



**Ashton's Place**

*Supporting children with Autism*

## **ASHTON'S PLACE | ACE PROGRAMME ENROLMENT FORM**

### **APPLICANT DETAILS**

#### **Information about the child**

Child's given name:

Child's surname:

Child's preferred name:

Gender:                      Male                      Female

Date of birth:

Address:

State:

Postcode:

Child's Centrelink CRN:

Child's Medicare number:

Expiry date:

Child's Healthcare card number:

Expiry date:

Child's cultural background:

Language(s) spoken at home:

Is the child of Aboriginal and/ or Torres Strait Islander origin? *(Please tick one box only)*

☐ No, not Aboriginal or Torres Strait Islander

☐ Yes, Aboriginal

☐ Yes, Aboriginal and Torres Strait Islander

☐ Yes, Torres Strait Islander

Has the child previously been enrolled at another child care centre?

Yes

No

If yes, what was the centre?

Has the child previously been enrolled in an early intervention programme?

Yes

No

If yes, what was the programme?

## PARENT DETAILS

### Definitions

A **parent** includes a guardian of the child and a person with parental responsibilities for the child under a decision or court order.

**Parental responsibility** is a term defined under section 61C of the Family Law Act 1975, which means “all the duties, powers, responsibilities and authority which, by law, parents have in relation to children.”

### Parent/ person with parental responsibility 1:

Full name:

Relationship to child:                      Mother                      Father                      Guardian                      Other:

Parent/ Guardian CRN:                      Date of birth:

Address:

State:                      Postcode:

Home phone:                      Mobile:

Email:

Occupation:

Employer:

Work phone:

Work address:

Cultural background/ nationality:

Language spoken at home:

### Parent/ person with parental responsibility 2:

Full name:

Relationship to child:                      Mother                      Father                      Guardian                      Other:

Parent/ Guardian CRN:                      Date of birth:

Address:

State:                      Postcode:

Home phone:                      Mobile:

Email:

Occupation:

Employer:

Work phone:

Work address:

Cultural background/ nationality:

Language spoken at home:

## DECLARATION

Please read and complete the following declaration.

I declare that:

- The information, contained in this form is true and accurate
- I understand that incomplete applications may not be considered
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for, those details to appear in this enrolment form

I understand and agree to the above:

Full name:

Signature:

Date:

## ENROLMENT SUBMISSION

To submit this form to Imagine Childcare & Kindergarten Nerang, please:

1. Ensure all responses are true and accurate
2. Email the completed form to [nerang@imagineelc.qld.edu.au](mailto:nerang@imagineelc.qld.edu.au) or click the **SUBMIT FORM** button below



## CHILD'S MEDICAL INFORMATION

### Child's health information

Does your child have any medical conditions or special/ additional needs? Yes No

If yes, please specify:

Does your child visit a specialist? Yes No

If yes, please specify the specialist and frequency of visits:

If yes, please provide a brief summary of the medical condition/ special need and any management procedures with respect to the condition/need:

Has your child been diagnosed with:	Anaphylaxis:	Yes	No
	Asthma:	Yes	No
	Allergies:	Yes	No
	Diabetes:	Yes	No
	Epilepsy:	Yes	No
	Intolerance:	Yes	No
	Other:	Yes	No

If yes was answered to "other", please specify:

*If you have ticked yes to any medical conditions above, please outline a brief summary of the condition below. You will also need to provide an original action plan that has been completed by your doctor or specialist.*

Have you supplied us with documentation on your child's diagnoses? Yes No

Please provide a brief summary of any medical conditions, including allergens, triggers, reactions, and responses:

Does your child have a developmental delay or disability including intellectual, sensory, or physical?

Yes

No

Please provide additional information:

Does your child have any other medical conditions, special needs, or cultural/ religious considerations that have not been mentioned above?

Yes

No

Please provide additional information:

Please provide information about and contact details of any current support services being accessed:

### **Doctor**

Name of Doctor/ medical service:

Telephone:

Address of Doctor/ medical service:

Name of private health fund:

Private health fund number:

## Dentist

Name of Dentist/ dental surgery:

Telephone:

Address of dental surgery:

## Maternal Health Nurse

Name of maternal & child health (MCH) centre:

### Immunisation details

Has your child been immunised?                      Yes                      No

*Please tick all that apply:*

Birth

2 months

4 months

6 months

12 months

18 months

4 years

*A copy of your child's immunisation records must be provided and updated after each immunisation.*

## Emergency contact

Name of contact person:

Relationship to child:

Contact phone number:

## DISCLOSURE AGREEMENT

Please read and complete the following agreement.

I understand that:

- Once my child is enrolled in the Ashton's Place ACE Programme, the information contained within this form will be shared with Imagine Childcare & Kindergarten Nerang
- This information may also be used in our ongoing research in conjunction with the University of New England into autism
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for, those details to appear in this enrolment form

I understand and agree to the above:

Full name:

Signature:

Date: