

Enrolment Form

Enrolled Child's Photo

Please attach a passport size
photo of your child here

Please Tick to Indicate Documents are Attached

Child's birth certificate	
Immunisation records	
Parent/guardian's CRN eligibility letter	
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 Benefit? 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	

Enrolment Form

Child's Details

Child's Name					
Former Names					
Male/Female					
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 an 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		
Pre-enrolment visit date					
Orientation Day					
Start date of Care					
Approximate Arrival Time					
Approximate Departure Time					
Day/s Attending Centre	Monday	Tuesday	Wednesday	Thursday	Friday

Parent/Guardian Details	
Parent Guardian's Name	
Former Names	
Male/Female	
Date of Birth	
Home Address	
Mobile Phone Number	
Home Phone Number	
Work Phone Number	
Email Address	
Employer	
Work Address	
Work Phone Number	
Hours of Work	
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	
Former Names	
Male/Female	
Date of Birth	
Home Address	
Mobile Phone Number	
Home Phone Number	
Work Phone Number	
Email Address	
Employer	
Work Address	
Work Phone Number	
Hours of Work	
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 you child when you cannot be contacted. You need to have a minimum of at least 2 emergency contacts details listed below.

Emergency Contact 1

Emergency Contacts Name	
Male/Female	
Date of Birth	
Home Address	
Mobile Phone Number	
Home Phone Number	
Work Phone Number	
Email Address	
Employer	
Work Address	
Work Phone Number	
Hours of Work	
Relationship to child	

Emergency Contact 2

Emergency Contacts Name	
Male/Female	
Date of Birth	
Home Address	
Mobile Phone Number	
Home Phone Number	
Work Phone Number	
Email Address	
Employer	
Work Address	
Work Phone Number	
Hours of Work	
Relationship to child	

Emergency Contact 3	
Emergency Contacts Name	
Male/Female	
Date of Birth	
Home Address	
Mobile Phone Number	
Home Phone Number	
Work Phone Number	
Email Address	
Employer	
Work Address	
Work Phone Number	
Hours of Work	
Relationship to child	
Emergency Contact 4	
Emergency Contacts Name	
Male/Female	
Date of Birth	
Home Address	
Mobile Phone Number	
Home Phone Number	
Work Phone Number	
Email Address	
Employer	
Work Address	
Work Phone Number	
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.

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Medical Information

Do you have a Private Health Fund?	Yes	No	
Name of Private Health Fund			
Private Health Fund Number			
Family Medicare Number			
Medicare Number for Child			
Family Doctor's Name			
Doctors Address			
Doctors 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 regards 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? • Is your child attending another service at the moment? 	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> <td style="width: 33%;">More information where needed</td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> </tr> </table>	Yes	No	More information where needed			
	Yes	No	More information where needed				
Is your child used to spending time away from you? How does your child settle when away from you?							

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 Illnesses Policy I have read.

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.		
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 two weeks in advance for my child's fees at this service.		Yes
I agree to give four prior written notice when cancelling my child's care at this service. During this four 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 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 Benefit Purposes.		Yes
I agree that I am aware that to have access to Child Care Benefit and Child Care Rebate we need to meet all current Child Care Benefit and Child Care Rebate requirements.		Yes
Print Name	Signature	Date
Parent Handbook and Enrolment		
I have been provided with a Family Handbook and read the Family Handbook and I agree to the conditions of enrolment as outlined in this Child Care Enrolment Form and Family Handbook.		
Print Name	Signature	Date
How did you hear about us?		
Word of mouth		
Website		
Advertising		
Internet Search		
Facebook		
Other (Please explain)		