

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

Residential Address: \_\_\_\_\_ P/C: \_\_\_\_\_

Legal Guardian/s: \_\_\_\_\_

Is there anyone prohibited from having contact with or collecting the child?

If "Yes" please give details \_\_\_\_\_

**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**

**Other Adults Living at Home:**

Name:	Relationship:
_____	_____
_____	_____
_____	_____

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? \_\_\_\_\_

### Authority to pick up child

In the event that the child is not collected and the parent/s or guardian/s **cannot** be contacted, the children's service will use this list to arrange someone to collect the child. This list may be added to throughout the year. **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 \_\_\_\_\_

### Emergency Contact Person other than parent

There may be times when the child has an accident, injury, trauma or illness and the parent/s or guardian/s cannot be contacted. To deal with these situations the children's service should notify the following person who is authorised to collect and care for the child. This person must live a maximum of 30 minutes from the centre. **Identification must be produced on request from staff.**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ Mobile \_\_\_\_\_

### Information about your child

#### Background

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 known illnesses? \_\_\_\_\_

Does your child require regular medication? \_\_\_\_\_

If yes, what is the name of the medication? \_\_\_\_\_

Does your child have any known food intolerances? \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

If your child has an allergy please provide us with documentation from your doctor regarding allergy and condition caused.

### 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 2004)**

I hereby authorise staff of Marys Kindy to seek urgent medical, dental treatment or 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: \_\_\_\_\_

I hereby authorise staff of Marys Kindy to carry out urgent medical, dental treatment or 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: \_\_\_\_\_

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

I/we give permission for Marys Kindy staff to exchange information about

\_\_\_\_\_ with doctors, therapists if the need arises

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Observations by student

7. 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. I give 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: \_\_\_\_\_