

# Enrolment Form

## Information About The Child

Child's Given Name:.....

Child's Surname:.....

Child's Preferred Name:.....

Gender:  Male  Female Date of Birth: ..... /..... /.....

Child's Residential Address:.....

State:..... Postcode:.....

Child's CRN:.....  
Your Child's CRN will be 9 numbers followed by a letter, this is obtained via Centrelink (If you do not have a CRN please type 'not eligible' in the box required)

Child's Medicare Card Number:..... Expiry Date: ..... /.....

Child's Health Care Card Number:..... Expiry Date: ..... /.....

Cultural Background of the child: .....

Language(s) spoken at home:.....

Is the child of Aboriginal and/or Torres Strait Islander origin? (Please tick one box only)

- No, not Aboriginal or Torres Strait Islander       Yes, Aboriginal  
 Yes, Aboriginal and Torres Strait Islander       Yes, Torres Strait Islander

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## The Child's Booking Information

- Monday     Tuesday     Wednesday     Thursday     Friday

Approximate Arrival and Departure Times:.....

Proposed Start Date:.....

**Definitions**

A **Parent** includes a guardian of the child and a person with parental responsibilities for the child under a decision or court order.

**Parental responsibility** is a term defined under section 61C of the Family Law Act 1975, which means “all the duties, powers, responsibilities and authority which, by law, parents have in relation to children.

**Parent / Person with Parental Responsibility Information 1**

Full Name:.....

Relationship to Child:       Mother    Father    Guardian    Other:.....

Parent / Guardian CRN:.....      Date of Birth: ..... /..... /.....

Address:.....

State:.....      Postcode:.....

Home Phone:.....      Mobile:.....

Email:.....

Occupation:.....      Employer:.....

Work Phone: .....      Work Address: .....

Cultural Background / Nationality:.....

Language Spoken at Home:.....

**Parent / Person with Parental Responsibility Information 2**

Full Name:.....

Relationship to Child:       Mother    Father    Guardian    Other:.....

Parent / Guardian CRN:.....      Date of Birth: ..... /..... /.....

Address:.....

State:.....      Postcode:.....

Home Phone:.....      Mobile:.....

Email:.....

Occupation:.....      Employer:.....

Work Phone: .....      Work Address: .....

Cultural Background / Nationality:.....

Language Spoken at Home:.....

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**Definitions**

An **Emergency Contact** can be any person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted.

**Authorised nominee** is a person who has been given permission by a parent or family member to collect the child from the education and care service.

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**Authorisation Contact Information 1 (Other than Parent/ Guardian)**

Full Name:.....

Relationship to Child:.....

Address:.....

State:..... Postcode:.....

Home Phone:..... Mobile:.....

This person is an emergency contact who can be notified of an emergency involving my child.

This person is an authorised nominee who has authorisation to collect my child from the education and care service.

This person is authorised to consent to medical treatment of the child or to authorise the administration of medication to the child. This person is authorised to give the approved provider, nominated supervisor or educator consent to seek medical treatment from a registered medical practitioner, hospital or ambulance service or transportation of the child by an ambulance service.

This person has authority to authorise taking the child outside the service on excursions or regular outings by giving written consent (ie. permission form)

This person is authorised to authorise an educator to take the child outside the education and care service premises, the service can transport the child and arrange transportation of the child.

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**Authorisation Contact Information 2 (Other than Parent/ Guardian)**

Full Name:.....

Relationship to Child:.....

Address:.....

State:..... Postcode:.....

Home Phone:..... Mobile:.....

This person is an emergency contact who can be notified of an emergency involving my child.

This person is an authorised nominee who has authorisation to collect my child from the education and care service.

This person is authorised to consent to medical treatment of the child or to authorise the administration of medication to the child. This person is authorised to give the approved provider, nominated supervisor or educator consent to seek medical treatment from a registered medical practitioner, hospital or ambulance service or transportation of the child by an ambulance service.

This person has authority to authorise taking the child outside the service on excursions or regular outings by giving written consent (ie. permission form)

This person is authorised to authorise an educator to take the child outside the education and care service premises, the service can transport the child and arrange transportation of the child.

**Court Orders, Parenting Plans or Parenting Orders**

Are there any Court Orders, Parenting Plans or Parenting Orders relating to the powers, duties, responsibilities, child’s residence, contact with the parent or other persons or authorities of any person in relation to the child or access to the child?       No       Yes

If you have selected yes to the question above, please give a brief description below. You will also need to provide the Nominated Supervisor and Approved Provider with original court / parent plan documents. It is the parent / guardians responsibility to ensure up to date documents are provided to management.

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**Your Child’s Medical Information**

**Doctor**

Name of Doctor/Medical Service: .....

Telephone: .....

Address of Doctor/Medical Service: .....

Name of Private Health Fund: .....

Private Health Fund Number: .....

**Maternal Health Nurse**

Maternal & Child Health (MCH) Centre: .....

**Immunisation Details**

Has your child been immunised?     Yes     No

Birth     2 months     4 months     6 months     12months     18months     4 years

A copy of your child’s immunisation records must be provided to the centre and updated after each immunisation.

**Dentist**

Name of Dentist/Dental Service: .....

Telephone: .....

Address of Dental Surgery: .....

**Your Child's Health Information**

Does your child have any specific health care needs including medical conditions or special/additional needs?  Yes  No

Please specify: .....

Does your child visit a specialist?  Yes  No

Please specify the specialist and frequency of visits: .....

If you have answered yes to the question above, please give a brief summary outlining the medical condition/special need and any management procedures which will enable us to have further discussions prior to enrolment.

.....  
 .....  
 .....

Has your child been diagnosed with:

Anaphylaxis:  Yes  No

Asthma:  Yes  No

Allergies:  Yes  No

Diabetes:  Yes  No

Epilepsy:  Yes  No

Intolerance:  Yes  No

Other:  Yes  No If yes, please specify:.....

If you have ticked yes to any medical conditions mentioned above, please outline a brief summary of the condition and provide an original Action Plan that has been completed by the child's Doctor or Specialist. Updated action plans throughout your time at the centre will need to be given to the Nominated Supervisor. Upon and throughout your enrolment you will be required to actively participate in developing a risk minimisation plan and communication plan for the specific medical condition mentioned in this enrolment form, in conjunction with the Nominated Supervisor. These are reviewed annually as well as on a needs basis.

Brief Summary of medical condition, including allergens, triggers, reactions and responses:

.....  
 .....

.....  
.....  
.....  
.....

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

Yes     No

If you have selected yes to the question above, please provide us with additional information:

.....

Does your child have any other medical conditions, special considerations including cultural/religious that have not been mentioned above?     Yes     No

If you have selected yes to the question above, please provide us with additional information:

.....

Does the child have any dietary restrictions?     Yes     No

If you have selected yes to the question above, please provide us with additional information:

**Parent Agreement**

I agree that by enrolling my child at this centre and being a person of parental responsibility of the child referred to in this enrolment form consent to;

- The designated Authorised Nominee’s/Emergency Contact Persons to act upon my behalf in the event of an emergency. I authorise the childcare service to obtain medical treatment for the child from a medical practitioner, hospital or ambulance service and understand that I am liable for any costs incurred.
- My child to be transported by an ambulance service in the event of an emergency and I understand I am liable for any costs incurred.
- Collect or make arrangements for the collection of the child referred to in this enrolment form if they become unwell at the service.
- Centre staff to transport my child by bus to and from school if required.
- Centre staff to apply sunscreen to my child for outdoor play.
- Photos to be taken of my child for observational tools.
- My child participating in face painting activities on special event days. My child’s medical information being displayed within the centre.
- My child being removed from the premises in the event of an emergency.
- My child being removed from the premises for the purpose of emergency evacuation drills.

I/ we agree to:

- Regular fee payments by DebitSuccess ensuring my account is kept current week, plus one week in advance at all times.
- Pay full fee’s until childcare subsidy has been received by the centre.
- Notify the Centre Director should my child not attend their regular day of care.
- Notify the centre in writing 2 weeks prior to altering or cancelling my child’s enrolment and agree to pay all outstanding fees.
- Pay for public holidays and absent days.
- Notify the centre should any of the parent/ guardian or authorised nominee/emergency contact details change.
- Provide the centre with current Immunisation History Statements and Medical Action Plans as required.
- Abide by the centre policies, procedures and the education and care services regulations set out by the service.

I \_\_\_\_\_ the Nominated Supervisor of the centre have sighted the child’s Health Record (Health Record means a record that documents a child’s health and development assessment and immunisations) and have obtained a copy of the child’s immunisation schedule.

Parent / Guardian Signature:..... Date: ..... /..... /.....

Parent / Guardian Signature:..... Date: ..... /..... /.....

Nominated Supervisor Signature:..... Date: ..... /..... /.....

***Both parents signatures are required unless Parent 1 has full Parental Responsibility.***

**Confidentiality of enrolment records:**

*The Approved Provider of the Children's Service must ensure that information on the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in Education and Care Services National Regulations (regulation 161(1) (a))*

I..... (your name) declare as the person with parental responsibility of the child referred to in this enrolment form, that the information provided is true and correct and undertake to immediately inform the children's service in the event of any change to this form.

Parents Signature: ..... Date: ..... / ..... / .....



## Social Media Permission Form

Photographs are often taken of the children while they are at the Centre. These photos and digital forms (TV and Video Footage) are used as observational tools, displays and promotions. These are used both in the centre and outside the centre e.g.including but not limited to; Advertising, Facebook, Welcome Videos, Brochures and Information Booklets.

Do you have a Facebook Account?  Yes  No

How many people in your household have Facebook?.....

Would you actively check into our centre page if your child/children's photo were being uploaded?

Yes  No

Please tick the appropriate statement that will apply to your child:

- I/We **do** give permission for our child's photos and or videos to be published on Facebook and or any other promotional and advertising material for the centre.
- I/We **do not** give permission for our child's photos and or videos to be published on Facebook and or any other promotional and advertising material for the centre.
- I/We **DO** give permission for our child's photos and or videos to be published on Kindy Hub.
- I/We **DO NOT** give permission for our child's photos and or videos to be published on Kindy Hub.

Childs Name.....

Classroom Name:.....

Parents/Guardians Name.....

Signature.....

Parents/Guardians Name.....

Signature.....

*Both parents signatures are required unless Parent 1 has full Parental Responsibility.*

**\* Please Note**

While we endeavour to take photographs of individual children, sometimes more than one child may appear in an image. Please be aware that parents may tag or share photos containing images of their own child, but other children may also be present in the same image. By signing our social media permission form, you are agreeing to the above policy, and acknowledge that photographs of your child/ children may be shared by other parents/ individuals on our Facebook page.

# Child Profile Information

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## Belonging in our Centre

We feel passionately about children having a sense of belonging in our centre. For our educators to provide appropriate care and educational programs, it is vital for us to have as much information about each child as possible. This will assist the child to transition well between home and the centre.

Can your child speak and understand English?  Yes  No  Not at this developmental milestone yet

Are there any other languages spoken at home?  Yes  No

*If you have answered yes to the question above, please specify the language spoken mostly at home:*

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Would you and your child benefit from an interpreter?  Yes  No

Are there any cultural or religious practices we should be aware of, that you would like your child to be involved in?  Yes  No

*If you have answered to the question above, please provide additional information.*

.....

Does your child live with non-immediate family members (ie grandparents, aunt)?  Yes  No

*If you have answered to the question above, please provide additional information.*

.....

Please provide us with a summary of the child's family life at home such as family dynamics, siblings, pets or any other information you feel is important to the child? .....

.....

.....

Document below a summary of your child's typical daily routine such as; sleep/rest times, bottle quantity and times, meal times etc?

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.....

Does your child have a comforter? If yes, please specify (ie. Doll, Teddy, Dummy, Bottle?)

.....

.....

Is your child's appetite: Very good  / Good  / Fair  / Poor  (Please tick relevant answer)

Does your child eat: Puree Foods  / Mashed  / Chopped  / Finger Foods  / or is not yet eating solids  (Please tick relevant answer)

Does your child need assistance to eat?.....

Does your child have any strong dislikes to food? If yes, please provide us with additional information.

.....

What is your child's favourite food? .....

Does your child usually drink from a: Bottle  / Spout Cup  / Drink Bottle  / Straw Cup  / Open Lid Cup  (Please tick relevant answer)

If your child has a bottle do they have: Breast Milk  / Formula  / Cow's Milk

Other:.....

Does your child require assistance when using the toilet or are they currently toilet training? Please provide additional information about your child's toileting needs below:

.....

.....

### **Parent Participation and Special Talents**

We believe the children benefit tremendously from families participating in the educational program. We conduct parent teacher interviews throughout the year which gives educators the opportunity to discuss each child's learning and development. We also welcome families in to the classroom to share their talents and participate in classroom activities such as cooking classes, reading to the children etc.

Would you like to share a talent, skills or your occupation with the children?  Yes  No

