

ENROLMENT FORM AND AGREEMENT

Start Date: _____
Room: _____

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:			

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	H:		
	W:		
	M:		
Email:			
D.O.B.:		Parent/Guardian CRN:	
Cultural Background of the child:		Language Spoken:	
Cultural Background of Parents/Guardian:		Language Spoken:	
Do you identify as:	Aboriginal: Yes/No	Torres Strait Islander: Yes / No	
Do you have a health care card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Effective From:		Expiry Date:	
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	H:		
	W:		
	M:		
Email:			
D.O.B.:		Parent/Guardian CRN:	
Cultural Background of the child:		Language Spoken:	
Cultural Background of the Parent/Guardian:		Language Spoken:	
Do you have a health care card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Effective From:		Expiry Date:	
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, dance, can build, draft, sew, cook etc? Yes No

Please list:

CENTRE COMMUNICATION

Please tell us how we can best communicate to you management information about the centre?

(Please circle) Newsletter / Email / Noticeboard

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 INFORMATION ABOUT YOUR CHILD:

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

Is your child allergic to anything? Yes No

If your child suffers from an allergy/ medical conditions you are required to provide the Centre with any medical management plans, anaphylaxis medical management or risk minimisation 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 immunisation record (Immunisation History Statement from Medicare) 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 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 initial: _____

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?

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

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

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

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

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

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

Independently / Reminded / Not applicable

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

CCB % Child 1 _____ , Child 2 _____ , Child 3 _____

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

Does your child attend an approved Kindergarten Program?

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 us 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 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 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 or transportation. The parents/guardians will 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 for my child including the administration of life saving medication (eg. EpiPen or Ventolin) 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/ 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 authorised nominees and emergency contacts of the child will be required to present photographic ID such as a Drivers 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.

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

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 in regards to:

Fees and Attendance

- Fees must be paid one week in advance at all times to secure my placement.
- Where a bond 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, 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 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 reductions.
- I understand the importance of electronically signing my child's attendance using Qikkids Kiosk and agree to do so each day of my child's attendance. I understand that failure to sign in and out correctly will result in full fees being applicable without childcare benefit
- I the parent/guardian agree to pay outstanding fees applicable together with all debt recovery expenses including mercantile agent's fee, 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 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, the parent/guardian acknowledge that care may be refused in the case of a default.

Enrolment Fee

- I understand that the enrolment fee as outlined on the enclosed Fee schedule 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 off 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 the 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 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 **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 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)

I **do** give permission for Educators/Managers at the service to take my child on regular outings. I will be supplied with all relevant documentation including risk assessments, permission forms, excursion forms.

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		Witness	
Name		Name	
Date		Date	