

Child's Name:

ENROLMENT FORM

ATTACHED DOCUMENTS CHECKLIST

Please ensure ALL of the following documents are attached to this application before submission:

PLEASE TICK TO INDICATE DOCUMENTS ARE ATTACHED (Office use only)	Sighted Y/N
Child's birth certificate	
Immunisation record/Health record	
Photo identification of all parents & emergency contacts	
Medical documents/NDIS plans/Action Plans and Communication Plans	
Copy of Court Orders, Parenting Plans, Parenting Orders	

Office Use	Y/N
CWA signed and in Qikkids	
Immunisation record entered into Qikkids	
Child Added to Story Park	
All about me forms given to rooms	
Medical Docs/Actions plans in rooms and spaces	
Court Order information shared with staff	


OFFICE USE:

ENTERED BY:


DATE:




CHILD DETAILS

Given name(s)	
Middle name	
Surname	
Name usually called	
Date of birth	
Gender (please circle)	Male/Female
Centrelink Reference Number (CRN) Please note: Parent and child have their own individual CRN number	
Child's home address	
Child lives with	
Child's birth certificate or equivalent has been cited by nominated supervisor/certified supervisor and photocopied 	Yes / No
Days of attendance required (Please circle)	Mon Tues Wed Thurs Fri
Child's start date	

CAREGIVER 1

Parent Name	
Parent Surname	
Address	
Phone Number	(H) (M) (W)
Parent Date of Birth	
Email address:	
Relationship to child	
Parent Centrelink Reference Number (CRN)	
Country of Birth	
Please provide any relevant cultural background details:	
Does the child live with you? (Please circle)	Yes/No
Occupation	
Place of employment:	

CAREGIVER 2

Parent Name	
Parent Surname	
Address	
Phone Number	(H) (M) (W)
Parent Date of Birth	
Email address:	
Relationship to child	
Parent Centrelink Reference Number (CRN) 	
Country of Birth	
Please provide any relevant cultural background details:	
Does the child live with you? (Please circle)	Yes/No
Occupation	
Place of employment:	

CULTURAL CONSIDERATION

Language spoken at home	
Ethnicity	
Religion	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please circle) If so, do you know what Nation or Mob your family belong to?	Yes/No
Please outline any cultural practices you would like followed:	
Please outline the Child's religious background and if relevant any religious practices you would like followed:	
Religious celebrations:	

EMERGENCY/ AUTHORISED PERSON CONTACTS

This list may be added to or changed throughout the year, Please note:

1. Your child will not be allowed to leave with any person not on this list unless the centre has been contacted prior to collection.
2. The people on this list may be required to produce photo identification such as a driver’s licence.

There may be times when your child has an accident, injury, trauma, or illness and the parents or guardians cannot be contacted or are unable to collect your child due to other commitments. To deal with these situations, the centre must be able to notify one of the following people who are authorised and available to collect and care for your child.

An emergency contact is an acknowledged person who, with the parent/guardian’s authorisation, is allowed to give permission for the following:

- Authorise the taking of your child outside the service by a staff member of the service;
- Consent to the medical treatment of your child;
- Request or permit the administration of medication to your child;
- Collect your child if necessary.

AUTHORISATION AND DECLARATION OF MEDICAL TREATMENT

I, _____ (Full Name) the legal guardian for the child referred to in the enrolment form.

You authorise in the event a child needs urgent medical treatment from a medical practitioner, ambulance service, hospital and or transport by an ambulance that the nominated supervisor or educator will authorise. And in the event an authorisation is given under regulation 102 for the education and care service to take the child on regular outings.

Agree that you will be responsible for all fees incurred from the medical emergency relation t the child in the enrolment.

Agree to collect the child when they become unwell at the service or on a regular outing.

Your child will be required to go on regular outings for evacuation purposes under the direct supervision of educators and the nominated supervisor.

Agree that in the event the service has an emergency evacuation it will be necessary that the child may need to leave the education and care service under the direct supervision of educators and the nominated supervisor.

Signature

Date

Contact 1

Full Name:	
Relationship to child:	
Address:	
Phone Number:	(H) (M) (W)
Can this person be notified of an emergency involving the child if any parent of the child cannot be immediately contacted.	Parent 1: Yes / No Signature: <hr/>
Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes / No Signature: <hr/>
Does this person have authority to collect your child? (Please Circle)	Parent 1: Yes / No Signature: <hr/>
Can this person give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes / No Signature: <hr/>

Contact 2

Full Name:	
Relationship to child:	
Address:	
Phone Number:	(H) (M) (W)
Can this person be notified of an emergency involving the child if any parent of the child cannot be immediately contacted.	Parent 1: Yes / No Signature: <hr/>



Can this person be contacted to give consent for medical treatment? (Please Circle)	Parent 1: Yes / No Signature: _____
Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes / No Signature: _____
Does this person have authority to collect your child? (Please Circle)	Parent 1: Yes / No Signature: _____
Can this person give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes / No Signature: _____

Contact 3


Full Name:	
Relationship to child:	
Address:	
Phone Number:	(H) (M) (W)
Can this person be notified of an emergency involving the child if any parent of the child cannot be immediately contacted.	Parent 1: Yes / No Signature: _____
Can this person be contacted to give consent for medical treatment? (Please Circle)	Parent 1: Yes/No Signature: _____
Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____
Does this person have authority to collect your child? (Please Circle)	Parent 1: Yes/No Signature: _____



Can this person give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes / No Signature: <hr/>
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COURT ORDER

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? 	Yes/No If yes, please provide all relevant documentation paperwork
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? 	Yes/No If yes, please provide all relevant documentation paperwork
Please note that without this documentation we cannot legally enforce the Order/s.	

MEDICAL INFORMATION

Medicare Number:	
Medicare Expiry Date:	
Number of child on card:	
Please outline any dietary restrictions or considerations e.g., like and dislikes. (Details of allergies etc. will be requested in the medical section of the form): 	
Child's Registered Medical Practitioner or Service Details:	
Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Child's Registered Dental Practitioner or Service Details:	
Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	
Private Health Cover (Please Circle):	Yes/No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes/No
Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? (Please Circle) 	<p>Yes/No</p> <p>If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include:</p> <ul style="list-style-type: none"> • A photo of the child • If relevant, state what triggers the medical condition, allergy or anaphylaxis • First aid needed • Contact details of the doctor who signed the plan • When the Plan should be reviewed.
Does the child have any dietary restrictions? (Please Circle) 	<p>Yes/No</p> <p>If yes, please attach relevant details.</p>

<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> • The label must contain the child’s name and • Parents must provide any verbal or written instructions provided by the medical practitioner. <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our “Administration of Authorised Medication” form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	<p>Caregiver 1 Signature:</p> <hr/> <p>Caregiver 2 Signature:</p> <hr/>
<p>Do you authorise the Nominated Supervisor or another educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service And transportation by an ambulance service?</p>	<p>Caregiver 1 Signature:</p> <hr/> <p>Caregiver 2 Signature:</p> <hr/>
<p>Do you authorise the Nominated Supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?</p>	<p>Caregiver 1 Signature:</p> <hr/> <p>Caregiver 2 Signature:</p> <hr/>

IMMUNISATION DETAILS

<p>I have chosen not to have my child immunised</p>	<p>Yes/No</p> <p>Please note: [Approved documentation must be provided before your child can attend- see immunisation policy]</p>
<p>Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance service in the event of an emergency? (Please Circle)</p>	<p>Yes / No</p> <p>Caregiver 1 Signature:</p> <hr/> <p>Caregiver 2 Signature:</p> <hr/>

<p>Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible. Education and Care Services National Regulations Regulation 94.</p>	<p>Caregiver 1 Signature: <hr/></p> <p>Caregiver 2 Signature: <hr/></p>

TRANSITION TO SCHOOL

<p>Have you decided what school to send your child to? If so, do you give the service permission to exchange information with the school to assist your child transition to school?</p> <p>Name of School: _____</p> <p>Permission to exchange information: Yes/No</p>	<p>Caregiver 1: Yes / No Signature: <hr/></p> <p>Caregiver 2: Yes / No Signature: <hr/></p>
<p>While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child’s private school so we can incorporate them in to your child’s program:</p>	

FAMILY INFORMATION

<p>Does the child have any siblings? If so, please provide their names and ages.</p>	
<p>Does the child have any other close relations attending the centre? E.g. cousins. If so, please provide their names and ages.</p>	
<p>Any other relevant information you would like to share with us?</p>	

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ADDITIONAL INFORMATION

Does your child have any additional support needs? (Please Circle)	Yes/No If yes, please provide details below.
Does your child have a current NDIS plan? (Please Circle)	Yes/No If yes, please attach relevant details.

GENERAL CONSENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please circle the following items to authorise:

HEALTH & SAFETY:

I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	Yes	No
Have SPF30+ sunscreen applied prior to sun exposure	Yes	No
Have Band-Aids or sticking plasters applied when necessary	Yes	No

PHOTOGRAPHY & VIDEO

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave Service)	Yes	No
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For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	Yes	No
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	Yes	No
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	Yes	No
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	Yes	No

Please tick box to confirm you have read each point.

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service enrolment fee and fees in advance prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the policy manual
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$10.00 per 5-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to giving two weeks written notice to withdraw my child.
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.

- I have read the Parent Handbook and am familiar with the Service’s Policy Manual located in the foyer. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I am able to make this suggestion in person to a staff member or anonymously in the suggestion box.
- I, or someone I know has a skill they could share with the children.

Signed: _____ Name: _____ Date: ___ / ___ / _____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.