

CONFIDENTIAL
Enrolment Form

Service details

Service name

Child details

First name Middle name
 Last name Gender Male Female
 Date of birth CRN (if applicable)
Please provide a copy of Birth Certificate, Australian Citizenship Certificate or Passport County of birth
 Child's address
 Language/s spoken Cultural identity
 Aboriginal or Torres Strait Islander Aboriginal Torres Strait Islander
 Any special considerations e.g. family customs, cultural, religious or dietary requirements?

Days and hours of attendance

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------|----------|--------|
| Does your child attend another education and care service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details of days and total hours | | | | |

Parent/Guardian 1 details

Title Ms Mrs Mr Dr
 First name Middle name
 Last name Relationship to child
 Gender Male Female CRN (if applicable)
 Date of birth Country of birth
 Address
 Home email
 Home phone Mobile
 Employment F/T P/T Not employed Studying Volunteer
 Employer Occupation
 Work address
 Work phone Work email
 Preferred contact Home Phone Mobile Email Work phone Work email
 Language/s spoken Cultural identity
 Aboriginal or Torres Strait Islander No Aboriginal Torres Strait Islander
 Do you have a disability? Physical Intellectual Speech/language Vision Hearing Chronic Health Other

Parent/Guardian 2 details

| | | |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Title | <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr | |
| First name | | Middle name |
| Last name | | Relationship to child |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | CRN (if applicable) |
| Date of birth | | Country of birth |
| Address | | |
| Home email | | |
| Home phone | | Mobile |
| Employment | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Casual <input type="checkbox"/> Not employed <input type="checkbox"/> Studying <input type="checkbox"/> Volunteer | |
| Employer | | Occupation |
| Work address | | |
| Work phone | | Work email |
| Preferred contact | <input type="checkbox"/> Home Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Work phone <input type="checkbox"/> Work email | |
| Language/s spoken | | Cultural identity |
| Aboriginal or Torres Strait Islander? | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander | |
| Do you have a disability? | <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Speech/language <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Chronic Health <input type="checkbox"/> Other | |

Family status

Married Separated Divorced De facto Single

Who is responsible for fees? Parent/Guardian 1 Parent/Guardian 2 Other *Please provide details for fees?*

By signing this enrolment form you are agreeing to pay all fees unless written arrangement in place to share payment. Where payment is to be made by a non-signatory to this form, a signed payment agreement is required by the agreed party. Families with children attending LDC, OSHC or Occasional Care services may be eligible for CCB. The person responsible for paying child care costs (e.g. parent, foster parent, grandparent or kinship carer) can claim for CCB. Please contact the Family Assistance Office on 13 61 50 for further information. In order to provide a record of your child's attendance to the Family Assistance Office you are required to provide the service with the Customer Reference Number (CRN) and date of birth of at least one claimant.

Are there any court orders, parenting orders or parenting plans that relate to the residence, contact or access to your child? Yes No

Please provide a copy and give details of any special living arrangements e.g. lives with grandparents, step family etc.

Please provide details of any family, cultural or religious practices or celebrations that the service should know about.

| Other children in family | Date of birth | Gender |
|--------------------------|---------------|---------------------------------------------------------------|
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female |

Number of children attending LDC/OSHC/Occasional Care

Emergency contacts and authorisations

It is your responsibility to notify these people and inform them that they are an authorised nominee or emergency contact for your child at the service. Authorised nominees must be able to provide photo identification upon request. Please use additional emergency contacts page, if required.

Contact 1

Full name

Address

Home phone

Work phone

Mobile

Relationship to child

This person has the authority to (please select):

- Collect my child or authorise another to collect my child from the service (authorised nominee)
- Give consent for my child to attend excursions and regular outings from the service
- Consent to medical treatment by a medical practitioner, hospital or ambulance service and/or transportation by ambulance for my child
- Consent to medication being given to my child
- Be notified of an emergency involving my child if I cannot be contacted (emergency contact)

Contact 2

Full name

Address

Home phone

Work phone

Mobile

Relationship to child

This person has the authority to (please select):

- Collect my child or authorise another to collect my child from the service (authorised nominee)
- Give consent for my child to attend excursions and regular outings from the service
- Consent to medical treatment by a medical practitioner, hospital or ambulance service and/or transportation by ambulance for my child
- Consent to medication being given to my child
- Be notified of an emergency involving my child if I cannot be contacted (emergency contact)

Health and medical information

Child's Medicare number

Private Health Insurer (if applicable)

Medical Centre name

Doctor's name

Phone

Address

Dentist's name

Phone

Address

Does your child have any distinguishing birth marks or recurring skin condition?

Yes No

If yes, please provide details

Has your child had any of the following?

- Recurring ear, nose and throat Infections
- Chickenpox Measles Hepatitis German Measles Mumps

Is your child's immunisation up-to-date?

Yes No

Please provide proof of immunisation history. Parents/guardians can log onto the Medicare online services website and print a copy of the ACIR Immunisation History Statement or relevant form that needs to be completed by their doctor/immunisation nurse.

Has your child ever been hospitalised?

Yes No

If yes, please provide details including child's age and cause of hospitalisation

- Has your child been diagnosed with Asthma? Yes No
- Has your child been diagnosed at risk of Anaphylaxis? Yes No
- Does your child have an auto injection device e.g. EpiPen® or Anapen®? Yes No
- Does your child have allergies? Yes No
 Food Medication Animals Insects Other *If yes, please provide details*
- Has the Allergy/Asthma/Anaphylaxis medical management plan been provided? Yes No
- Does your child have any other specific healthcare need or medical condition? Yes No
 If yes, please provide details
- Does your child have any special dietary requirements or restrictions? Yes No
 If yes, please provide details
- Does your child have additional needs or a diagnosed disability? Yes No
 If yes, please provide details and a copy of referral or assessment by a relevant professional e.g. Paediatrician, Speech or Occupational Therapist
- Does your child take any regular medication or require medical procedures to be performed on a regular basis? Yes No
 If yes, please provide details
- Does the medication or procedure have any side effects? Yes No
 If yes, please provide details

Parent/guardian declaration and agreement

Prior to enrolment, I have read, understand and agree that:

1. I have the authority as the child's legal parent or guardian to enroll my child and will immediately notify and provide a copy of any court order for the custody and care of my child.
2. The information I have provided is correct and completed to the best of my knowledge including any medical conditions. I will inform the service immediately of any change to this information.
3. I have read the service handbook and will follow the policies and procedures of the service. Policies and procedures are reviewed on a regular basis. I will be given 14 days notice before any significant change that impact fees, my child or my ability to use the service. A notice will be provided when such policies are updated and I agree to comply with all amended policies and procedures.
4. My child will not attend the service when suffering from an infectious illness or if in the opinion of staff is too unwell to participate in the program.
5. A staff member with appropriate training will administer first aid to my child if they are injured or become ill at the service. I will make immediate arrangements to collect my child if requested.
6. If my child has a temperature higher than 38.5° Celsius, a staff member may administer a single dose of Paracetamol (such as Panadol drops/elixir) after natural methods have been used to reduce the temperature. The service will attempt to contact me before administering the medication and I will arrange for my child to be collected immediately. I can request in writing that Paracetamol is not given with alternate instructions for my child's health and safety.
7. A staff member with appropriate training will administer emergency asthma or anaphylaxis medication. The service will contact me and emergency services as soon as possible.
8. The service may seek emergency medical treatment from a registered medical practitioner, hospital or ambulance service/transportation if my child has been injured or becomes seriously ill at the service. I agree to cover the cost and expense of any medical treatment and authorise the service to deduct as a fee any amount paid by way of reimbursement.
9. My child may evacuate the service as directed in the case of a health, safety or other emergency.

10. The service will maintain an immunisation register that details the immunisation status of all enrolled children that may be made available to a Public Health Officer during an outbreak of illness or vaccine preventable disease. If there is an outbreak of an immunisation-preventable disease and my child has not been immunised according to the current National Immunisation Program Schedule, my child may be withdrawn from the service for the relevant exclusion period (full fees will be payable).
11. SPF30+ broad-spectrum sunscreen will be applied to my child's face and exposed limbs. If my child is allergic to the sunscreen provided, I will provide a hypoallergenic sunscreen of equal protection.
12. The service does not accept liability for personal injury, property damage or loss sustained due to participating in the service, unless required by law.
13. If my child is injured as a result of an incident at the service, all costs associated with the injury, including medical costs are my responsibility. Parents/guardians are to decide what type and what level of medical insurance they may wish to arrange for their child.
14. I will reimburse the service any expenses or liability incurred as a direct result of damage or injury caused by me or my child to property, other children or staff at the service.
15. Educators may arrange excursions outside the service. Details including date, time, activity, travel and cost will be provided and my permission gained before the excursion.
16. Educators may take my child on regular outings e.g. walk to nearby library or park. Authorisation for such outings will be obtained from parents/guardians every 12 months.
17. Educators will observe my child for planning and assessment of their learning. My child may be the subject of observation by early childhood students. If testing of my child is to be undertaken, my permission will be sought and confidentiality observed.
18. Photographs, videos and/or sound recordings of my child taken individually or in a group will be used for the purpose of planning for my child's learning. These may appear in program documentation and display in the service, other children's assessment records, internal newsletters, internal presentations for staff and families. I can request in writing that my child is not photographed. Media consent will be sought for all other external publications or use.
19. For the safety of children, photography of other children is not permitted unless written permission has been sought from the parent/guardian.
20. My child's drawings, paintings and other works may be used by Uniting in publications, website or intranet for educational displays and presentations at professional development courses.
21. The person delivering or collecting my child from the service will sign the Attendance Record and following any absence, sign the Attendance Record giving reason for the absence.
22. I am liable for all fees associated with my child's enrolment. Where payment is to be made by a non-signatory on this enrolment form, a signed agreement in writing is required by the agreed party. I am responsible for updating Child Care Benefit information (if applicable) and if no longer eligible will be required to pay the full fee.
23. I will give the required written notice when withdrawing my child. The holding deposit (bond) may be withheld if the required notice is not given.
24. Failure to pay fees, non-attendance without advice, unwillingness to comply with the service's policies and procedures or other reasons determined unsatisfactory by the service may result in termination of my child's enrolment.
25. Staff, children and their families will be treated with courtesy and respect at all times. Unreasonable demands, threats, bullying or harassment will not be accepted.
26. Information provided on this form may be used for the purpose of meeting legislative requirements and provision of the service. The information may be accessed by Uniting, relevant government agencies and authorised officers under relevant law.
27. I may request access to my personal and sensitive information kept by the service by speaking with the service or Privacy Officer. A copy of the Privacy Policy can be provided.

Parent/Guardian 1

Parent/Guardian Name

Signature

Date

Parent/Guardian 2

Parent/Guardian Name

Signature

Date

Acceptance of Enrolment – Director/Coordinator to Complete

Director /Coordinator Name

Signature

Date

Office Use Only

Commencement date

Standard attendance

M T W Th F

Room (if applicable)

Orientation visit date/s

Responsibility for payment

Parent/Guardian DFCS Brighter Futures
 Other

Enrolment bond paid

EFT cheque credit bank transfer
 Direct Debit

CCB Priority of Access

1 At Risk 2 Single Parent 3 Other

Priority of Access (Preschools)

4yrs on or before 31 July 3yrs Aboriginal
 3yrs low income Disability Risk of
Significant Harm English language needs

Low Income Health Care Card Number

Yes No Expiry date

Evidence of Priority

Yes No

CCB/GCCB

Lump Sum Reduced Fees

Eligible hours

24 50 50+

JETCCFA approval sighted

Yes No

Evidence of birth date

Yes No

Court order, parenting order/plans

Yes No

Immunisation record sighted

Yes No

Evidence of medical requirements

Yes No

Medical management and risk minimisation plan

Yes No

Routines & Interests Form completed

Yes No

Authorisation for application of first aid

Yes No

Authorisation for routine excursion

Yes No

This enrolment record is to be kept until the end of 3 years after child's last attendance