

Enrolment Form

Enrolled Child's Photo

Please attach a passport size
photo of child here

Please Tick to Indicate Documents are Attached

Child's birth certificate	
Immunisation records	
Photo identification of all parents and emergency contacts	
Please provide Proof of residency Licence or Bill Statement attach copy and show original	
Will you be claiming Child Care Subsidy? If yes please provide details of person claiming, whether you will be claiming weekly or as a lump sum payment? If claiming as a lump sum fill out a FAO22 Form	
Any other relevant documentation	
Checked and Entered into Computer By	
Signature	
Date	

Child's Details					
Child's Name					
Former Names					
Male/Female					
Child CRN details					
Address of Child					
Date of Birth					
Country of Birth					
Child's Nationality					
Languages Spoken by child					
Families Religion					
Names and ages of siblings					
Does your child have any allergies?	Yes	No	Please write relevant information below		
Does your child have any medical or developmental conditions the centre should be aware of?	Yes	No	Please write relevant information below		
Does your child have any special dietary requirements? (E.g.; vegetarian, medical or religious reasons) Please answer yes or no and then provide details if yes.	Yes	No	Please write relevant information below		
Office Use					
Pre-enrolment visit date					
Orientation Day					
Start date of Care					
Approximate Arrival Time					
Approximate Departure Time					
Day/s Attending Centre	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Session times	7:00 AM-6:00 PM	7:00 AM-6:00 PM	7:00 AM-6:00 PM	7:00 AM-6:00 PM	7:00 AM-6:00 PM

Parent/Guardian Details			
Parent Guardian's Name			
Relationship to the child			
Male/Female			
Parent CRN details			
Date of Birth			
Home Address			
Mobile Phone Number			
Home Phone Number			
Work Phone Number			
Email Address			
Occupation/Employer			
Work Address			
Work Phone Number			
Country of Birth		Date arrived in Australia	
Please provide Proof of residency	Licence or Bill Statement attach copy and show original		
Parent/Guardian Details			
Parent Guardian's Name			
Relationship to the Child			
Male/Female			
Date of Birth			
Home Address			
Mobile Phone Number			
Home Phone Number			
Work Phone Number			
Email Address			
Occupation/Employer			
Work Address			
Work Phone Number			
Country of Birth		Date arrived in Australia	
Please provide Proof of residency	Licence or Bill Statement attach copy and show original		

Emergency Contacts Details

It is important that you inform all of the emergency contacts that you have included them as emergency contacts and that they may be contacted in the case of emergency and asked to collect your child when you cannot be contacted. If contact is unsuccessful we will contact the emergency contacts in the order you have listed. Please attach a copy of legal photo ID of each emergency/authorised person.

Emergency Contact 1

Emergency Contacts Name				Attach Photo Here
Male/Female		Date of Birth		
Home Address				
Mobile Phone Number				Authorisation to:
Home Phone Number				Collect child <input type="checkbox"/>
Work Phone Number				
Email Address				Administer/consent to
Employer				Medication <input type="checkbox"/>
Work Address				
Work Phone Number				Provide permission for
Hours of Work				excursion <input type="checkbox"/>
Relationship to child				

Emergency Contact 2

Emergency Contacts Name				Attach Photo Here
Male/Female		Date of Birth		
Home Address				
Mobile Phone Number				Authorisation to:
Home Phone Number				Collect child <input type="checkbox"/>
Work Phone Number				
Email Address				Administer/consent to
Employer				Medication <input type="checkbox"/>
Work Address				
Work Phone Number				Provide permission for
Hours of Work				excursion <input type="checkbox"/>
Relationship to child				

Emergency Contact 3

Emergency Contacts Name		Attach Photo Here
Male/Female		
Date of Birth		
Home Address		Authorisation to:
Mobile Phone Number		Collect child <input type="checkbox"/>
Home Phone Number		
Work Phone Number		Administer/consent to
Email Address		Medication <input type="checkbox"/>
Employer		
Work Address		Provide permission for
Work Phone Number		excursion <input type="checkbox"/>
Hours of Work		
Relationship to child		

Emergency Contact 4

Emergency Contacts Name		Attach Photo Here
Male/Female		
Date of Birth		
Home Address		Authorisation to:
Mobile Phone Number		Collect child <input type="checkbox"/>
Home Phone Number		
Work Phone Number		Administer/consent to
Email Address		Medication <input type="checkbox"/>
Employer		
Work Address		Provide permission for
Work Phone Number		excursion <input type="checkbox"/>
Hours of Work		
Relationship to child		

Parenting Orders			
Are there any custody issues or parenting orders in place in relation to your child? If yes, please provide details. Please note: The centre cannot enforce custody issues without a copy of the relevant Court Order at the Centre. Please discuss any issues before enrolment.			
Medical Information			
Do you have a Private Health Fund?	Yes		No
Name of Private Health Fund			
Private Health Fund Number			
Ambulance Cover?	Yes		No
Family Medicare Number			
Medicare Number for Child			
Family Doctor's Name			
Doctor's Address			
Doctor's Telephone Number			
Family Dentist's Name			
Dentist's Address			
Dentist's Telephone Number			
Does your child require regular medication?	Yes	No	Please write relevant information below
Has your child ever been hospitalised?	Yes	No	Please write relevant information below
Does your child have any ongoing medical conditions?	Yes	No	Please write relevant information below
Is your child receiving any support/treatment for diverse needs treatment? (e.g. sight, hearing, behaviour)	Yes	No	Please write relevant information below
Has your child received the necessary immunisation for their age?	Yes	No	If no, please give reason

Child's Information			
Toileting			
This information will assist staff to transition and support your child into daily education and care			
Is your child	In nappies		
	Toilet training		
	Using a potty		
	Using a toilet		
Does your child need assistance in using toilet?			
Are there any special words or information in regard to your child using the toilet?			
Comfort/Security Information			
Does your child have a dummy?	Yes		No
Does your child have a bottle?	Yes		No
Does your child have any security objects, and do they have any special words/names for them?	Yes	No	Please provide information
Does your child have any fears?			
Sleep Time			
Does your child have a sleep during the day?			
Does your child have any special routine at sleep time?			
Do you want your child to have a rest if they don't have a sleep?			
Does your child sleep well at night?			
Meal Times			
What utensils does your child use to eat and drink?			
Does your child feed him/herself at home?			
What are your child's likes/dislikes with food?			
Is your child breast fed or on formula?			
What formula do they have?			
When does your child have a bottle?			
Is there any food that your child should not eat for healthy, lifestyle or religious reasons?			

Language			
Does your child use gestures and sounds to communicate?			
Is your child using words to communicate?			
Is your child talking in more than three-word sentences?			
Do you speak another language other than English at home? If yes what language?			
Are there any words that have special meaning to your child?			
Interests			
What does your child enjoy doing?			
Do they attend any other groups outside of child care?			
Other Times			
Please advise if your child is learning to walk at what stage they are at. I.e. sitting, climbing, crawling, and standing.			
<ul style="list-style-type: none"> Has your child been in care before? 	Yes	No	More information where needed
<ul style="list-style-type: none"> Is your child attending another service now? 			
Is your child used to spending time away from you? How does your child settle when away from you?			
Further Information			
Please note any further information			

Agreements		
All agreements set out below are to be signed to say that you have read, understood and agree to abide by the conditions of this contract.		
Permission to seek and carry out appropriate medical assistance in an emergency		
In the case of an accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatment; medical, dental, hospital treatment, administration of an anaesthetic (if necessary) for my child in the case of an emergency and authorisation to seek ambulance service.		
Print Name	Signature	Date
First Aid		
I give permission for staff to administer first aid if required to my child. First Aid will only be administered by a staff member who holds a current First Aid Certificate.		
Print Name	Signature	Date

General Permissions (Circle Yes or No)		
I hereby give permission for staff to use antiseptic wipes.	Yes	No
I hereby give permission for staff to use band aids or sticking plaster.	Yes	No
I hereby give permission for staff to apply sunscreen to my child.	Yes	No
I hereby give permission for staff to apply Nappy Cream/Paste.	Yes	No
I hereby give permission for staff to apply sting goes or other cream used for insect bites	Yes	No
Print Name	Signature	Date

Permission to Administer Paracetamol		
I hereby give permission to for staff to administer paracetamol to my child if his/her temperature reaches 38.5 degrees in line with the services Injury, Illness, Incident and Trauma Policy I have read.		
Print Name	Signature	Date

Authorised Consent

In the event of an emergency resulting in the need for immediate medical attention, I hereby give authorised permission to consent for the service to seek;

- i) medical treatment for my child from a registered medical practitioner, hospital or ambulance service; and
- ii) transportation of my child by an ambulance service.

Print Name	Signature	Date

In the event of an emergency resulting in the need for immediate medical attention, I hereby give authorised permission to consent for the emergency contacts to act on my behalf if I can't be contacted to;

- i) seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service; and
- ii) seek transportation of my child by an ambulance service.
- iii) authorise consent to administration of medication to my child

Print Name	Signature	Date

In the event where I am uncontactable or unable to collect my child from the service, I hereby give authorised permission for the authorised emergency contact to;

- i) To take my child outside of the education and care services premises or from an authorised excursion my child is attending.
- ii) Give permissions for excursions out of the service

Print Name	Signature	Date

I hereby give authorised permission for an educator to take my child outside the education and care service premises in the event of an emergency, practise fire drills and excursions.

Print Name	Signature	Date

Permission for Publicity (Optional) (Circle Yes or No)		
I hereby consent to my child's photograph, video footage, name, age and suburb being used for publicity for this child care service my child is enrolled in for the use in this services website, social media and other media purposes such as advertising and used in organisation resources.	Yes	No
I hereby consent to observations, photos and video footage to be taken of my child for centre use and staff and centre training purposes.	Yes	No
I hereby consent to observations, photos and video footage of my child to be used in observations such as learning stories and to be shared with other families that attend the service.	Yes	No
I hereby consent to observations, photos and video footage of my child to be used for student training purposes which may leave the centre and be used for their education and assessment purposes in their learning at their institution.	Yes	No
I hereby only give consent for observations, photos and video footage of my child to be taken for the centres own viewing and to receive copies myself.	Yes	No
Print Name	Signature	Date

Permission for Child Observations		
I consent to my child being the being observed for developmental, programming and regulations by staff, educators, professionals, and students at the service.		
Print Name	Signature	Date

Policies		
I agree to make myself aware of and abide by the centre policies of the centre and am aware there is a copy located in the foyer. I am aware that I can have the opportunity from a parent/guardian perspective to review these policies for the centre.		
Print Name	Signature	Date

Illness of Child		
I agree to provide the service with all information in regards to the health of my child. I agree that the centre may require a medical clearance certificate from a medical practitioner before my child will be accepted back into care.		
Print Name	Signature	Date

Payments		
I agree to pay a bond of \$200 (refundable at end of enrolment) this will secure my place.		Yes
I agree to give two weeks prior written notice when changing enrolment days or cancelling my child's care at this service. During this two-week period if our child doesn't attend, we are due to pay fees.		Yes
I agree that we need to pay fees for public holidays if it is my child's usual day of attendance.		Yes
I agree that fees are payable for all booked days including absent days including sick days and family holidays.		Yes
I understand I will be charged full fees for any cancelled casual days that I do not provide 24hrs (business hours) for.		Yes
I agree that a late collection of children fee will be charged to cover overtime of staff in line with Late Collection Policy.		Yes
I understand that my account with this service if paid late will incur an additional fee of the outstanding amount as charged to us by the Debt Collection Agency.		Yes
I agree that it is my responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Subsidy purposes.		Yes
I agree that I am aware that to have access to the Child Care Subsidy we need to meet all current Child Care Subsidy requirements		Yes
I understand that if my account exceeds an amount of \$200 in arrears, my child's enrolment will be suspended until all outstanding money is paid in full.		Yes
I agree to pay for all costs incurred by Spring Kidz (including costs for which Spring Kidz may be contingently liable) in any attempt to collect any monies owed by me to Spring Kidz under this Agreement including debt collection agent costs, repossession costs, location search costs, process server costs and solicitor costs on a solicitor/client basis.		Yes
Print Name	Signature	Date

Confirmation of Childcare Agreement	
I confirm that my details in the enrolment form, as well as the details of the child I am enrolling are correct.	Yes
I confirm that I have agreed to days of care within the service and understand the start and end times of these sessions of care.	Yes
I confirm that care may be provided on a casual or flexible basis where available at my service at my request.	Yes
I understand I am liable to pay fees for the care of me according to the service fee structure which are subject to change over time based on advice from the Provider and acceptance by me.	Yes

Print Name	Signature	Date

How did you hear about us?	
Word of mouth	
Website	
Advertising	
Internet Search	
Facebook	
Other (Please explain)	