

# 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](http://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

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### 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.*

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### 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: \_\_\_\_\_  
\_\_\_\_\_

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## 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

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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)<br>Hepatitis B<br>Haemophilus influenzae type b (Hib)<br>Inactivated poliomyelitis (IPV)<br>Pneumococcal conjugate (13vPCV)<br>Rotavirus                   | —/—/—<br>—/—/—<br>—/—/—<br>—/—/—<br>—/—/—<br>—/—/— |                         |
| 4 months  | Diphtheria, tetanus and acellular pertussis (DTPa)<br>Hepatitis B<br>Haemophilus influenzae type b (Hib)<br>Inactivated poliomyelitis (IPV)<br>Pneumococcal conjugate (13vPCV)<br>Rotavirus                   | —/—/—<br>—/—/—<br>—/—/—<br>—/—/—<br>—/—/—<br>—/—/— |                         |
| 6 months  | Diphtheria, tetanus and acellular pertussis (DTPa)<br>Hepatitis B – or at 12 months<br>Haemophilus influenzae type b (Hib)<br>Inactivated poliomyelitis (IPV)<br>Pneumococcal conjugate (13vPCV)<br>Rotavirus | —/—/—<br>—/—/—<br>—/—/—<br>—/—/—<br>—/—/—<br>—/—/— |                         |
| 12 months | Measles, mumps, and rubella (MMR)<br>Hepatitis B – or at 6 months<br>Haemophilus influenzae type b (Hib)<br>Meningococcal C (MenCCV)  | —/—/—<br>—/—/—<br>—/—/—<br>—/—/—                   |                         |
| 18 months | Diphtheria, tetanus and acellular pertussis (DTPa)<br>Measles, mumps, rubella and varicella (chicken pox) (MMRV)  | —/—/—  |                         |
| 4 years   | Diphtheria, tetanus and acellular pertussis (DTPa)<br>Inactivated poliomyelitis (IPV)<br>Measles, mumps and rubella (MMR)(to be given only if MMRV vaccine was not given at 18 months)                        | —/—/—<br>—/—/—<br>—/—/—                            |                         |

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

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

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## 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):

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

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

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

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

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## 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 \_\_\_\_\_

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- ☐ 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) \_\_\_\_\_

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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? \_\_\_\_\_

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

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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.): \_\_\_\_\_

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

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## 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.

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### 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 Repellent Applications

☐ Yes

☐ No

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

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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.

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### 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: \_\_\_\_\_

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### 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.