



# CHILD ENROLMENT FORM 5-12 YEARS 2024



# EARLY YEARS CARE ENROLMENT FORM

## ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission

Please note that all requirements and documentation must be approved by the office before starting care.

Child's birth certificate/identity documents		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth		Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan	
Copies of any family law or other relevant court Orders and/or legal documents		Photo identification of all emergency contacts	

*Educator name:*

*Address:*

*Phone number:*

*Email:*

### **Enrolment Fee: \$50.00**

Direct Deposit: Early Years Care, BSB: 641 800, Account No: 200 550 868

Please leave child's name as reference

All other fees are paid directly to your educator



# CHILD ENROLMENT FORM 5-12 YEARS 2024



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## OFFICE USE ONLY

Date Entered

Entered By

## CHILD DETAILS

*Education and Care Services National Regulations - Regulation 160 (3a, e)*

Family Name			
First given name		Second given name	
Preferred first name			
Date of Birth		Gender	
Child Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number.</i>			
Child's home address			
Child normally lives with			
Child's Start Date			

Days of attendance:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Session Start Time							
Session End Time							

Preferred Educator			
Is your child related to the educator?		Relationship to the educator	
Does your child attend another service (provide dates/times)			

## HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other:	



# CHILD ENROLMENT FORM 5-12 YEARS 2024



Early Years Care

## CULTURAL CONSIDERATION

*Education and Care Services National Regulations - Regulation 160 (f, g, h)*

Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Does your child speak a language other than English at home?  <i>(Please circle) Yes / No</i>	If yes, what language (s) other than English are spoken at home.
County of birth	
Child's residency status	
What is your child's cultural background?	
Please outline any cultural practices you would like followed:  (Cultural, dietary)	
Religion	
Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed.	

## PRIMARY PARENT/GUARDIAN

*Education and Care Services National Regulations - Regulation 160 (3b)*

[Primary Parent must also be the registered CCS claimant]

Parent/Guardian Name			
Parent/Guardian Surname			
Parent Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number.</i>			
Address			
Phone Number/s	(H)	(M)	(W)
Parent/Guardian Date of Birth			
Email address			
Relationship to child			
Country of Birth			



# CHILD ENROLMENT FORM 5-12 YEARS 2024



Early Years Care

Languages other than English spoken at home			
Parent/Guardian Centrelink Reference Number (CRN):			
Please provide any relevant cultural background details			
Does the child normally live with you? (Please circle)	Yes / No		
Name of Workplace			
Occupation		Workplace Contact number	

## SECONDARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

Parent/Guardian Name			
Parent/Guardian Surname			
Parent Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number.</i>			
Address			
Phone Number/s	(H)	(M)	(W)
Parent/Guardian Date of Birth			
Email address			
Relationship to child			
Country of Birth			
Languages other than English spoken at home			
Parent/Guardian Centrelink Reference Number (CRN):			
Please provide any relevant cultural background details			
Does the child normally live with you? (Please circle)	Yes / No		
Name of Workplace			
Occupation		Workplace Contact number	



# CHILD ENROLMENT FORM 5-12 YEARS 2024



## FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

*Education and Care Services National Regulations - Regulation 160 (3c, d)*

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No  If yes, please provide all relevant documentation and paperwork	Attached
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No  If yes, please provide all relevant documentation and paperwork	Attached
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached
Briefly outline court order requirements		

Please note that without this documentation we cannot legally enforce the Order/s.

## MEDICAL INFORMATION

*Education and Care Services National Regulations - Regulation 160 (3a, l, j) Regulation 162(d)*

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

Child's Medicare Number			
Medicare Expiry Date	Child's Medicare reference number		
Doctor's name			
Medical Centre	Phone number		
Doctor's address			
Dentist name			
Name of Service	Phone number		



# CHILD ENROLMENT FORM 5-12 YEARS 2024



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Dentist's address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No
Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service)	Yes / No		

## CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

<p>Allergies- provide details of child's allergies. These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other</p>			
Allergy to			
Medical specialist or doctor who may be currently treating your child for this condition			
Phone contact		Address	
Risk of Anaphylaxis	Yes/No	Has a doctor diagnosed this allergy?	Yes/No
Does your child have a current ASCIA Action Plan?	Yes/No	Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes/No
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis			Yes/No
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
What is the expiry date of the adrenaline autoinjector?			Month / Year
<p>Please be advised that in the case of an anaphylaxis or asthma emergency, the Nominated Supervisor or other educator may administer medication to your child without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94</i></p>		Parent 1 Signature:	
		Parent 2 Signature:	

Does your child have any special dietary requirements or restrictions? Yes/No

Prohibited Food	Detailed information



# CHILD ENROLMENT FORM 5-12 YEARS 2024



## MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition		
Has a doctor diagnosed this condition?	Yes/No	
Does your child have a current Action Management Plan (eg Asthma Plan)	Yes/No	
If yes, is this plan attached?	Yes/No	
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90)	Yes/No	
If yes, is this plan attached?	Yes/No	
Does your child take any prescribed regular medication for this condition?	Yes/No	
Medication Name/s		
<p>Medication will only be administered if:</p> <ul style="list-style-type: none"> <li>• it is prescribed by a medical practitioner</li> <li>• it is in the original container with the original label</li> <li>• the label contains the child's name</li> <li>• instructions and dosage can be clearly read</li> <li>• expiry date or use by date is valid</li> <li>• any verbal or written instructions provided by the medical practitioner must be provided by the parent/s</li> </ul> <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	Parent 1 Signature:	
	Parent 2 Signature:	



# CHILD ENROLMENT FORM 5-12 YEARS 2024



## IMMUNISATION DETAILS

*Education and Care Services National Regulations - Regulation 160 (3a, i, j), Regulation 162 (f, h, i)*

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

Immunisation Status of Child at enrolment	Comment: Fully immunised/catch up schedule	
AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes/ No	Attached
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes/ No	Attached
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes/ No	Attached

## FAMILY INFORMATION

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	





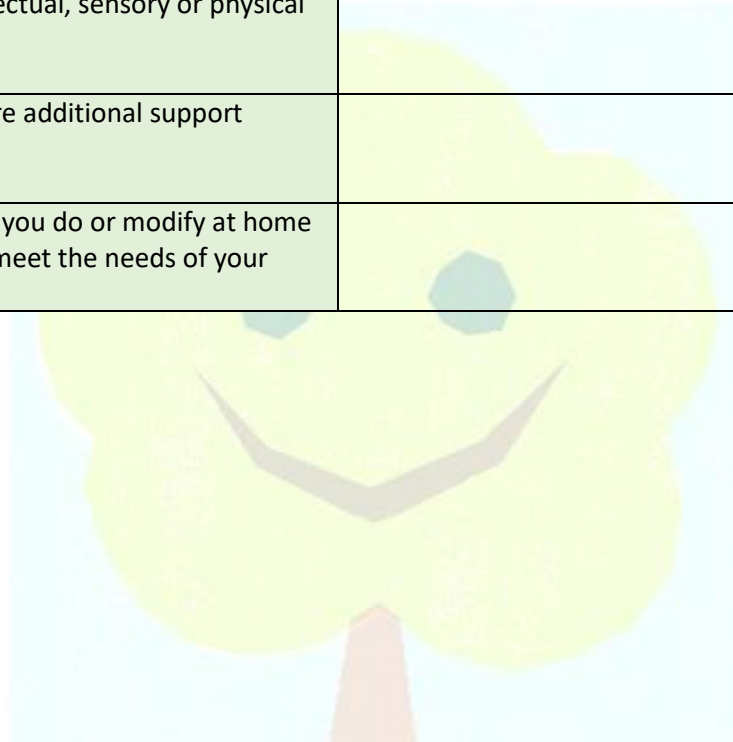
# CHILD ENROLMENT FORM 5-12 YEARS 2024



Early Years Care

## DEVELOPMENTAL INFORMATION

	<i>Please provide any relevant information</i>
Does your child have any problems with hearing, sight or speech?  <input type="checkbox"/> Hearing  <input type="checkbox"/> Sight  <input type="checkbox"/> Speech	
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	
Does your child require additional support because of disability?	
Is there anything that you do or modify at home that may assist us to meet the needs of your child?	



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# CHILD ENROLMENT FORM 5-12 YEARS 2024



Early Years Care

## FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE

*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, l, ii, 1b)*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H) _____	(M) _____	(W) _____
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No	Parent 1 Signature	
		Parent 2 Signature	



# CHILD ENROLMENT FORM 5-12 YEARS 2024



Early Years Care

## SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, l, ii, 1b)*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H)	(M)	(W)
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No	Parent 1 Signature	
		Parent 2 Signature	



# CHILD ENROLMENT FORM 5-12 YEARS 2024



Early Years Care

## AUTHORISATIONS

### Illness, accident and emergency treatment

*Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)*

Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the educator, or staff to administer paracetamol or ibuprofen in the event my child registers a temperature of 38°C or higher as per <i>Incident, Injury, Trauma and Illness Policy</i> ? Your child must still be collected from the service and an <i>Administration of Medication Record</i> signed.	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
In case of an emergency do you authorise a medical blood transfusion?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

### Health and Safety

Do you authorise educators to apply SPF30+ sunscreen to your child prior to sun exposure (If not, please provide a letter releasing the Service of any liability)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise educators to apply Band-Aids or sticking plasters when necessary	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise educators to apply Insect Repellent to my child as required (supplied by parents)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	



# CHILD ENROLMENT FORM 5-12 YEARS 2024



Early Years Care

## Photography and Video

We/I agree for photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
We/I agree for photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
We/I agree for photos and video footage of my/our child to be used for student training purposes (photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
We/I agree for photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in resources for this organisation	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

## Authorisations

I authorise my child to participate in all activities offered by the educator and Early Years Care. A program and weekly planner will be on display for families. I need to sign the educator's Weekly Planner on a daily basis.	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
In case of an emergency, I authorise an approved person or Early Years Care staff member to supervise the children if the educator is not able to. I will always be notified of this.	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
I give permission for my child to participate in local excursions e.g. walks to local parks and sports ovals and visits away from the childcare setting under supervision of my educator. Notification will be provided for any excursion away from the home. A weekly planner will be on display and will require my signature.	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
I give my permission for my child to view G or PG rated programs (TV, DVD, videos and movies) and play G or PG computer games. Screen time is kept very minimal at Early Years Care – no more that 30 minutes per day.	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
I authorise my child to have sensory contact with animals with a safe environment under supervision. This may be at the educator's home or on an excursion	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
		Parent 1 Signature:	



# CHILD ENROLMENT FORM 5-12 YEARS 2024



Early Years Care

I authorise my child to have interactions with the environment through plant, gardening and a garden to kitchen program	Yes/No	Parent 2 Signature:	
I will only bring healthy food to childcare in minimal wrapping (no chips, lollies, jellies, soft drink, juices, etc.) I will take note of the services nutrition policies and understand that alternative food will be provided if food brought is not suitable	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
I give permission for my child to participate in fully supervised water play. I understand that this includes hoses, sprinklers, water troughs and small wading pools. My educator and staff will follow all water safety policies and procedures. I will be notified of all other water play and risks separately, e.g., Excursions, river kindy, bush play, wetlands etc.	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
I give permission for my child to jump/play on trampolines under direct supervision. All trampolines are Australian Standards and I understand that they pose an above normal risk of injury to children. I give permission for my educator to seek medical assistance if necessary.	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
I authorise my educator to allow my child to climb trees beyond the recommended height of 50cm, without Softfall, under direct supervision. Tree climbing poses an above normal risk of injury to children. I give permission for my educator to seek medical advice if needed.	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

## TRANSPORTATION AUTHORISATION

*Education and Care Services National Regulations - Regulation 102(4), 102D(4)*

The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for: <ul style="list-style-type: none"> <li>regular outings (once every twelve months)</li> <li>an excursion that is not a regular outing</li> </ul>	
Parent 1 Signature:	
Parent 2 Signature:	

Early Years Care



# CHILD ENROLMENT FORM 5-12 YEARS 2024



Early Years Care

## PARENT AGREEMENT

*Education and Care Services National Regulations - Regulation 160 (3a, l, j)*

Please tick box to confirm you have read each point:

- I agree to inform the FDC Service in writing immediately of any changes to the above information.
- I agree to pay the FDC Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.
- I agree to keep my fees paid up to date, as per *our policies* and understand that my child's position at the FDC Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by end of session time, I will organise for one of the people listed as emergency contact/ authorised nominee to collect my child prior to session end time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as emergency contact/authorised nominee will be called by the educator to collect my child.
- I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after session end time. In the event that a child is left with the educator at the service for over an hour after session end time and the educator has been unable to contact anyone to collect the child, the nominated supervisor/ FDC coordinator may contact the local Police Station and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- I agree to provide four weeks written notice to withdraw my child or reduce booked days. This time frame can be negotiated with your educator to reduce the notice period to two weeks
- I give permission for prescribed medication to be administered by the educator upon my authorisation on the Service's *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the FDC Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the educator both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by the educator unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the educator deems the child well enough to attend Service.
- I give permission for my child to be observed by the educator of the FDC Service and students supervised by the educator. I give permission for my child to participate in programs organised by practicum students under the supervision of the educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.
- I have read the Family Handbook and am familiar with the Early years care Policy Manual, available upon request. I agree to follow, support and abide by these policies and am aware that the educator is available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to the educator or through the FDC support officer.

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

PRINT NAME		SIGNATURE		DATE	
PRINT NAME		SIGNATURE		DATE	



# CHILD ENROLMENT FORM 5-12 YEARS 2024



Early Years Care

## Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.



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