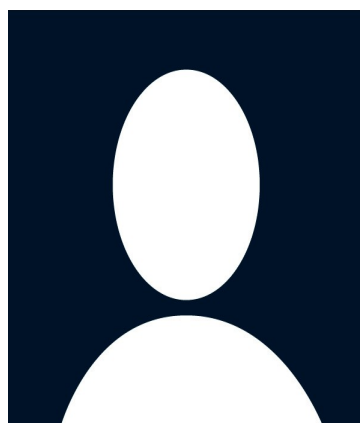


EARLY CHILDHOOD ENROLMENT FORM



Please ensure ALL of the following documents are attached to this application before submission

Child's birth certificate/identity documents		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth		Copies of medical documents	
Copies of any family law or other relevant court Orders and/or legal documents		Photo identification of all emergency contacts	

Child's Details

Family Name	
Given name	
Date of Birth	
Gender	
Child's home address	
Child's CRN number	
Session Start Time & End Time	
Child's Start Date	
Days of the week	Mon Tues Wed Thurs Frid
Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Does your child speak a language other than English at home	
County of birth	
Child's residency status	

What is your child's cultural background?	
Please outline any cultural practices you would like followed: (Cultural, dietary)	
Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed.	

PRIMARY PARENT	[Primary Parent must also be the registered CCS claimant]	
Parent Name		
Parent Surname		
Address		
Phone Number/s	(H) (M) (W)	
Parent Date of Birth		
Email address		
Relationship to child		
Country of Birth		
Languages other than English spoken at home		
Parent Centrelink Reference Number (CRN):		
Does the child normally live with you? (Please circle)	Yes / No	
Occupation		

SECONDARY PARENT		
Parent Name		
Parent Surname		
Address		

Phone Number/s	(H) (M) (W)
Parent Date of Birth	
Email address	
Relationship to child	
Parent Centrelink Reference Number (CRN)	

FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H) (M) (W)		
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE			
Full Name			
Relationship to child			
Phone Number	(H) (M) (W)		
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
		Parent 2 Signature	

Please note that without this documentation we cannot legally enforce the Order/s

CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

Allergies- provide details of child's allergies. These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other			
Allergy to			
Medical specialist or doctor who may be currently treating your child for this condition			
Phone contact		Address	
Risk of Anaphylaxis	Yes/No	Has a doctor diagnosed this allergy?	Yes/No

Does your child have a current ASCIA Action Plan?	Yes/No	Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes/No
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
What is the expiry date of the adrenaline autoinjector?			Month / Year
Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

Special dietary requirements

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MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition	
Has a doctor diagnosed this condition?	
Does your child have a current Action Management Plan (eg Asthma Plan)	
If yes, is this plan attached?	
Does your child take any prescribed regular medication for this condition?	
Medication will only be administered if: <ul style="list-style-type: none"> • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name • instructions and dosage can be clearly read • expiry date or use by date is valid • any verbal or written instructions provided by the medical practitioner must be provided by the parent/s 	

DEVELOPMENTAL INFORMATION

Does your child have any problems with:

Sight

Speech

Hearing

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

Does your child require additional support for learning because of disability?

.....

Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?

.....

Has your child begun toilet training?

.....

Is your child used to being with other adults and children?

.....

Does your child have any comforters? (Security blanket, dummy, bottle etc).....

Children Under 3 Years

Child's Full Name			
Drinking Information			
How is your child fed?	Bottle / Breast	Proportion of formula to water?	
How often will your child require feeding?		Quantity?	
Approximate times?			
Can your child use a cup independently?			
Does your child need training to use a cup?			
Does your child eat solid foods?	Yes / No	What time is this usually offered?	
Does your child eat well?			
Do they have any likes or dislikes?			
How independent are they at eating?			
Is your child toilet trained?	Yes / No	Does your child toilet independently?	Yes / No
Does your child suffer from nappy rash?	Yes / No (if yes, please state current treatment)		
Does your child have a sleep during the day?	Yes / No (if yes, for how long?)		
How many times does your child sleep during the day?			

Does your child need a comforter?	Yes / No (if yes, what is their comforter?)
Is there any preferred clothing for sleep time?	
Does your child need a nappy at sleep time?	Yes / No
Special Requirements	
Does your child use any words specific to your family?	Yes / No (if yes, please list)
Does your child have any fears?	Yes / No (if yes, please list)

ENROLMENT AGREEMENT- CONSENT

Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Nappy Cream/Paste (supplied by parents)	YES	NO
Have staff apply Teething Gel (supplied by parents)	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories(Storypark), and to be shared with other families that attend the Service	YES	NO

- I agree to inform the Service in writing immediately of any changes to the above information.
- I have received the Parent Handbook which I will read.
- I/we understand and accept that fees must be paid at least two weeks in advance of attendance and that normal fees are always payable including for any periods of absence by my/our child for illness, holiday, public holiday or for any other reason whatsoever. I/we understand that if fees are not paid for 4 weeks, my/our child's continued enrolment at the Centre cannot be guaranteed.
- I/we agree to keep the child home while he/she is suffering from any infectious or contagious illness, or when he/she is in such poor health as to be unfit for normal day care conditions.
- I/we agree that if, in the case of sudden illness or accident where parents cannot be contacted, the staff or Director will administer First Aid. The staff or Director, as agent for the parents, shall have discretionary power to provide immediate medical attention including calling an ambulance. The Centre will always send a staff member with the child.
- I/we agree to notify the Centre promptly of any absence on the enrolled day. I/we agree to give two (2) weeks' notice of intention to change booked days or to withdraw the child from the Centre, or to pay two weeks full fees in lieu of such notice period.
- I/we will ensure that the child is accompanied to and from the Centre by a responsible person, that the child will be signed in and out at the appropriate locations on each day of attendance, and that the staff member in charge is notified of arrivals and departures

I agree to pay a late fee of **\$15.00 per 15-minute block** or part thereof after closing time. If a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.

I understand that a reduced fee will apply to any family taking holidays. The reduced rate is available with the following requirements:

- o Two weeks' notice in writing prior the holidays
- o The period of leave must be at least 1 week of consecutive bookings
- o The discount is available for two weeks per school year
- o All outstanding fees are paid up to date
- o We have your family and child CRN's.

To apply for the discount for holiday leave, please contact the Director at the Centre. This form must be given back to the Director at least two weeks prior to holiday leave being taken

I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.

I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Director deems the child well enough to attend Service.

I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.

The Centre has **security cameras** fitted outdoors and indoors and footage from this is only available to the approved providers

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.					
PRINT NAME		SIGNATURE		DATE	
PRINT NAME		SIGNATURE		DATE	

Witness Signature: _____ Date