



Enrolment Form

Date of Commencement: _____

*Please Tick the days that you require care:

MON TUES WED THU FRI

This form must be completed by a parent or guardian who has responsible in relation to the child. A brief explanation of parental responsibility is contained at the end of this form. The Education and Care Services National Regulations 2011 requires an approved provider to keep an enrolment record for each child containing the prescribed information in Regulations 160 to 162 Questions marked with * are not required by the Regulations, however, answers you provide to each question will assist the service in Educating and caring for your child.

*CHILD INFORMATION:

Family Name: _____	Date of Birth: _____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Given Name: _____	Usually called: _____	
Home Address: _____ _____		
Child CRN... _____		
Is the child of Aboriginal and/or Torres Strait Islander descent? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Language(s) spoken in the home: _____		
Cultural Background of the child & if applicable, the child's parents		
Religion: _____ Cultural Background _____		
Any Special consideration for the child (eg. Any cultural, religious or dietary requirements or additional needs)		

*Name, Age and Gender of Child's Siblings (If Applicable)	any other person(s) living in the Child's home (eg grandparents)
Sibling 1 _____	Name: _____
Sibling 2 _____	Relation to the child: _____
Sibling 3 _____	Name: _____
	Relation to the child: _____

*PARENTS INFORMATION

MOTHER	FATHER
Surname: _____	Surname: _____
Given Name: _____	Given Name: _____
Home Address: _____	Home Address: _____
*CRN: _____ D.O.B / /	*CRN: _____ D.O.B / /
Email: _____	Email: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile: _____	Mobile: _____
Occupation: _____	Occupation: _____
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/>	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/>
Authority to collect child: YES / NO (If NO, please provide court papers)	Authority to collect child: YES / NO (If NO please provide court papers)

GUARDIAN: (if applicable)

Name	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile: Email: D.O.B / /	Mobile: Email: D.O.B / /
Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>
Authority to collect: YES / NO	Authority to collect: YES / NO

OTHER PERSON'S AUTHORISATIONS

Please list below the details of those people who have authorised as emergency contacts for the child. This list may be amended at any time.

In the event that the parents or guardians cannot be contacted the person's listed below with authority will be contacted regarding collecting the child, in an event of an emergency involving the child consent to medical treatment or the administration of medication, or to authorise an educator to take the child outside of the service.

1/Name:	2/ Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship To The Child:	Relationship To The Child:

Please circle yes or no

Authorised to collect YES / NO	Authorised to collect YES / NO
Notification in an event of an Emergency YES / NO	Notification in an event of an Emergency YES / NO
Authorised to consent to Medical treatment YES / NO	Authorised to consent to Medical treatment YES / NO
Authorised for Educator to take child outside of the premises YES / NO	Authorised for Educator to take child outside of the premises YES / NO
Authorised Administration of Medication YES / NO	Authorised Administration of Medication YES / NO

3/ Name:	4/ Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship To The Child:	Relationship To The Child:

Please circle yes or no

Authorised to collect YES / NO	Authorised to collect YES / NO
Notification in an event of an Emergency YES / NO	Notification in an event of an Emergency YES / NO
Authorised to consent to Medical treatment YES / NO	Authorised to consent to Medical treatment YES / NO
Authorised for Educator to take child outside of the premises YES / NO	Authorised for Educator to take child outside of the premises YES / NO
Authorised Administration of Medication YES / NO	Authorised Administration of Medication YES / NO

COURT ORDERS RELATING TO THE CHILD:

Are there Court Orders, Parenting Orders, Parenting Plans relating to the powers and responsibilities of the parents in relation to the child or access to the child?

No Go to next section

Yes Please complete the following

1. Bring the original court order/s for staff to see and copy to attach to this enrolment form:
2. If these orders:

- a) Change the powers of a parent/guardian to:
 - authorise the taking of the child outside the Service by a staff member of the Service
 - Consent to the medical treatment of the child
 - Request or permit the administration of medication to the child
 - Collect the child, and or
- b) Give these powers to someone else

Please describe these changes and provide the contact of any person given these powers:

INFORMATION FOR BODIES WHICH PROVIDE FUNDING TO THE EDUCATION AND CARE

From the time the Regulatory Authorities seek information on the characteristics of the children and their families who has an Education & Care Service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions by circling the appropriate box including YES or NO

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?

YES / NO

Does either parent have a Disability?

YES / NO

Is the Family a single Parent Family?

YES / NO

CONFIDENTIALITY OF ENROLMENT RECORDS

The approved provider of the Education & Care Service must ensure that the information in the child's enrolment record is not divulged or communicated directly or indirectly, to another person other than as prescribed under Regulations 181 & 182 of the Education and Care Services National Regulations 2011, This includes, to the extent necessary for the education and care of the child or medical treatment of the child; or where expressly authorised permitted or required to be given by or under any Act or Law; or with the written consent of the person who provided the information.

COLLECTING THE CHILD FROM THE CHILDREN'S SERVICE

With your consent the following people may **collect your child** from the children's service on your behalf. Please list the details of those people who can collect the child in the event that the child is not collected from the children's service and the parents or guardians cannot be contacted.

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship To The Child:	Relationship To The Child:

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship To The Child:	Relationship To The Child:

CHILD'S MEDICAL AND HEALTH INFORMATION

Name of Doctor / Medical Service: _____

Address of Doctor / Medical Service: _____

Telephone: _____

Maternal & Child Health (MCH) Centre: _____

*Has your child had their 3½-year assessment? NO YES (If YES, please provide copy of assessment)

Medicare No: _____ Ambulance Subscription: _____ Pension No: _____ Private Health No: _____

Does Your Child Have Any **Allergies or Sensitivity**? No Yes

If Yes, please provide details or a copy of the management plan

Does your child have any **Dietary Restrictions**? No Yes (If YES, please explain)

Do you give the centre permission to display your child's allergies for staff? YES / NO

Does Your Child Have Any **Medical Conditions and Needs**, which are relevant to the Children's Service?

No Yes (Eg epilepsy, diabetes, asthma etc)

If Yes, please provide details or a copy of the management plan

Does your child have any **Additional Needs**: YES / NO (If YES, please explain) _____

***CHILD'S IMMUNISATION RECORD**

1. Please find attached Immunisation Records from the Child Health Record
2. Please find attached Immunisation Record from the Local Government
3. Please find attached Records of Special Immunisation Status
4. Other

Has the child been immunised? No Yes (If YES, please provide evidence)

Immunisation	2 Months	4 Months	6 Months	12 Months	18 Months	4-5 Years
Diphtheria/Tetanus/Pertussis/Polio						
Haemophilus influenza type b / Hepatitis b						
Pneumococcal						
Measles/Mumps/Rubella						
Meningococcal C						
Chicken Pox						

You may have also purchased additional immunisation for your child. If so, please provide the dates these have been given:

OTHER INFORMATION: *If there is anything else that the children's service should know about your child (Eg. Attending other early childhood services, early intervention service etc).* _____

Declaration and Consent to Emergency Medical Treatment

I,(Print full name)

A person with lawful authority to the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the Children's Service in the event of any changes to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the Service.
- Consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.
- In case of an emergency I do / do not (please circle) consent to staff of the Children's Service to administer a once only dose of Panadol, as recommended for age / stage appropriateness.
- Understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the premises under the direction and supervision of staff.
- Have read and understood all the Centre's policies and procedures.
- Medical Treatment for the child from a registered medical practitioner, hospital or Ambulance Service and
- Transportation of the child by an Ambulance Service

Signature..... Date...../...../.....

Admission Agreement
(Please read carefully before signing)

I/We understand that our service will take due care and responsibility, but will under no circumstances be held responsible for the circumstances resulting from staff carrying out parental instructions.

1. I agree to notify the Centre as soon as possible regarding my child's absence
2. I will inform the Director of any changes in the arrival and departure times and procedures, especially in regards to persons other than those recorded who will be collecting my child/ren
3. I will time and sign my child/ren upon arrival and departure everyday
4. I agree to pay my Child Care Fees in advance and thereafter weekly or fortnightly

Please cross out where applicable

5. I am /am not willing for my child's photo to be taken for the Centre photo album and or for a newspaper feature article, and or advertising purposes
6. I do/do not agree for a staff member to examine my child's hair in case of an outbreak of head lice in the Centre
7. I agree and accept the admission agreement

Child's Name _____ Parent/Guardian Name _____

Parent/Guardian Signature _____ Date ____/____/____

Director's Signature _____ Date ____/____/____

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The Children's Services Regulations 1998 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardian

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of guardian under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person who has day to day care and control of the child

FEE POLICY & TERMS OF ENROLMENT

Acknowledgement Form

I the Parent / Guardian agree that the information provided in this application is true and correct and will be relied upon by the Childcare Centre.

The Parent/Guardian agrees to notify the carer immediately should there be any change in circumstances from the details as outlined in the enrolment form including living arrangements of the child and/or parent/guardian within 7 days of the date of such change.

Terms of Payment a strictly within seven (7) days.
A cancellation fee may apply at the discretion of the Childcare Centre

The Parent/Guardian agrees to pay outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses including mercantile agent fees, court costs and legal fees reasonably incurred by the Childcare 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 & Commercial Recoveries 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 Registry for a period of six (6) years and 30 days or until paid. Other care providers may access this information at the time of enrolment.

The Parent/Guardian acknowledges that care may be refused in the case of a default.

In the event that the Parent/Guardian is experiencing financial hardship it is the responsibility of the parent/guardian to contact the centre director to discuss a special payment plan.

- Permanent bookings attract fees for all attendance and non-attendance days (including sick days, public holidays etc).
- Where parents are entitled to claim CCB as a fee reduction, the percentage provided by the Family Assistance Office is used in a formula to calculate the fees which are payable to the centre. Please do not hesitate to see your centre director who can calculate this for you.
- Children are entitled to a maximum of 30 Allowable Absences (these are absences without a medical certificate or other approved paperwork) per financial year. Once this limit is reached CCB will not be provided for any additional absences.

Signature of Parent / Guardian Driver's License No: / /
Date of Birth

Signature of Parent / Guardian Driver's License No: / /
Date of Birth

Name of Child attending the Service

PRIVACY POLICY STATEMENT

Dear Families, the following is our Centre's Privacy Policy Statement

We respect your privacy

In order to provide you with the highest standard of service our organization is required to collect personal information from you about your children and parents/guardians before and during the course of your child's enrolment in our service. We are committed to protecting your privacy and we abide by the National Privacy Principles contained within the Privacy Act.

Privacy of your personal information is important to us and we conduct our business with respect and integrity.

What information do we collect, why and how is it used?

Basic details are usually from parents such as your names, address, phone contacts but it is also necessary for staff to collect details regarding your child's name, date of birth, medical details, health, routines likes and dislikes which make up a personal profile/child's background.

In addition, we require holding information regarding your child's Child Care Benefit entitlements.

All this information is vital in assisting us to provide the best possible individual care for your child and for processing payments. Some of the information we collect is to satisfy the services legal obligations under the relevant childcare legislation. Naturally much of this information is of personal nature and some of it might be regarded as 'sensitive' and not the sort of information that you would wish to have unnecessarily disclosed to others.

- I understand that information will only be used by the Childcare Professionals (staff) in order to deliver my child's care to the highest standard.
- I understand that information will not be disclosed to those not associated with care of my child without my expressed consent, except in the case of an emergency or mandatory reporting where a child is at risk.
- I understand that I may seek access to the information held about my family and child and that the Centre will provide access without undue delay and that this access might be inspection of my child's record or by providing copies of information.
- I understand that there will be no charge made for requesting this information but there may be a levy to cover the costs associated with the processing of this request.
- I understand that Parents/Families must disclose changes to enrolment details as they occur and that reasonable steps are taken to ensure that at all times the details held by the service are accurate, complete and up to date.
- I understand that reasonable steps will be taken by the service to protect this information from misuse or loss and from unauthorised access and disclosure.
- I understand that the staffs are committed to respect these principles at all times.
- I understand that if a student has a valid training requirement that involves the gathering of certain information pertaining to my child or family, the student must have written consent from me and a director or person in charge of the centre.

Payment Methods

Payments can be made by:

Cash / Eftpos / Credit Card / Internet Banking

For further information regarding Fees please contact the Centre Director

- I understand that all written related comments, feedback or complaints should be directed to the Centre Director, or Licensee.
- I understand that the service will follow up on all written comments, feedback or complaints as soon as practicable after the complaint is made and as discreetly as practicable in the circumstances. I also understand that the service will deal with and respond to comments, feedback or complaints relating to the Privacy Act in order to maintain high standards of service provision.
- I understand that my details of address and phone number will be referred to the Accounts Manager if fees are in arrears.

I have read all the above points and will abide by the centres policies:

Parent/Guardian Name: _____ **Date:** _____

Where a person lacks capacity because of mental or physical impairment, their authorised representative or a court appointed guardian can give consent on their behalf.

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

