

# Enrolment Form

Centre Name	LITTLE TACKERS EARLY EDUCATION & CARE CENTRE				
<b>Child's Details</b>					
First Name		Middle		Surname	
Other Name/s			Former Name/s		
Date Of Birth			Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Child's CRN			Language Used At Home		
Street Address					
Suburb			State		Postcode
Please indicate which days your child is to be enrolled		Monday	Tuesday	Wednesday	Thursday
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Start Date		/ /			
Cultural Background	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Other:		
Does your child attend another service in the same week of care as this centre?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>Parent/Guardian 1</b> <small>(The person either registered or most likely to register for Child Care Rebate (CCR) and/or Child Care Benefit (CCB))</small>					
Title		First Name		Surname	
Other Name/s			Cultural Background		
Street Address	<input type="checkbox"/> Same as child				
Suburb			State		Postcode
Relationship to Child			Date of Birth*		
Parent's CRN*					
<small>*CRN = A Customer Reference Number is issued by DEEWR once you have registered for CCB. You can register by calling Centrelink on 136150.</small>					
Phone	Home			Occupation	
	Work			Employer	
	Mobile			Work Address	
Email					

<b>Parent/Guardian 2</b>					
Title		First Name		Surname	
Other Name/s			Cultural Background		
Street Address	<input type="checkbox"/> Same as child				Email
Suburb			State		Postcode
Relationship to Child			Date of Birth*		
Phone	Home			Occupation	
	Work			Employer	

<b>Family Circumstances &amp; Access</b>					
Are there any custody or parenting orders affecting your child? <i>(If yes, please attach copies of all current orders)</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there anyone who is prohibited from or limited in having contact with, or access to your child?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Authorised Contacts</b>					
In the event that both parents/guardians are unavailable, please nominate at least two people who you give permission to					
a) Collect your child from the centre b) Consent to medical treatment for your child c) Authorise administration of medication to your child d) Authorise and educator to take your child outside the premises					
	Contact 1		Contact 2		Contact 3
First Name					
Surname					
Street Address					
Suburb					
State & Postcode					
Relationship to Child					
Phone	Mobile				
	Home				
	Work				
<b>Medical &amp; Health Details</b>					
Doctor's Name			Phone		
Address			State		Postcode
All children enrolling in the centre must provide written proof of immunisation – the immunisation register through Medicare will provide this to you. Failure to provide this will mean that your child will be ineligible to receive Childcare Benefit or Rebate. Non vaccinated children are permitted to attend but in the event of a suspected or diagnosed vaccine preventable disease children will be excluded until the risk of exposure is no longer evident.					
<b>Please provide the Medicare Card number by which your child is covered</b>					
Does your child have any specific health care needs (including medical conditions and asthma), additional needs or are they on regular medication?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details: (Medical managements plans/action plans or risk minimisation plans MUST be attached)					
Does your child have any dietary restrictions?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide details:					
Does your child have any allergies?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:					
Has your child been diagnosed as at risk of anaphylaxis?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details: (Medical management plans/action plans or risk minimisation plans MUST be attached)					

### Consent & Acknowledgements

**I/we understand that**

✓	Fees are payable one week in advance.
✓	If my fees are in arrears for more than two weeks and no arrangements have been made with the Nominated Supervisor, my child's place may be withdrawn.
✓	Fees will be charged for booked days that my child does not attend due to illness, holiday or public holidays.
✓	I am required to provide two weeks' notice prior to withdrawing from the centre and agree to pay all outstanding fees prior to my departure.
✓	As per DEEWR requirements, I understand that families are <u>not</u> permitted to claim CCB or CCR for a child who is absent <u>prior</u> to their first day of physical attendance, or <u>after</u> their last day of physical attendance at the centre during the two week notice period. Full fees will be payable.
✓	Should I fail to pay my fees and my place is withdrawn or when I leave the centre, I will be liable for all additional cost incurred in collecting the outstanding fees.
✓	Full fees are payable until Child Care Benefit confirmation is received by the centre.
✓	A system of payment for late collection of my child operates at the centre to cover overtime payments to team members, and I/we are obliged to pick up my child/ren prior to closing time. Any collection will result in a fee being charged.

**I acknowledge that**

	Yes	No
I understand and agree to abide by all Centre Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>
I consent to photos of my child/ren being used publically (Facebook, etc)	<input type="checkbox"/>	<input type="checkbox"/>
I consent to my child being the subject of observations by students from TAFE or University during practical training towards their qualifications. (These students are supervised at all times by team members)	<input type="checkbox"/>	<input type="checkbox"/>
I consent to team members applying nappy powders/creams that I have provided to the centre as required.	<input type="checkbox"/>	<input type="checkbox"/>
I consent to team members applying centre provided sunscreen to my child for outdoor play.	<input type="checkbox"/>	<input type="checkbox"/>
I consent to team members applying insect repellent to my child for outdoor play.	<input type="checkbox"/>	<input type="checkbox"/>
I consent to team members applying teething gel to my child's gums when they are teething (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
I consent to my child leaving the building to gather in the designated assembly area to practice emergency evacuations.	<input type="checkbox"/>	<input type="checkbox"/>
In the case of emergency, I give permission for team members to seek urgent medical treatment from a registered medical practitioner, hospital or ambulance service, and transportation by ambulance, in the event that such action appears to be necessary because my child has been injured or is ill at the premises. I agree to pay for any medical cost incurred.	✓	
I give permission for my child to leave the centre premises in case of emergency.	✓	
I authorise, in the case of an emergency, that oral authorisation obtained from myself or an Authorised Contact, and verbally heard by two team members at the time, will be sufficient should an initial dose of paracetamol be required to be administered to my child.	<input type="checkbox"/>	<input type="checkbox"/>
I am required to provide updated immunisation records as proof of immunisation status.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parent / Guardian Signature</b>	<b>Date</b>	/ /
<b>Parent / Guardian Signature</b>	<b>Date</b>	/ /

Office use only. Processed by \_\_\_\_\_ Centre \_\_\_\_\_ Date \_\_\_\_\_

## All About Me

To enable team members to provide appropriate programs for all children, it is important that we have as much information about your child as possible.

My Name			
Preferred Name		Date of Birth	
Country of Birth		Language spoken at home	

Are there any religious or cultural practices you would like your child to observe? Please provide details:

People who live at home with me are:

Name	Age	Relationship

I have pets at home	Yes	No	If yes, please provide details:
---------------------	-----	----	---------------------------------

I have a particular comfort object <small>eg. dummy, blanket</small>	Yes	No	If yes, please provide details:
---	-----	----	---------------------------------

I have a fear of particular things	Yes	No	If yes, please provide details:
------------------------------------	-----	----	---------------------------------

Has there been any change in my family recently? <small>eg. moving house, new baby, separation</small>	Yes	No	If yes, please provide details:
---	-----	----	---------------------------------

Are there any activities at the centre that may contravene my family values or beliefs?	Yes	No	If yes, please provide details:
---	-----	----	---------------------------------

I can use the toilet unassisted	Yes	No	Please provide details if required:
---------------------------------	-----	----	-------------------------------------

My family has special skills, talents or interests and they would be happy to share these at the centre	Yes	No	If yes, please provide details:
---	-----	----	---------------------------------

My favourite food is			
----------------------	--	--	--

My favourite toy is			
---------------------	--	--	--

My favourite book is			
----------------------	--	--	--

My favourite activity is			
--------------------------	--	--	--

My special interests are			
--------------------------	--	--	--