

**ENROLLMENT FORM**



**Information about the enrolling child:**

<b>Full name:</b>			
<b>Preferred Name:</b>		<b>Start Date:</b>	
<b>Address:</b>			
<b>Gender:</b>		<b>Child CRN:</b>	
<b>D.O.B:</b>		<b>Current Age:</b>	
<b>Nationality and any other languages used at home:</b>			

**Information about Parents/Guardians of the enrolling child:**

**PARENT/GUARDIAN 1: (this should be the parent/Guardian whom CCB is linked)**

<b>Name:</b>			
<b>Relationship to child:</b>			
<b>Address:</b>			
<b>Home Phone number:</b>			
<b>Work Phone number:</b>			
<b>Mobile Phone number:</b>			
<b>Email:</b>			
<b>D.O.B:</b>		<b>Parent/Guardian CRN:</b>	
<b>Nationality:</b>		<b>Language Spoken:</b>	
<b>Do you have a health care card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Effective from:</b>		<b>Expiry Date:</b>	
<b>Educators have sighted and photocopied the health care Card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PARENT/GUARDIAN 2:**

<b>Name:</b>			
<b>Relationship to child:</b>			
<b>Address:</b>			
<b>Home Phone number:</b>			
<b>Work Phone number:</b>			
<b>Mobile Phone number:</b>			
<b>Email:</b>			
<b>D.O.B:</b>		<b>Parent/Guardian CRN:</b>	
<b>Nationality:</b>		<b>Language Spoken:</b>	
<b>Do you have a health care card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Effective from:</b>		<b>Expiry Date:</b>	
<b>Educators have sighted and photocopied the health care Card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			



**Special Talents:**

Our program is enhanced by the special skills and abilities that our parent/guardians have. Any skills (regardless of how inconsequential they seem to you) can complement the program that we offer to the children.

I would be interested in giving some time to assist in rooms with special projects  Yes  No

I have a special talent to share; play a musical instrument, speak another language, artistic talent, dance, can build, draft, sew, cook etc:  Yes  No

Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Centre Communication:**

Please tell us how we can best communicate with you in regards to information about the centre? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important information about custody of your child:**

Who has legal custody of your child? \_\_\_\_\_

Is there a court ordered parenting order or parenting plan in place for your child?  Yes  No

**IF YES:** You MUST supply a copy to the centre.

**Please note: It is the parent/guardians responsibility to ensure that these documents are updated in writing at all times.**

Is there any other information about the children’s living arrangements that we need to know about: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please tell us all the important information about your child:**

Does your child have any religious, cultural or personal beliefs that require consideration from our centre?  Yes  No

If Yes, please provide information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child allergic to anything?  Yes  No

If yes, please provide more information: \_\_\_\_\_

\_\_\_\_\_

If your child suffers from an allergy / medical condition you are required to provide the centre with any medical management plans, anaphylaxis medical management or risk minimization plan. Has this being provided to the centre?  Yes  No

Has your child ever suffered from a serious illness, injury or required hospitalisation?  Yes  No \_\_\_\_\_

\_\_\_\_\_

Is your child currently taking a long term medication?  Yes  No \_\_\_\_\_

\_\_\_\_\_

Does your child have any additional needs in regards to their ability level that we should know about to provide them with the highest standard of care possible?  Yes  No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are your child's immunisations up to date?  Yes  No

**A copy of your child's immunization records needs to be provided to the centre and updated at all times.**

**Please note:** When a vaccine preventable disease is present or suspected at the service, children who have not supplied a complete record form of immunisation may be treated as unimmunised and therefore will be excluded from the service for the recommended period of time. This is to protect the child and to prevent further spreading of the disease, normal booking charges will apply during times of absence.

Does the centre have a copy of the immunisation record?  Yes  No

Nominated Supervisor to sign: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

**Our centre can provide your child with the highest standard of care possible when the centre's care practices are as similar to home as possible. For this reason, please provide the following information:**

What are your child's individual needs and preferences in relation to nappy changing and / or toilet training? \_\_\_\_\_

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Is your child allergic to any nappy hygiene products?     Yes     No \_\_\_\_\_

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Does your child have any particular food likes or dislikes or needs?     Yes     No \_\_\_\_\_

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Please outline any hygiene and dental care practices that you use at home that we can use at the centre: \_\_\_\_\_

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What strategies do you use at home that are effective in managing and promoting positive behavior for your child? \_

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Does your child have routine sleeping and eating times at home? \_\_\_\_\_

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Does your child toilet independently, or do you remind them when it's time to use the toilet? \_\_\_\_\_

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**Other details about your child:**

Does your child have any siblings?     Yes     No

Full Name	Gender	Age	School/ Child Care

Has your child ever attended child care before?     Yes     No

What will be your child’s approximate days and times of attendance?

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick Up					

These are only guide times to assist with rostering

**Child Care Benefit:**

Eligible hours:     24 hours     50 hours    other: \_\_\_\_\_

CCB %:        Child 1 \_\_\_\_\_, Child 2 \_\_\_\_\_, Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_

Do you have children regularly attending other centres?     Yes     No    Please provide details: \_\_\_\_\_

Does your child attend an approved Kindergarten Program?     Yes     No \_\_\_\_\_

Has your child used any of their allowable absences for this financial year at any other centre?     Yes     No \_\_\_\_\_

Will you be choosing to have your CCR ( child care rebate ) payments for this child paid directly to our service?

Yes     No

If yes, please advise the amount of CCR paid to you for this financial year for this child for the purpose of estimating your fees: \_\_\_\_\_

Please advise who is responsible for the payment of childcare fees for your child. If this is someone other than a parent/guardian listed on this form please provide contact details:

Name or person responsible	Contact Details	Address

**In case of an emergency:**

While all efforts are taken to prevent illness or injury to your child we reserve the right to seek and/or provide medical and/ or emergency treatment for your child if deemed necessary by the centre educators. In the event of an emergency every effort will be made to contact parents/guardians and emergency contacts. If we are unable to do this educators at the centre wil contact an ambulance for transport and authorize treatment as deemed necessary by medical staff. The parents/guardians will be responsible for any costs incurred for this treatment or transportation. The parents/guardians will notify the centre in writing of any restrictions regarding medical treatment of the child.

I \_\_\_\_\_ authorize educators of the centre to seek and/or provide medical and/or emergency treatment for my child should this be considered necessary and agree to meet all costs incurred by this treatment and or transport.

In accordance to the Education and Care Services National Regulation parents/guardians must list contacts for the Education and Care service to contact in the event that we require consent to medical treatment or administration of medication and we are unable to reach the parent or guardian of the child.

**Authorised Nominees:**

**An Authorised Nominee is defined under the Education and Services National Regulation as “a person who has been given permission by a parent or family member to collect the child from the Education and Care service”**

I further agree to keep the service updated with changes to authorised nominees. I understand that in keeping with the Education and Care Services National Regulation (S 160:3) my child will not be released into the care of a person who has not been listed on this form as a parent/guardian or authorised nominee.. I understand that the service will take reasonable steps to prevent a non custodial parent/guardian (as determined by a current court or parenting order) from having access to, or collecting any child listed on the order.

I will ensure that all authorised nominees are advised of their responsibility to ensure they collect my child by the service closing time. Failure to do so will result in a late collection fee being applied.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** Unfamiliar authorised naominees and emergency contacts of the child will be required to present photographic ID such as a Drivers License, 18+ cared, Senior’s Card or passport before being granted access to the child. We recommend that you advise all contacts to bring along photographic ID when collecting your child.

**ENROMENT FORM**



<b>Details</b>	<b>Authorised Person 1</b>	<b>Authorised Person 2</b>	<b>Authorised Person 3</b>
<b>Full Name</b>			
<b>Relationship to child</b>			
<b>Address</b>			
<b>Best Telephone Contact</b>			
<b>Signature of Contact</b>			
<b>As the parent/guardian, I authorise this person to collect my child from the service</b>			
<b>As the parent /guardian, I authorise this person to be contacted in the event of an emergency where a parent/guardian cannot be reached</b>			
<b>As the parent/guardian, I authorise this person to consent to the medical treatment of my child and to authorise the administration of medication to my child</b>			
<b>As the parent/guardian, I consent to this person to authorise an educator to take my child outside the education and care service</b>			

I understand, that in the event of my child having an extreme temperature, and with my consent, the nominated Supervisor or nominated person in charge will administer 1 dose of Paracetamol only after all attempts have been made to reduce the fever. I further acknowledge that the nominated Supervisor or nominated person in charge will use their discretion to administer a dose of Paracetamol should the service not be able to reach any authorised nominees to confirm administering of Paracetamol. I further understand that if Paracetamol is administered that I must arrange for the collection of my child as per the Service’s Medication and infectious Disease Policies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Enrolment Agreement:**

I understand and agree to the following information in regards to:

**Fees and Attendance**

- Fees must be paid one week in advance at all times to secure placement.
- \$25 non-refundable bond required to be paid on enrolment of your child.
- I understand and agree to abide by the fees and attendance policy including payment for public holidays, days absent and any late fees resulting from late collection.
- I understand that the service must comply with the priority of access for CCB purposes. I acknowledge that when a child with a higher priority requires care that I may be contacted to change or reduce days. I understand that I will be provided with 14 days notice if this occurs.
  - **First Priority**  
A child at risk of serious abuse or neglect
  - **Second Priority**
    - A child of a single parent who satisfies, or of both parents who both satisfy the work/training/study test under section 14 of the Family Assistant Act
  - **Third Priority**  
Any other child
- I agree that two weeks' notice in writing is required to cancel or reduce bookings.
- I understand that CCB is not payable after my child's last day of attendance. If my child does not attend their last booked day full fees (without CCB or CCR) will be charged to my account for any days absent after their last day of attendance.
- I understand the importance of signing the attendance book and agree to do so on each day of my child's booked attendance. I understand that failure to sign in and out correctly will result in full fees being charged without CCB and CCR reductions.
- I the parent/guardian agree to pay outstanding fees applicable together with all debt recovery expenses including debt collector fees, court costs and legal fees reasonably incurred by the centre.
- In the case of a default, the parent/guardian acknowledges that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to legal/collection agencies for legal recovery action.
- I understand that in the case of default on payments for childcare fees, enrolment details may be listed on the National Default Register for a period of 6 years and 30 days or until paid. This information may be accessed by other providers at the time of enrolment.
- I, the parent/guardian acknowledge that care may be refused in the case of default.

**Enrolment Fee**

- I understand that the non-refundable bond of \$25 must be paid for each child prior to commencement at the centre.

**Evacuation from Premises**

- In the case of a required emergency evacuation I give the educators permission to escort my child of the premises to safety.



**Illness and Medication**

- I agree to keep my child away from the centre when she/he is suffering from an infectious disease or condition as per the infectious disease policy of the centre.
- I understand that for my child to receive medication whilst at the centre I must complete a medication form for the administration of any medication to my child. This includes prescription and over the counter medications and creams as per the Education and Care Services Regulation 2011.

**Foreign Substances**

- I do / do not authorise educators to apply certain products to my child/children’s skin as necessary to maintain health and hygiene (includes sunscreen 30+ and nappy wipes that are currently purchased by the Centre). Please check with educators on the current brands being used and notify of any allergic reaction prior to enrolment.

**Special Events**

- I give permission for my child to celebrate BIRTHDAYS  Yes  No
- I give permission for my child to celebrate EASTER  Yes  No
- I give permission for my child to celebrate CHRISTMAS  Yes  No
- At times children may bring cake along to celebrate with their friends  
do you give permission for your child to share this cake  Yes  No

**Photographs and Publicity**

I do / do not give permission for the Centre to take and use photographs of my child/children for educational purposes, developmental measurements tools, displays and newsletters.

I do / do not give permission for the Centre to take and use photographs of my child/children for newspaper articles, brochures, on our Centre website and for other marketing purposes.

I do / do not give permission for the Centre to take and use photographs of my child/children and post these on our Centre’s Facebook page.

I do / do not give permission for photographs of my child to be provided to other families when they are engaged in play with other children. (eg photos with multiple children)

**By signing this form I acknowledge that I have read, understood and agree to abide by the information contained in the enrolment form and enrolment agreement.**

<b>Signed</b>		<b>Witness</b>	
<b>Name</b>		<b>Name</b>	
<b>Date</b>		<b>Date</b>	