

OFFICE USE: Start Date: _____

ENROLMENT FORM AND AGREEMENT

Is this enrolment complete? Yes No

Have the relevant fees been paid? Yes No

Information about the enrolling child:

Full name:			
Preferred Name:		Start Date:	
Address:			
Gender:		Child CRN:	
D.O.B.:		Current Age:	
Nationality and any other languages used at home: _____	Is your child of Aboriginal or Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*****INFORMATION ABOUT PARENTS/ GUARDIANS OF ENROLLING CHILD*****

PARENT/GUARDIAN 1: (this should be the parent/guardian who CCB is linked to)

Name:			
Relationship to child		Driver's Licence:	
Address:			
Phone Contacts	Home:	Work:	
	Mobile:		
Email:			
D.O.B.:		Parent/Guardian CRN:	
Nationality:		Language Spoken:	
Do you require information to be provided in other languages: _____			
Do you identify as Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a health care card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates on Card:	
Educators have sighted the health care card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Initial	

PARENT/GUARDIAN 2:

Name:			
Relationship to child		Driver's Licence:	
Address:			
Phone Contacts	Home:	Work:	
	Mobile:		
Email:			
D.O.B.:		Parent/Guardian CRN:	
Nationality:		Language Spoken:	
Do you require information to be provided in other languages: _____			
Do you identify as Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Do you have a health care card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates on Card:
Educators have sighted the health care card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial

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 our 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, gardening or environmental sustainability, dance, construction, sew, cook etc? Yes No

Please list:

CENTRE COMMUNICATION

Please tell us how we can best communicate information about the centre with you and your family?

(Please circle) Face to Face / Newsletter / Email / Noticeboard or Displays/ Social Media/ Website/ Other:

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/guardian's 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 HEALTH INFORMATION ABOUT YOUR CHILD:

Are there any religious, cultural or personal beliefs for your child or their family that require consideration from our centre? Yes No

Is your child allergic to anything? Yes No

Have they been diagnosed with Anaphylaxis? Yes No

If your child suffers from an allergy/medical condition you are required to provide the Centre with a Medical Action Plan completed by your doctor. Has this being provided to the Centre? Yes No

If yes, you will need to complete a Medical Risk Minimisation and Communication Plan in consultation with the service.

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 (provide details below)

Does your child have any additional needs or considerations that we should know about to provide them with the highest standard of care possible? Yes No

Has the service sighted the child's health record? Yes No

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

A copy of your child's Immunisation History Statement needs to be provided to the centre and updated at all times under the Victorian Government's "no jab, no play" legislation.

Does the centre have a copy of the immunisation History Statement which states either:

- The child is fully vaccinated for their age, or
- Is on a recognised vaccination catch up schedule, or
- Has a medical reason not to be vaccinated

Yes No

If "no" please complete the Grace Period Form to further consider enrolment.

Nominated Supervisor to confirm the enrolment can proceed: Yes No initial: _____

Please note: When a vaccine preventable disease is present or suspected at the service, children who have not supplied a complete record 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.

Birth Certificate Provided: Yes No

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?

(circle all that apply) Independently - Reminded - Nappies - Sleep Nappy only

Is your child allergic to any nappy hygiene products, including wipes? Yes No

Does your child have any particular food likes/ dislikes or dietary requirements? Yes No

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

What are your child's sleeping and eating routines normally?

How can we best support you in the transition to care at our service?

OTHER DETAILS ABOUT YOUR CHILD:

Does your child have any siblings? Yes No

Full Name	Gender	Age	School/ Child Care Attended

Does your child have any pets : _____

Who else is significant in your child's life? _____

Has your child ever attended child care before? Yes No

Details: _____

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: *(Please circle)* 50 hours 24 hours other: _____

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

Will your child also be attending another child care service or family day care facility?

Has your child used any of their initial 42 allowable absence days for this financial year at any other centre? Yes No If so how many? _____

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 us estimating your fees: _____ (to be entered into CCMS software)

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 of 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 from a registered medical practitioner, hospital or ambulance service for your child if deemed necessary by 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 will contact an ambulance for transport and authorise treatment as deemed necessary by medical staff. The parents/guardians will be responsible for any costs incurred by this treatment/transportation. The parents/guardians must notify the centre in writing of any restrictions regarding medical treatment of the child.

I _____ authorise educators of the centre to seek and/or provide medical and/or emergency treatment from a registered medical practitioner, hospital or ambulance service for my child including the administration of life saving medication (eg. EpiPen or Ventolin) should this be considered necessary. I further authorise that the service can seek transportation of my child by an ambulance service. I agree to meet all costs incurred by this treatment and or transport

In accordance to the Education and Care Services National Regulation parents/ guardian 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 parents/guardians, authorised nominees and emergency contacts of the child will be required to present photographic ID such as a Driver’s License, 18+ card, 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. This may occur when a different staff member is caring for your child and has not met the person collecting.

Authorised Nominees

Details	Authorised Person 1	Authorised Person 2	Authorised Person 3
Full Name			
Relationship to child			
Address			
Email Address			
Best Telephone Contact			
Signature of Contact			
As the parent/guardian, I authorise this person to collect my child from the service. (Yes/No)			
As the parent/guardian, I authorise this person to be contacted in the event of an emergency where a parent/guardian cannot be reached. (Yes/No)			
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. (Yes/No)			
As the parent/guardian, I consent to this person to authorise an educator to take my child outside the service, such as an excursion. (Yes/No)			

I understand, that in the event of an emergency situation where my child has an extreme temperature, a dose of paracetamol may be administered where authorisation is given verbally by—

- (i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or
- (ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.

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 as a condition of enrolment:

Fees and Attendance

- Fees must be paid on a weekly basis using our preferred method of payment via ezi-debit/Centre-Pay.
- Where a bond or enrolment fee is required to be paid to the service I will ensure this is paid prior to commencing care.
- I understand and agree to abide by the Fees and Attendance Policy including payment for public holidays, emergency closures out of the centres control, days my child is absent and any late fees resulting from late collection.
- I understand late payment fee of \$10 will be applied to accounts who are in arrears by COB Friday the week my account is due, this includes when an Ezi Debit payment is declined.
- 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 my 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 parents who both satisfy the work/training/study test under Section 14 of the Family Assistance 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 for days after my child's last day in 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 attended day.
- I understand the importance of signing my child in and out of care 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 Child Care Benefit reductions. I acknowledge that the service uses an electronic system for this which is Qikkids Kiosk and that I must use a back-up paper version in the event of this system not being operational.
- I agree to pay outstanding fees owed to the service and understand that should my account not be paid and is required to be passed to a debt collection agency that charges related to any debt recovery expenses including mercantile agent's fee, court costs and legal fees reasonably incurred by the centre will be added to my outstanding amount.
- 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 a default on payments for childcare fees, enrolment details may be listed on the National Default Register for a period of six (6) years and 30 days or until paid. This information may be accessed by other providers at the time of enrolment.
- I acknowledge that care may be refused in the case of a default.

Evacuation from Premises

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

Illness and Medication

- I agree to keep my child away from the centre when she/he is unwell or 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 authorise educators to apply certain products to my child/children’s skin as necessary to maintain health and hygiene (includes sunscreen and nappy wipes that are currently purchased by the centre). Please check with the educators on the current brands being used and notify of any allergic reaction prior to enrolment. Yes No

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 a cake along to celebrate with their friends, do you give permission for your child to share this cake? Yes No

Photographs and publicity

I give permission for the centre to take and use photographs of my child/children for educational purposes, developmental measurements tools, displays and newsletters. Yes No

I give permission to receive developmental progress on my child using the story park program Yes No

I 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. Yes No

I give permission for the centre to take and use photographs of my child/children and post these on our centre Facebook page. Yes No

I give permission for the centre to take and use photographs of myself and my family at special events and post these on our centre Facebook page. Yes No

I 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) Yes No

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.

Signed by enrolling parent		Signed by Witness	
Full Name		Full Name	
Date		Date	

OFFICE USE:

This enrolment must be fully complete prior to the child starting care.

Copy of Immunisation History Statement provided from “ My GOV”?	
Birth Certificate supplied	
All sections completed including permissions and at least one authorised nominee?	
Relevant fees explained and paid including any paperwork associated with automatic payments?	
Are there any allergies or serious illnesses?	
Where there is a serious illness have the following forms been completed and provided: Action Plan, Medical Risk Minimisation and Communication Plan, Long-Term Medication Plan?	
Are there any restrictions to share with educators in relation to permissions, photos, sunscreen etc?	
Story Park and Facebook permission signed?	

Qikkids Kiosk explained?	
Name and signature of Supervisor completing enrolment process: _____	Date: _____