

Enrolment Record

Child Details

First name: _____ Middle name: _____ Surname: _____

Date of birth: ____/____/____ Gender (please mark with X): Male Female

Address: _____ Postcode: _____

Child's CRN:

Parents CRN:

Does your child identify as Aboriginal or Torres Strait Islander Yes / No

Parent/Guardian Details and Authorisation to Consent to Medical Treatment or Transport in an Ambulance

Primary Parent/Guardian

Title (please mark with X) Mrs Mr Ms Miss Other

First name: _____ Surname: _____

Date of birth: ____/____/____

Phone numbers: Work _____ Home _____

Mobile _____

Address: _____ Postcode: _____

Email address: _____

Authorised to pick up (please circle) Yes / No

Authorised to consent to medical treatment including administering medication Yes / No

What is the best way to contact you when your child is in our care?

Employment Information

Place of work: _____

Occupation: _____

Address: _____ Postcode: _____

Secondary Parent/Guardian and Authorisation to Consent to Medical Treatment or Transport in an Ambulance

Title (please mark with X) Mrs Mr Ms Miss Other

First name: _____ Surname: _____

Date of birth: ___/___/___

Phone numbers: Work _____ Home _____

Mobile _____

Address: _____ Postcode: _____

Secondary Contact con't.

Email address: _____

Authorised to pick up (please circle) Yes / No

Authorised to consent to medical treatment including administering medication Yes / No

CRN: _____ (if applicable)

Employment Information

Place of work: _____ Occupation: _____

Address: _____ Postcode: _____

Child Custody Information

Are there any legal documents /parenting plans outlining the powers, duties responsibilities or authorities of any person in relation to the child? Yes / No

If yes, who is the custodial parent:

Please supply the centre with copies of custody orders / parenting plans or access arrangements that are in place for your child.

Authorised Emergency Contact Details / Authorised Nominee

The following people will be contacted in case of an emergency if we are unable to contact the parent. The following people are authorised to consent to medical treatment, consent to the administration of medication or authorise an educator to give medical treatment or consent to emergency services transportation to a hospital or doctor and may drop off or collect the child. The following people are also authorised to authorise an educator to take the child outside the education and care service premises.

Contact One

Title (please mark with X) Mrs Mr Ms Miss Other

First name: _____ Surname: _____

Phone numbers: Work _____ Home _____

Mobile _____

Address: _____ Postcode: _____

Relationship to the child: _____ Authorised to pick up child (please circle)
Yes / No

Contact Two

Title (please mark with X) Mrs Mr Ms Miss Other

First name: _____ Surname: _____

Phone numbers: Work _____ Home _____

Mobile _____

Address: _____ Postcode: _____

Relationship to the child: _____ Authorised to pick up child (please circle)
Yes / No

Health/Medical information about your child.

Family doctor's name: _____

Family doctor's address: _____ Postcode: _____

Family doctor's telephone number:

Medicare number

Does your child have any allergies? Yes / No If yes, please list details below.

If yes has your child been diagnosed as at risk of anaphylaxis? Yes / No (Please supply a copy of the plan)

Allergies to food: (please specify which foods and the signs/symptoms to be aware of, if any)

Other allergies (please specify and note the signs/symptoms to be aware of, if any)

Does your child have a history of illnesses or injuries? Yes / No (if yes, please specify)

Does your child have any current medical conditions and or medical management plans or any risk minimisation plans with respect to their health? Yes / No (if yes, please specify)

Is your child currently on any prescribed medications? Yes / No (if yes, please specify)

Does your child have any dietary restrictions? Yes / No (if yes, please specify)

Immunisation Details

To be eligible for Child Care Subsidy, your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements, your child must be-

- fully immunised or is up to date according to the Australian Standard Vaccination Schedule;
- or on a catch-up vaccination schedule,
- or you have an approved exemption for your child.

Please bring your child's immunisation record for the centre to copy and keep on file. The service does not accept non-immunised children.

Office use only: A copy of the immunisation schedule has been sighted.

- A copy is on file.
 Initial: _____

Do you have a health care card Yes / No Please provide a copy of the card for us to copy

Kindergarten Funded Children

Are you attending another service Yes / No

If yes which service will be claiming the kindergarten funding: Ours Other

Will your child need to apply for delayed entry? Yes / No

Is your child school age but you have decided to send them a year later? Yes / No

Child Bookings- This is called a CWA -Compliant Written Agreement

First day of attendance: ____/____/____

I request regular hours of attendance **YES NO** Plus possible additional casual days **YES NO**

Permanent

- 6-hour session
- 9-hour session
- 10-hour session
- 12-hour session Days and session times required : *(Please tick the days and times you require for that day)*

6 Hour Session	M	Tu	W	Th	F	9 Hour Session	M	Tu	W	Th	F
6:15 – 12:15						6:15 – 3:15					
6:30 – 12:30						6:30 – 3:30					
6:45 – 12:45						6:45 – 3:45					
7:00 – 1:00						7:00 – 4:00					
7:15 – 1:15						7:15 – 4:15					
7:30 – 1:30						7:30 – 4:30					
7:45 – 1:45						7:45 – 4:45					
8:00 – 2:00						8:00 – 5:00					
8:15 – 2:15						8:15 – 5:15					
8:30 – 2:30						8:30 – 5:30					
8:45 – 2:45						8:45 – 5:45					
9:00 – 3:00						9:00 – 6:00					
9:15 – 3:15						9:15 – 6:15					
9:30 – 3:30						10 Hour Session	M	Tu	W	Th	F
9:45 – 3:45						6:15 – 4:15					
10:00 – 4:00						6:30 – 4:30					
10:15 – 4:15						6:45 – 4:45					
10:30 – 4:30						7:00 – 5:00					
10:45 – 4:45						7:15 – 5:15					
11:00 – 5:00						7:30 – 5:30					
11:15 – 5:15						7:45 – 5:45					
11:30 – 5:30						8:00 – 6:00					
11:45 – 5:45						8:15 – 6:15					
12:00 – 6:00						12 Hour Session	M	Tu	W	Th	F
12:15 – 6:15						6:15 – 6:15					

Number of days per week: _____ Session hours per week: _____

Session hours per fortnight: _____ *(Weekly total above multiplied by 2)*

Agreement Form

1. Emergency or accidents

In the event of an emergency (000 will be called first), illness or accident (when the centre is unable to contact the parent / guardian or the authorised contact/s), I / we give the staff at the centre consent to provide medical or hospital attention or emergency services transportation for our child. I / we agree to pay any expenses incurred for medical treatment.

2. Administering paracetamol /medication

I / we agree for centre staff to administer ONE dosage of paracetamol in the event of your child's body temperature rises above 38°C and we are unable to contact you, or collection is still a while away. I / we understand that the staff will contact parents / guardians or authorised contacts to inform them that paracetamol has been administered and if the child needs to be collected.

3. Payment of fees

I / we agree to maintain our fees as per the centre's policy. We will ensure our fees are kept up to date by making regular payments. Should we wish to end the agreed booking a notice of two weeks will be provided, and the last days of care cannot be absences.

4. Sunscreen / Insect repellent application

I / we agree for the centre staff to apply sunscreen and insect repellent regularly to our child for outdoor play purposes.

I / we understand that the centre may use a variety of sunscreen and insect repellent brands from time to time. If your child requires special sunscreen or insect repellent, you agree to supply this product to the centre.

5. Photography

I / we agree that the service may photograph our child during the day. These photos will be used for the purpose of program and planning and may be displayed at the service. I / we understand that at times other children may be in my child's documentation and that I will not publish / upload such a photo to ensure all children's privacy.

I / we **agree/ Disagree** that the service may post photographs of our child on the service's Facebook and Instagram pages. The photos will be used for the purpose of engagement with families and business advertisements.

I / we **agree/ disagree** our child's name may be used on the service Facebook and Instagram Pages.

6. Incursions/shows

I / we **agree/ disagree** for our child to attend incursions that happen throughout the year on their attending day. The amount of the show's ranges between \$5-\$10 and will be charged to my account after my child has attended the incursion.

I have read and fully understand all the above and agree to adhere to all conditions set out on this agreement form.

Signature of Parent/Guardian (1): _____

Signature of Parent/Guardian (2): _____

Credit Information

The contact person for the account will be: _____

Additional Credit Contact

First name: _____ Surname: _____

Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Phone numbers: Home _____ Mobile _____

Additional Credit Contact

First name: _____ Surname: _____

Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Phone numbers: Home _____ Mobile _____

TERMS AND CONDITIONS

- Please speak with us should you have any difficulty with paying your account – we may be able, to assist.
- Our service issues statements of account every week and this statement includes charges for booked care one week in advance. I/we agree that this statement will be paid in full by the end of that statement period.
- I/we hereby certify that the above information is true and correct at the date of this application.
- I/we agree that any change to any of the above particulars is subject to written acceptance by the Director or operations manager of the service.
- Any queries or disputes regarding any charges levied must be brought to the attention of the centre Director, operations manager, or licensee within five (5) days of the issue of a statement.
- I understand that at times Services Australia may change my CCS payments through the service and am liable for any changes that I incur.

Signature of Parent/Guardian (1):

Signature of Parent/Guardian (2):

Child Background Information

The following information pages will be shared with your child’s educators. Confidential copies will be kept with your child’s developmental profile in their room as well as on the main file for office use.

Childs name: _____ Date of Birth: / /

Child’s Sibling’s Names

Childs Pets and their names

Routines at Home

Day sleep (approx. time from and length): _____

Any special bedtime routines: (ways in which they are put to bed or positions they like to lie in)

Are there any foods your child particularly likes / dislikes?

Does your child have any fears: (e.g. noise, animals) Yes / No

Does your child get upset when left with other people? Yes / No

Cultural and religious background

Religion: _____

Religious traditions you would like us to consider when working with your child?

The cultural background of child

The cultural background of parents or guardians

Do you identify as Aboriginal or Torres Strait Islander? Yes / No

Languages spoken by the child: _____ Parents: _____

Languages spoken at Home: _____

Are there any words that we may need to know that have special meanings to your child?

Does your child have any disabilities or special needs (please detail)?

Has your child been in group care before? Yes / No (please specify)

Are there any skills that you or your family members have that you would like to contribute to the centre's program?

Within the child care setting I would like my child to expand their- (*please tick ✓*)

Development

Social skills- sharing, turn taking and problem-solving.	
Greater language skills- speech	
Nutrition and eating habits.	
Fine and gross motor skills	
Emotional Resilience	
Cultural Awareness	

Children under 3 (please tick ✓ where appropriate and note comments where necessary)

Eating Routines

Self feeds	
Uses spoon or utensils	
Uses cup	
Uses bottle	

Toileting Routines

Nappies	
Being toilet trained	
Completely toilet trained	