

Enrolment Form

Centre Name							
Child's Details							
First Name		Middle Name		Surname			
Other Name/s				Former Name/s			
Date Of Birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>
	<input type="text"/>	<input type="text"/>		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	Friday	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preferred Start Date		<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/
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		

Parent / Guardian 1 <i>(The person either registered or most likely to register for Child Care Rebate (CCR) and/or Child Care Benefit (CCB))</i>							
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*	<input type="text"/>	<input type="text"/>	/
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	/
Parent's CRN*				<small>*DOB = In order to meet eligibility requirements to receive CCR and/or CCB you must provide your date of birth.</small>			

*CRN = A Customer Reference Number is issued by DEEWR once you have registered for CCB. You can register by calling Centrelink on 13 61 50.

Phone	Home		Occupation	
	Work		Employer	
	Mobile		Work Address	
Email				

Parent / Guardian 2							
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	<input type="text"/>	<input type="text"/>	/
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	/
Phone	Home		Occupation				
	Work		Employer				
	Mobile		Work Address				
Email							

Family Circumstances & Access

Are there any custody or parenting orders affecting your child? (If yes, please attach copies of all current orders) Yes No

Is there anyone who is prohibited from or limited in having contact with, or access to your child? Yes No

Authorised Contacts

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 an educator to take your child outside the centre premises

		Contact 1	Contact 2	Contact 3
First Name				
Surname				
Street Address				
Suburb				
State & Postcode				
Relationship to Child				
Phone	Mobile			
	Home			
	Work			

Medical & Health Details

Doctor's Name		Phone	
Address		State	Postcode

All children enrolling in the centre must provide written proof of immunisation. Failure to provide this may mean that your child will be unable to attend the centre in the event of a suspected or diagnosed vaccine preventable disease until the risk of exposure is no longer evident.

Please provide the Medicare Card number by which your child is covered

Does your child have any specific health care needs (including medical conditions and asthma), additional needs or are they on regular medication? Yes No

If yes, please provide details: (Medical management plans/action plans or risk minimisation plans **MUST** be attached)

Does your child have any dietary restrictions? Yes No

If yes, please provide details:

Does your child have any allergies? Yes No

If yes, please provide details:

Has your child been diagnosed as at risk of anaphylaxis? Yes No

If yes, please provide details: (Medical management plans/action plans or risk minimisation plans **MUST** be attached)

Consents & 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 costs 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 late 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 my child being the subject of observation by team members to assist in developing an appropriate developmental and educational program.		<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 centre provided sunscreen to my child for outdoor play.		<input type="checkbox"/>	<input type="checkbox"/>
I consent to team members applying nappy powders that I have provided to the centre as required.		<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 costs incurred.		✓	
I give permission for my child to leave the centre premises in the case of an 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"/>
Parent / Guardian Signature		Date	□□ / □□ / □□
Parent / Guardian Signature		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
eg. dummy, blanket

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?
eg. moving house, new baby, separation

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 favourite food is

My favourite toy is

My favourite book is

My favourite activity is

My special interests are

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