete a Photography Permission Form				
Does your child have any ongoing medical needs or conditions? (Please tick)				
If YES and the child requires medication or management of their condition, please complete a Management of a Medical Condition Form, which will enable a Medical Management Plan to be created.				
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Anaphylaxis	<input type="checkbox"/>
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
<input type="checkbox"/>	Other (please detail)			

Enrolment Update

Does your child have any specific dietary restrictions or intolerances? (Please tick)		Yes		No
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If YES, please complete an Individual Diet Form

Does your child have any additional inclusion or support needs, including receiving support from an allied health practitioner such as a speech pathologist? (Please tick)		Yes		No
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If YES, please complete an Inclusion and Support Form

DENILIQVIN CHILDREN'S CENTRE MEMBERSHIP

As a parent or guardian of a child attending our services, you are eligible to become a member of the organisation. Membership allows you to vote at the Annual General Meeting and shows your support of the organisation.

To become a member of the organisation you must agree to:

- Support the purpose of the Deniliquin Children's Centre Limited as amended from time to time,*
- Comply with the Constitution of the Deniliquin Children's Centre Limited, and*

Pay the annual membership fee of \$1, to be included when paying service fees.

I would like to become a member and agree to the terms above (please tick)		Yes		No
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Sleep routine – what are your child's regular sleep times and lengths?

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Diet / feeding – what are your child's regular times to eat or feed?

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Toilet / nappy routine – please select which best applies for your child

<input type="checkbox"/>	My child is fully toilet trained	<input type="checkbox"/>	My child uses pull-ups
<input type="checkbox"/>	My child uses a nappy/pull-up only when sleeping	<input type="checkbox"/>	My child uses nappies always
<input type="checkbox"/>	My child uses a toilet training nappy	<input type="checkbox"/>	

Name Parent/Guardian	
Date	
Signature Parent/Guardian	

Office Use Only- Enrolment Update Checklist:

<input type="checkbox"/>	Information updated in Xplor	<input type="checkbox"/>	Medical Management Plan developed (if applicable)
<input type="checkbox"/>	Information read by lead educator and communicated to educators	<input type="checkbox"/>	Individual Diet Plan developed (if applicable)
<input type="checkbox"/>	Updated forms/information filed in child's Enrolment record	<input type="checkbox"/>	Court Order Plan developed (if applicable)