
ASTI - A Step Towards Independence

A Private Style Of Care

7 Holyoak Avenue, The Village

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 ASTI – A Step Towards Independence



Enrolment Form 2017



Child's Name:

Child's Customer Reference No. (CRN):

Please write clearly using pen, and return this form with documents listed below to Management. Note a separate enrolment form will need to be completed for each child in your family. We look forward to you being a part of A Step Towards Independence Family.

If you require help or need more information in filling out the enrolment form, please don't hesitate in contacting our friendly management staff at asti@astichildcare.com.au

Please find below a list of documents that you will need to complete the following enrolment form and attach a copy on return (some items ASTI management will need to sight the original):

- Birth Certificate
- Childs Medicare Number
- Customer Reference Number (CRN)
- Australian Child Immunisation health book
- Three emergency contacts
- Child's doctors details
- Custody or parenting orders (if required)
- Documentation relating to special needs (reports, plans, assessments)
- Medical plans
- Addition information (if required)

NOTE: Under the Queensland Public Health Act 2005, Chapter 5, legislation is in place to protect all students against contagious conditions that are preventable be vaccine. Usual vaccinations up to 5 years of age are compulsory!



CHILD'S DETAILS

Child's First Name: _____

Child's Middle Name(s): _____

Childs Surname: _____

Other names child may be known as: _____

Date of Birth: ____/____/____

Gender: Male Female

Residential Address: _____

_____ Postcode: _____

Secondary Residential Address: (if needed)

_____ Postcode: _____

Email: _____

Contact Number: _____

Place of Birth: _____

Country of Birth: _____

Languages Spoken at Home: _____

If other than English does your child require an interpreter: Yes No

Student Enrolment Form



Upon enrolment ASTI management, will require sighting your child’s original birth certificate. A copy will be taken and kept on file.

OFFICE USE ONLY

Original Birth Certificate sighted and copied for file and entered into KidsXap:

Yes No

Print Name: _____ Sign: _____

Date: _____

BOOKING DETAILS

Long day care Before school care After school care Vacation care

Approximate Times & days of attendance	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Arrival Time						
Depart Time						

Are these days flexible: Yes No

Proposed Start date: ____/____/____

Age your child will be on proposed start date: _____

Primary School Details

Name of school: _____

Street Address: _____

Phone Number: _____



Custody of your child

Special Family Circumstances:

None Joint Custody

Single Parent Access Restrictions

Foster Care Other

Is there a court determined parenting order or parenting plan in place: Yes No

If yes, a copy is to be supplied to the centre and it is the parents responsibility to ensure that these documents are updated in writing and current at all times.

Is there any additional information we need to be aware of with the child’s living arrangements?:

Yes No

If yes please specify: _____



Immunisation Details

*NOTE: Under the Queensland Public Health Act 2005, Chapter 5, legislation is in place to protect all students against contagious conditions that are preventable by vaccine. **Usual vaccinations up to 5 years of age are compulsory!***

At ASTI we encourage all children to be fully immunised and require proof of immunisation. Please show your child's immunisation records to ASTI management when enrolling; these records are to be kept up to date. If your child is immunisation exempt a copy of the form is also to be provided.

Vaccination Status: Up to date Due Date / / Not immunised

Other immunisations: _____

OFFICE USE ONLY		
Vaccination form sighted and copied for file and entered into KidsXap	Yes	No
Print Name:	Sign:	
Date:		



Medical Details

Child's doctor's name: _____

Surgery Name: _____

Address: _____

Phone Number: _____

Medicare No.: _____

Health Care Card: Yes No

Health Care Card No.: _____

Expiry Date: / /

Private Health Fund: _____

Private Health Fund number: _____



Child's Health

Does your child have any special dietary requirements: Yes No

If yes please specify: _____

Does your child suffer from asthma: Yes No

Does your child have any known allergies: Yes No

If yes please specify: _____

Is your child Anaphylaxis: Yes No

If yes please specify: _____

Is your child sensitive to anything i.e.: grass, sun cream etc.: Yes No

If yes please specify: _____

Does your child have diabetes: Yes No

Does your child have a heart condition: Yes No

Does your child have any other medical conditions other than the above mentioned:

Yes No

If yes please specify: _____

Has your child ever suffered from a serious injury or illness and required hospitalisation:

Yes No

If yes please specify: _____

Student Enrolment Form



Does your child take any long term medication: Yes No

If yes please specify: _____

If your child requires an Action Plan for any medical condition it is required that a signed copy from your child's doctor or specialist is issued to ASTI management on enrolment.

Please also note that these documents are to remain in date and current whilst your child is attending ASTI.

Special Assessment

SERVICE	YES/NO	NAME OF CENTRE/ PRACTITIONER	IS YOUR CHILD ATTENDING NOW?	
			Yes	No
Child Guidance			Yes	No
Speech Pathology			Yes	No
Occupational Therapy			Yes	No
Physiotherapy			Yes	No
Specialist Clinic			Yes	No
Audiology Clinic			Yes	No
Learning Support			Yes	No
Paediatrician			Yes	No
Optometrist			Yes	No
Mobility Aides			Yes	No
Other, please specify			Yes	No



Disability Verification Information

Does your child have a known disability: Yes No

Does your child regularly visit a specialist?: Yes No

Intellectual Impairment	Yes	No
Speech Language Impairment	Yes	No
Autism Spectrum Disorder	Yes	No
Social Emotional Disorder	Yes	No
Hearing Impairment	Yes	No
Vision Impairment	Yes	No
Physical Impairment	Yes	No
Other, please specify below	Yes	No

Please indicate any other physical, social or intellectual conditions, which may affect your child’s learning activities, or which may require additional or emergency attention:



Parent/Guardian/Carer information

If at any time your details may change please provided us with your up-to-date details so we are able to provide the best care for your child.

Primary account holder, this will be the person that is registered for Child Care Benefit (CCB) and Child Care Rebate (CCR).

CRN: _____

Title: Dr Mr Mrs Miss Ms Rev Other: _____

Given Name/s: _____

Surname: _____

Relationship to child: _____

Gender: Male Female

Date of birth: / /

Country of birth: _____

Indigenous Status:	Non-Indigenous	Torres Strait Islander
	Aboriginal	Both Aboriginal & Torres Strait Islander

Languages Spoken at Home: _____

Best contact number: _____

Other contact number: _____

Residential address: _____

Postal address (if different from above): _____

Email address: _____

Student Enrolment Form



Occupation: _____

Employer: _____

Please indicate in the table below, which is your preferred payment method:

Cash (Administration office only)	Direct debit
Credit card – by phone or in person	Internet banking payment

Student Enrolment Form



Secondary account holder.

Title: Dr Mr Mrs Miss Ms Rev Other: _____

Given Name/s: _____

Surname: _____

Relationship to child: _____

Gender: Male Female

Date of birth: / /

Country of birth: _____

Indigenous Status:	Non-Indigenous	Torres Strait Islander
	Aboriginal	Both Aboriginal & Torres Strait Islander

Languages Spoken at Home: _____

Best contact number: _____

Other contact number: _____

Residential address: _____

Postal address (if different from above): _____

Email address: _____

Occupation: _____

Employer: _____



Please indicate below which is your preferred payment method

Cash (Administration office only)	Direct debit
Credit card – by phone or in person	Internet banking payment

Additional Emergency Contacts

Contact 1.

Full Name: _____

Relationship to child: _____

Address: _____

Best contact number: _____

Please indicate below what applies to this contact in case of an emergency and ASTI management are unable to contact you:

Pick up child from centre	Yes	No
Consent to medical treatment	Yes	No
Consent to administering medication	Yes	No
Consent to medical treatment from a registered practitioner	Yes	No
Sign forms on your behalf	Yes	No
Complete medication forms	Yes	No
Consent to excursions	Yes	No
Other:	Yes	No

Student Enrolment Form



Contact 2.

Full Name: _____

Relationship to child: _____

Address: _____

Best contact number: _____

Please indicate below what applies to this contact in case of an emergency and ASTI management are unable to contact you:

Pick up child from centre	Yes	No
Consent to medical treatment	Yes	No
Consent to administering medication	Yes	No
Consent to medical treatment from a registered practitioner	Yes	No
Sign forms on your behalf	Yes	No
Complete medication forms	Yes	No
Consent to excursions	Yes	No
Other:	Yes	No



Contact 3.

Full Name: _____

Relationship to child: _____

Address: _____

Best contact number: _____

Please indicate below what applies to this contact in case of an emergency and ASTI management are unable to contact you:

Pick up child from centre	Yes	No
Consent to medical treatment	Yes	No
Consent to administering medication	Yes	No
Consent to medical treatment from a registered practitioner	Yes	No
Sign forms on your behalf	Yes	No
Complete medication forms	Yes	No
Consent to excursions	Yes	No
Other:	Yes	No

Please note that each person picking up and dropping off children; who are different to the usual, will need to show identification to ASTI – A Step Towards Independence staff. Please insure you notify ASTI management in advance and inform the person collecting your child/children to bring identification with them.



Involvement throughout the day

ASTI – A Step Towards Independence would like to know if you're interested in participating in any activities we may undertake throughout the day and if you would like to be given notice before the event to ensure you can come along.

Yes please, I will try and make some/all

No thanks, I will be working/studying/other