

Marys Kindy

Early Learning Centre

CHILDCARE ENROLMENT FORM

Please note: It is essential that prior to commencement the following information is complete and up to date. This form must be completed by a parent or guardian who has lawful authority in relation to the child. Please notify the centre of any change of address, phone number or care arrangements. Thank you for your cooperation.

Child Details:

Your child's birth certificate or Australian or Australian Citizenship will need to be sighted and copied at enrolment or within six weeks of enrolment.

ALL INFORMATION SUPPLIED ON THIS FORM IS TREATED AS CONFIDENTIAL

Required Days: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Child's Centrelink CRN: _____ Parents Centrelink CRN: _____

Child's Family Name: _____ Child's Given Names: _____

Any other names by which the child is known: _____

Date of Birth: ____/____/____ Place of birth _____ Male / Female _____

Enrolment date: _____ Date starting: _____

Is your child Aboriginal or Torres Strait Islander: _____

Child's cultural background: -----

Language spoken at home other than English: -----

Residential Address: _____ P/C: _____

Legal Guardian/s: _____

Is there anyone prohibited from having contact with or collecting the child? _ If "Yes" please give details

Any special consideration for the child, for example any cultural, religious or dietary requirements or additional Needs:

Parent 1 : Family name: _____ Given names: _____

Any other names that you are known by: _____ D.O.B.: _____

Residential Address: _____ P/C: _____

Telephone: H _____ Mobile _____

Occupation: _____

Employer: _____

Work address: _____

Work phone: _____ Email address: _____

Full time or Part time: _____ Mon / Tues / Wed /Thurs /Fri (please circle)

Parent 2 : Family name: _____ Given names: _____

Any other names that you are known by: _____ D.O.B.: _____

Residential Address: _____ P/C: _____

Telephone: H _____ Mobile _____

Occupation: _____

Employer: _____

Work address: _____

Work phone: _____ Email address: _____

Full time or Part time: _____ Mon / Tues / Wed /Thurs /Fri (please circle)

Family Details:

Other children in family:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Marital status of parents: _____ Does another parent have access: _____

Are there any court orders that affect the residence of the child or contact with the child's parent/s: yes no

Court order sighted: yes no Date on court order: _____

Court order sighted by: _____ Position: _____

Signature: _____ Date: _____

Please be aware that if parents are separated; the centre staff cannot prevent the non-custodial parent from visiting or collecting his/her child from the centre without sighting a copy of the **CUSTODY ORDER AND OR PARENTING ORDER/PLAN**

Other Adults Living at Home:

Name:

Relationship:

In this regulation –

Parenting order means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth:

Parenting Plan means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 of the Commonwealth; and includes a registered parenting plan within the meaning of section 63C(6) of that Act

Are there any religious or cultural celebrations / information relating to your child’s upbringing that we should honour on our handling of your child? _____

Have there been changes to your family recently? (Please circle)

Moved House / Parent 3 / Birth of Child / Parent unemployed/ Death of a person close to child /

Separation from Parent

Other: _____

Has this affected your child in any way? _____

Authorised Nominee

Means a person who has been given permission by a parent or family member to collect the child from The education and care service- relating to section 170(5) of the Law.

Identification must be produced upon request from staff.

1)

Name: _____ Relationship to child: _____

Address: _____

Telephone: H _____ W _____ Mobile _____

2)

Name: _____ Relationship to child: _____

Address: _____

Telephone: H _____ W _____ Mobile _____

3)

Name: _____ Relationship to child: _____

Address: _____

Telephone: H _____ W _____ Mobile: _____

4)

Name: _____ Relationship to child: _____

Address: _____

Telephone: H _____ W _____ Mobile _____

5)

Name: _____ Relationship to child: _____

Address: _____

Telephone: H _____ W _____ Mobile _____

**Any individual who is authorised to authorise an educator to take the child
Outside the education and care services.**

1)

Name: _____ Relationship to child: _____

Address: _____

Telephone: H _____ W _____ Mobile _____

2)

Name: _____ Relationship to child: _____

Address: _____

Telephone: H _____ W _____ Mobile _____

**Any person who is authorised to consent to medical treatment of, or to authorise administration
Of medication to the child**

Name: _____ Relationship to child: _____

Address: _____

Telephone: H _____ W _____ Mobile _____

Name: _____ Relationship to child: _____

Address: _____

Telephone _____

Information about your child

What are your expectations for your child? _____

How can we make your child's stay more comfortable? _____

Has your child been left with other people? i.e., family, friends, childcare centre. **Yes / No**

How did they cope? _____

How does your child respond to unfamiliar situations? _____

Confidently / Tearfully / Withdraws / Very excited / Observes but joins in later . **Please circle**

Has your child ever experienced any language or speech difficulties, physical or health related difficulties?
Yes / No (Please circle)

More information please: _____

Are you concerned about any area of your child's development?

Health Information

The centre must retain a copy of your child's immunisation. If no copy is provided it will be presumed that your child has not been immunised and will not be able to attend the centre if there is an outbreak of a notifiable disease.

Has your child been immunised? Y /N.

Have you provided the centre copy of immunisation records .Y/N

Immunisation records sighted/copied by: Name: _____

Signature: _____ Date: _____

Has your child been vaccinated for Chickenpox? Y/N

Has your child been immunised for Meningococcal? Y/N

Has your child been immunised for Pneumococcal? Y/N

Does your child have any specific healthcare needs including any medical conditions? Y/N

Does your child require regular medication? _____

If yes, what is the name of the medication? _____

Does your child have any dietary restrictions? _____

Does your child have any known allergies including whether the child has been diagnosed at risk of anaphylaxis? Y/N

If **yes** to above question;

Has any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be Followed with respect to a specific healthcare need, medical condition or allergy been provided? Y/N

Has approved provider or staff member sighted a child health record for the child, a notion to that Effect? Y/N

(Please make sure a copy of all medical management plans have been provided to the centre and has been sighted by staff)

Medical and Health Information

Name of Doctor/Medical Services: _____

Address: _____

Telephone: _____

Medicare No: _____ Health Care Number: _____

Ambulance Subscription: Yes No Private Health Cover: Yes No

Does the child have any dietary restrictions? Yes No (Please circle)

If yes the following restrictions apply: _____

1. Emergency Treatment

**If no authorisation for this treatment child will not be enrolled at Service
(Children's Service Regulation 2012)**

I hereby authorise staff of Marys Kindy to seek urgent **medical, dental** treatment for _____ in the event that such action appears to be necessary because the child has been injured or is ill at the above service:

Name: _____ Signature: _____ Date: _____

Signature: _____ Date: _____

I hereby authorise staff of Marys Kindy to seek **Ambulance** service for _____ in the event that such action appears to be necessary because the child has been injured or is ill at the above service:

Name: _____ Signature: _____ Date: _____

Signature: _____ Date: _____

2. Paracetamol

I understand that staff will seek to contact myself to notify me of my child's condition, if falls ill with a temperature; In the circumstance of a staff member being unable to contact a parent /guardian. I _____ Give permission for centre staff to give my child _____ 1 dose of Paracetamol according to the directions on the bottle. I understand that this is not for a pre-existing illness. I also understand that I must make arrangements to collect my child as soon as possible.

Name: _____ Signature: _____
Date: _____

3. Sunscreen

I give permission for _____ to have sunscreen applied by staff. The sunscreen supplied by Marys Kindy is **Ultra protect 30 + sun protection cream for sun sensitive skin (with vitamin C)**

Name: _____ Signature: _____ Date: _____

4. Information concerning my child

I give permission for Marys Kindy for information concerning my child 's name _____ to be displayed in the centre - e.g. allergy charts, eat/sleep charts etc.

Name: _____ Signature: _____ Date: _____

5. Photographs

I give permission for Marys Kindy to take photographs of my child to be displayed in the centre

Name: _____ Signature: _____ Date: _____

6. Exchange of information

I/we give permission for Marys Kindy staff to exchange information with other children's services that _____ is attending

Name: _____ Signature: _____ Date: _____

7. Regular Outings

I/we give permission for Marys Kindy Pty Ltd to take my child ----- on regular outings.

Name: _____ Signature: _____ Date: _____

Observations by student

8. I/we give permission for students from Universities, TAFE and Accredited colleges to record observations of _____ for the purpose of practical studies. I understand that the student will need me to fill in a form for this and that this information will remain confidential and only Christian names will be used.

Name: _____ Signature: _____ Date: _____

Privacy Disclaimer

Marys Kindy acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in Marys Kindy , providing you with updated information and assisting us to improve our services to you. The personal information collected is of the parents/guardians and the child enrolled in the program. By completing this form, Marys Kindy accepts that the parents/guardians of the child have consented for this information to be collected. The intended

recipients of this information are Marys Kindy , its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and Marys Kindy Privacy Policy.

Conditions of Enrolment

1. The Enrolment Form and Enrolment Agreement must be completed prior to acceptance of any child into the program. Forms accepted through the mail, email or in person.
2. All children who attend Care **must** be booked in. Parents and guardians will be phoned and asked to collect their child/ren if this is not so.
3. **NO** refunds will be made for days booked but not attended. **NO** changes to days booked will be accepted (unless previously discusses and agreed by management). Accounts in arrears will incur an overdue fee.
4. If your child/ren regular attendance day falls on a public holiday, fees are payable as normal.
5. I understand that all activities myself and/or my child/ren participate in at Marys Kindy Pty Ltd are done at my own risk and I accept all liabilities and responsibilities. Furthermore I agree not to bring any Claims/legal proceedings against Marys Kindy Pty Ltd, Its Staff and Directors for the care of my child/ren and all events attended by myself and/or any of my family members at Marys Kindy Pty Ltd.
6. Children must be signed in at the beginning of the day and out when they are collected from the Centre according to Child Care Benefit requirements. **Children not signed in will be recorded as absent.** This may affect your Child Care Benefit entitlement.
7. Only those persons nominated on the Enrolment Form will be able to collect children. Written permission, or in an emergency verbal permission by telephone, is required if someone else is to collect the child/ren. If someone is prohibited from visiting the centre or collecting your child. **This information must be included on the enrolment form.** A copy of any relevant court orders must be provided.
8. **A late fee of \$25 per 15 minutes will be charged for children who are collected late i.e. after closing time of 6 pm.** Please inform the centre on 9799 5559 if you think you may be late
9. The program cannot cater for children who are unwell. If a child becomes ill whilst in care, staff will notify parents and the child is to be collected as soon as possible afterwards
10. No medication will be administered to children unless the proper authorisation forms have been signed by the parents/guardian.
11. Details of any medical conditions, special needs or family circumstances that may assist staff in working with your child are to be included on the Enrolment Form.
12. All changes to Enrolment Information must be provided to staff at the Centre.
13. If a child's behaviour is such that it endangers the safety of themselves, other children or staff your child's attendance will be reviewed in consultation with the parents.

14. Non compliance of any of the above conditions will result in the attendance of the child/ren at the Centre being reviewed.

15. Parent/guardian are responsible to supply the centre with all relevant CCB/CCR documentations prior to commencement of their child/ren enrolment in order to receive the benefit otherwise the parent/guardian will be responsible to pay the full fee to the centre.

16. I understand that the deposit will not be refundable if I change my mind or cancel the enrolment without 1 month notice

17. Consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as deemed necessary to the best of their judgment if they are unable to get in contact with me and that I will reimburse all expenses incurred by the children's service

Declaration

I _____ (**Print Full Name**) : A person with lawful authority of the child Referred to in this enrolment form Declare that the information in the enrolment form is true and correct and Agree to all of above terms and conditions.

Signature: _____ Date: _____