

Enrolment Form Julia Creek Early Learning Centre



CHILD INFORMATION

Child's Surname: _____ Child's Given Names: _____
Preferred Name/Nickname: _____ Date of Birth: ___/___/___ Sex: M F
Home Address: _____ State: _____ P/C: _____

BOOKING INFORMATION

To ensure that you are linked to our Service through the Child Care Management System ('CCMS') and to have Child Care Subsidy ('CCS') applied to your child care fees, you must contact Centrelink to confirm that they have the correct name and date of birth for both the Parent & child who are registered for CCS.

Please complete the following information accurately to ensure that your CRN is linked to our Service and to enable you to receive CCB:

Proposed Start Date: _____ Child's Age on First Day: _____ Years _____ Months
Days required: (please tick) Monday Tuesday Wednesday Thursday Friday
Customer Reference Numbers: *(NB: The Family CRN should be linked to the Parent/Guardian who is registered with Family Assistance Office)*
Family CRN: _____ Child's CRN: _____
CCS Percentage: _____ CCS Eligible Hours: 20hrs 50hrs other: _____
*For more information - Contact FAO (Family Assistance Office) on 13 61 50 (8am - 8pm Monday to Friday) or
www.centrelink.gov.au*

CONTACT DETAILS FOR THE CHILD'S PARENTS OR GUARDIANS

Contact Details - Primary Guardian

Miss Ms Mrs Mr Other _____

Name: _____
Date of Birth: _____
Relationship to the Child: _____
Address: _____

Telephone (H): _____
Telephone (M): _____
Email Address: _____
Driver's License Number: _____
Occupation: _____
Employer Name: _____
Employer Address: _____
Telephone (W): _____

Authorised to Collect the Child? Yes No

Contact Details - Secondary Guardian

Miss Ms Mrs Mr Other _____

Name: _____
Date of Birth: _____
Relationship to the Child: _____
Address: _____

Telephone (H): _____
Telephone (M): _____
Email Address: _____
Driver's License Number: _____
Occupation: _____
Employer Name: _____
Employer Address: _____
Telephone (W): _____

Authorised to Collect the Child? Yes No

Enrolment Form Julia Creek Early Learning Centre



OTHER PERSONS TO BE NOTIFIED IN AN EMERGENCY

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions when the child has an accident, injury or illness and the Parents or guardians cannot be contacted. If this situation should arise, a Team member will need to contact an alternate person who is authorized to collect and care for the child. Personal photographic identification will be required from these people in order to collect your child on your behalf.

Emergency Contact Details - Person One

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Email Address: _____

Driver's License Number: _____

Person One Signature: _____

Authorised to Collect the Child? Yes No

Emergency Contact Details - Person Two

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Email Address: _____

Driver's License Number: _____

Person One Signature: _____

Authorised to Collect the Child? Yes No

ADDITIONAL AUTHORISED CONTACTS

In accordance with the Education and Care Services National Regulations 2011 we are required to have, on file, the name, address and telephone numbers of the individuals permitted to drop off and collect your child from the Service. If someone arrives to collect your child and we have not been notified and their name is not on the list below we cannot allow your child to leave the Service with them. No child will be released into the care of a person under the age of eighteen (18) years, unless authorized by the Nominated Supervisor. Any changes to the list below must be done personally by completing an Additional Child Collection Authorization Form. Non-custodial parents will not be given access to children under any circumstances.

Enrolment Form Julia Creek Early Learning Centre



Authorised Contact Details - Person One

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Email Address: _____

Driver's License Number: _____

Person One Signature: _____

Authorised to Collect the Child? Yes No

Authorised Contact Details - Person Two

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Email Address: _____

Driver's License Number: _____

Person One Signature: _____

Authorised to Collect the Child? Yes No

FAMILY DETAILS

If you have other children who are registered for CCS at another service, please complete the following information to ensure that you have the Multiple Child CCS Percentage applied to your account. As this information may change, we will ask you for updates periodically throughout the year to ensure the correct CCS percentage is applied.

1. Name: _____ DOB: ___/___/___ CRN: _____
2. Name: _____ DOB: ___/___/___ CRN: _____
3. Name: _____ DOB: ___/___/___ CRN: _____
4. Name: _____ DOB: ___/___/___ CRN: _____

SCHOOL AND CULTURAL INFORMATION

Does this child usually attend school? Yes No

When was, or when will this child be enrolled at school? _____

Child's Nationality: _____ Cultural Background: _____

Languages spoken by the child: _____

Languages spoken at Home: _____ Child's Religion: _____

Does your child have any religious or cultural requirements? (Please include any dietary restrictions) Yes No

Details: _____

Enrolment Form Julia Creek Early Learning Centre



CHILD CUSTODY INFORMATION

If Parents are separated /divorced, is there a legal document specifying who has custody of or access to the child? No (go to the next section) Yes (please complete the following)

Name of the custodial Parent: _____

Any additional information about access arrangements: _____

Please supply the Service with copies of Custody Orders, Parenting order, Parenting Plan or Access Arrangements that are in place for your child.

MEDICAL INFORMATION

Child's Medicare Number: _____ Medicare Expiry Date: _____

Do you have private health insurance? No Yes (*please complete the following*)

Fund Name: _____ Member Number: _____

Type of Cover: _____ Level of cover: _____

Family Doctor's Name: _____ Family Doctor's Telephone: _____

Family Doctor's Address: _____

Preferred Hospital in Emergency: _____

Family Dentist's Name: _____ Family Dentist's Telephone: _____

Family Dentist's Address: _____

IMMUNISATION DETAILS

To be eligible for Child Care Subsidy, your children must meet the immunization requirements if they are under the age of seven. To meet the requirements, your child must be:

- Fully immunized or up-to-date according to the Australian Standard Vaccination Schedule; or
- On a catch-up vaccination schedule; or
- You have an approved exemption for your child (see below).

Your child is exempt from the immunization requirements in the following circumstances:

- you have been told by your doctor about the benefits and risks of immunizing your child and you have a conscientious objection to immunizing your child – your child's doctor or a recognized immunization provider will need to complete a 'Medical Contraindication' form; or
- immunizing your child with a particular vaccine is medically contraindicated; or
- The child has a natural immunity to a disease or a vaccine is temporarily unavailable; or
- you or your partner are a member of the Church of Christ Scientist and you have a letter from an official of the Church advising that you are a practicing member of the Church.

Please detail your child's immunizations to date in the table below. The Service will review these details on a regular basis to ensure our records are up to date

Enrolment Form Julia Creek Early Learning Centre



The National Immunization Program Valid From July 2007

Age	Disease Immunised Against	Date Immunised	Comments (if necessary)
Birth	Hepatitis B	__/__/__	
2 months	Diphtheria, tetanus and acellular pertussis (DTPa) Hepatitis B Haemophilus influenzae type b (Hib) Inactivated poliomyelitis (IPV) Pneumococcal conjugate (13vPCV) Rotavirus	__/__/__ __/__/__ __/__/__ __/__/__ __/__/__ __/__/__	
4 months	Diphtheria, tetanus and acellular pertussis (DTPa) Hepatitis B Haemophilus influenzae type b (Hib) Inactivated poliomyelitis (IPV) Pneumococcal conjugate (13vPCV) Rotavirus	__/__/__ __/__/__ __/__/__ __/__/__ __/__/__ __/__/__	
6 months	Diphtheria, tetanus and acellular pertussis (DTPa) Hepatitis B – or at 12 months Haemophilus influenzae type b (Hib) Inactivated poliomyelitis (IPV) Pneumococcal conjugate (13vPCV) Rotavirus	__/__/__ __/__/__ __/__/__ __/__/__ __/__/__ __/__/__	
12 months	Measles, mumps, and rubella (MMR) Hepatitis B – or at 6 months Haemophilus influenzae type b (Hib) Meningococcal C (MenCCV)	__/__/__ __/__/__ __/__/__ __/__/__	
18 months	Diphtheria, tetanus and acellular pertussis (DTPa) Measles, mumps, rubella and varicella (chicken pox) (MMRV)	__/__/__	
4 years	Diphtheria, tetanus and acellular pertussis (DTPa) Inactivated poliomyelitis (IPV) Measles, mumps and rubella (MMR)(to be given only is MMRV vaccine was not given at 18 months)	__/__/__ __/__/__ __/__/__	

You will need to provide a copy of your child's immunization schedule upon enrolment.

Copy of AIR Statement (Service use only): No Yes

Enrolment Form Julia Creek Early Learning Centre



CHILD'S HEALTH DETAILS

Does your Child have any allergies? No Yes (please complete the following)

If you answer yes to any of the questions below you must provide a medical management plan/letter from your doctor.

Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any):

Other Allergies (please detail and specify the signs/symptoms to be aware of, if any):

Does your child have a history of illnesses or injuries? No Yes (please give details)

Does your child have any current medical conditions? No Yes (please give details)

Is your child currently on any prescribed medications? No Yes (please give details)

INFORMATION REQUIRED FOR CHILDREN UNDER THREE YEARS OF AGE

Please tick where appropriate and provide comments where necessary.

Eating Routines

- Feeds Self _____
- Uses spoon or utensils _____
- Uses cup _____
- Uses bottle _____

Toileting Routines

- Nappies _____

Enrolment Form Julia Creek Early Learning Centre



- Being toilet trained _____
- Toilet Trained _____

Toileting Routines

- Nappies _____
- Being toilet trained _____
- Toilet trained _____

Sleeping Routines

- Sleeps in cot _____
- Sleeps in bed with safety guard _____
- Sleeps in bed without safety guard _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD

The following information pages will be shared with your child's Educators. Confidential copies will be kept with your child's developmental profile in their room as well as on the main file for office use.

Usual time awake: _____ Usual evening bedtime: _____

Daytime sleep (approximate time of day and length): _____

What does your child take to bed? _____

Any special bedtime routines while at home: (ways in which they are put to bed or positions they like to lie in): _____

Are there any foods your child particularly likes? _____

Does your child have any fears? (E.g. noise, animals): _____

Does your child get upset when left with other people? _____

Does your child have any disabilities or special needs (please detail): _____

Are there any words that we may need to know that have special meaning to your child (translate where necessary): _____

Has your child been in care before (at another Service or at home with family)? No Yes

(please give details) _____

Enrolment Form Julia Creek Early Learning Centre



How can we assist your child this year? What would you most want for your child at our Service? Are there any particular areas of concern that you feel we need to know about? _____

What information do you consider important for you to know each day and what is the best means of communicating this with you? _____

Is there any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child? (E.g. recent significant events, family situation, religious beliefs etc.): _____

Are there any skills or special talents that you or family members have that you would like to contribute to the Service's program? _____

PERMISSIONS AND AGREEMENTS TO TERMS

The below section outlines various procedures and policies of Julia Creek Early Learning Centre, as followed by Service Team Members. Please ensure you read over these carefully and tick each item to indicate understanding and then sign the last page approving permission for these to occur.

Child's Name: _____ Date of Birth: _____

1. Emergency or Accidents

Yes

No

In the event of an emergency, illness or accident (when the Service is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the Team Member at the Service consent to provide Medical or Hospital attention for our child. I / We agree to pay any expenses incurred for Medical treatment and Transport.

Enrolment Form

Julia Creek Early Learning Centre



2. Administering of Paracetamol

 Yes No

I / We agree for a Service Team Member to administer ONE dosage of Paracetamol in the event of our child's body temperature rising above 37.5°C. I / We understand that the Team Member will make contact with the Parents / Guardians or the Emergency Contacts to inform us that Paracetamol is being administered and discuss at the time further actions to take in the event that the temperature does not subside within an appropriate time frame.

3. Permission for Publication

 Yes No

I / We hereby give consent for our child's photograph, name and age to be used for the room programming, Service displays and/or publications (e.g. Newsletters). Where this information may be utilized outside of the Service, further permission will be sought.

4. Permission for Observation

 Yes No

I / We give permission for our child to be observed for Team Member, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers. If questioning or testing is to be carried out I / we will be asked for further permission.

5. Payment of Fees

 Yes No

I / We agree to maintain our fees one week in advance as per the Service's fee policy. We will ensure our fees are kept up to date by making payments on the required day. I / We are aware that failure to pay due fees causing our account to fall behind by more than one week may jeopardize my child's position in the Service.

6. Permission for Evacuations

 Yes No

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Service under the supervision of their caregivers and Service Team Member to a safety zone for evacuation purposes. (Please refer to the Service's Evacuation Plans and Procedures for information.)

7. Sunscreen Application

 Yes No

I / We agree for the Service Team Member to apply 30+/50+ SPF sunscreen regularly to our child for outdoor play purposes. I / We understand that the Service may use a variety of sunscreen brands and if my child requires special sunscreen I/we agree to supply this product to the Service.

8. Insect Repellant Applications

 Yes No

I / We agree for Service Team Member to apply Insect Repellant to our child where necessary for indoor or outdoor purposes. I / We understand that the Service may use a variety of insect

Enrolment Form

Julia Creek Early Learning Centre



repellant brands and if my child requires special repellant I/we agree to supply this product to the Service.

9. Bottle Permission Yes No

I / We understand that if our child requires a bottle on his/her bed to transition to rest time, as the parent I take full responsibility understanding that this is an individual requirement for my child. I / We also understand that Team members will not give my child the bottle, but they will be supervised at all times when having their bottle and the bottle will be removed and placed away when the child has finished and drifted off to sleep.

10. Child Care Subsidy Yes No

I / We understand that it is our responsibility to notify the Service of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Subsidy as reduced fees on a weekly basis.

11. Parent Handbook Yes No

I / We acknowledge that we have received and read the Service's Parent Handbook. I / We understand any changes to this Handbook will be communicated via Storypark and email

12. Service Policies Yes No

I / We acknowledge that the Service Policies are available in the Service's foyer at all times to view. I / We understand that any changes to these policies will be carried out where appropriate in consultation with us as Parents / Guardians and any changes to these policies will be displayed on the Parent Communication Boards in the Service foyer.

13. Cancellation of Care Yes No

I / We understand that two week's written notification is required in advance when cancelling care and all fees must be paid in full on completion.

14. Fees for Public Holidays and Absent Days Yes No

I / We understand that Public Holidays, Absent Days and Pupil Free Days are charged at the normal daily fee rate.

15. Late Fees Yes No

I / We understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Subsidy can be claimed for this fee. Late fees charged are as follows: \$1 per minute for each minute that your child has not been collected after closing time.

Enrolment Form Julia Creek Early Learning Centre



16. Priority of Access

Yes

No

I / We understand that if our family falls under Priority Access we may be required to alter our days or give up our place in the Service in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Service Policy: First Priority – children at risk or serious abuse or neglect; Second Priority – children whose Parents satisfy the work, training and study guidelines specified by the Government and Third Priority – all other children.

17. Infectious Diseases / Clearance Certificates

Yes

No

I / We understand that our child will be excluded from the Service if they contract a contagious disease or condition. I / We understand that our child will not be accepted back into the Service until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to our Service Policies for further information.

18. Non – Immunisation

Yes

No

I / We understand that if our child is NOT immunized in accordance to the Government requirements (refer to our immunisation details page) our child will be excluded from the Service until the infectious period of the disease or condition has passed. (Please refer to our Service Policies for further information).

19. Presence of Visitors and Volunteers

Yes

No

I / We understand that occasionally the Service may have visitors and/or volunteers assisting in the Service. I / We consent to our child being in the presence of visitors and/or volunteers under the Service Team Member supervision.

By signing this form I/we declare and confirm:

- I / We are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 18 above, and any other policies and procedures advised by the Service either directly or by making them available for perusal at the Service.

Signature of Primary Parent/Guardian: _____ Date: _____

Signature of Secondary Parent/Guardian: _____ Date: _____

Enrolment Form Julia Creek Early Learning Centre



OFFICE USE ONLY

Enrolment Details entered: Yes No Data Entered by: _____

Photographs for Computer Identification: Child Yes No

Parent Yes No Yes No

Parent Orientation Carried Out: Yes No Performed by: _____

Parent Information Pocket Assigned: Yes No Performed by: _____

Childs Locker Assigned: Yes No Performed by: _____

Please ensure a copy of pages 1-6 are made and given to the child's Educator for filing with the child's individual profile.

Notes: Please write any questions you wish to ask in this section.