



# Boondall Early Childhood Centre

## ENROLMENT FORM 2013

Before You Begin

Welcome to Boondall Early Childhood Centre. Thank you for choosing to enrol in our service. We look forward to working with you in the care and education of your little one.

Please ensure read the following information before completing and submitting this enrolment form.

Your obligations - before submitting this enrolment form, please ensure that the details that you fill out on this form are correct and up to date. The information on this form must be completed by each known parent who has lawful authority in relation to the child on this form.

If you are not sure of any of the details or information required on this form, please see the Centre Director before submitting the form.

It is the obligation of each lawful parent / guardian to ensure the details in this form are correct and current. Please notify the Centre Director of any changes to the information contained within this enrolment form.

Date Enrolment Form Completed: \_\_\_\_\_

**OFFICE USE ONLY**

Date entered onto qikkids: \_\_\_\_\_

Signed by: \_\_\_\_\_

Child Details

Child's Surname: \_\_\_\_\_

Child's Given Name/s: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Gender:            Male            /            Female

Child's Home Address

Street no: \_\_\_\_\_, Street name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Child's Country of Birth: \_\_\_\_\_

Languages Spoken at Home: \_\_\_\_\_

Do you or your child identify as Aboriginal or Torres Strait Islander Descent?  
Yes / No

Child's CRN for CCB purposes: \_\_\_\_\_

Childs Days of Attendance

(please circle)

Monday    Tuesday    Wednesday    Thursday    Friday

Anticipated first day of attendance: \_\_\_\_\_

If requiring School Care, what school does your child attend:

\_\_\_\_\_

School care only: AM Monday    Tuesday    Wednesday    Thursday    Friday

PM Monday    Tuesday    Wednesday    Thursday    Friday

Parent / Guardian Information

**Parent 1**

Relationship to Child: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

CRN for CCB purposes: \_\_\_\_\_

Address

Street no: \_\_\_\_\_, Street name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Numbers: home: \_\_\_\_\_

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: home: \_\_\_\_\_

Work: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Place: \_\_\_\_\_

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

Will you be claiming the Childcare Benefit / Childcare Rebate for this child?  
Yes / No

Country of Birth: \_\_\_\_\_

Any relevant cultural background details:  
\_\_\_\_\_

Does the child live with you? Yes / No

**Parent 2**

Relationship to Child: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

CRN for CCB purposes: \_\_\_\_\_

Address

Street no: \_\_\_\_\_, Street name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Numbers: home: \_\_\_\_\_

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: home: \_\_\_\_\_

Work: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Place: \_\_\_\_\_

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

Will you be claiming the Childcare Benefit / Childcare Rebate for this child?  
Yes / No

Country of Birth: \_\_\_\_\_

Any relevant cultural background details:  
\_\_\_\_\_

Does the child live with you? Yes / No

Have you applied for Childcare Benefit (CCB) and / or Childcare Rebate (CCR)? Yes / No

Will you be claiming Childcare Benefit as a weekly reduction of you fees?  
Yes / No

Are you eligible for Childcare Rebate (CCR)?  
Yes / No

If yes, is your CCR being paid directly to the service?

*Does your child attend another Approved Service?*

Yes / No

*If yes, how many hours of CCB are allocated to this service? \_\_\_\_\_*

*Do you claim childcare benefit for other siblings who attend other services?*

Yes / No

### Centre Credit Policy

At the Boondall Early Childhood Centre, our Credit Policy states that all fees are to paid one week in advance at all times.

Failure to do so will result in late fees being applied to your account and your child's spot at the Centre will be suspended.

Do you agree to these terms and conditions?

Yes/No

To adhere to this, we recommend payment to be made via Ezi Debit. This is a direct debit service which automatically deducts payment from your nominated account each week.

If you wish to use this option please fill out the attached form and return it with your enrolment form prior to commencement. Your first payment will be a full cycle of your fees (if you pay monthly, it will be a month's worth of fees etc). If this doesn't suit your circumstances please organise another method of payment.

I wish to pay my account via (Please Circle)

Ezi Debit   BPay   Eftpos   Direct Deposit

Emergency Contacts – must be other than parents / guardians.

There may be times when the child has an accident, injury, trauma or illness and the parents / guardians cannot be contacted or are unable to collect the child.

If such a situation occurs, the centre will notify one of the following people who are authorised and available to collect and care for the child.

An Emergency Contact is an acknowledged person who, with the parents / guardian's authorisation, is given permission for the following:

- Authorise the taking of the child outside the service by a staff member of the service to seek medical treatment;
- Consent to the medical treatment of the child;
- Request or permit the administration of medication to the child;
- Collect the child when necessary;

**Emergency Contact 1**

Name: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

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

Contact Numbers: home: \_\_\_\_\_

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Declaration of Consent for Being an Emergency Contact Person for the Child:**

I, \_\_\_\_\_  
(PRINT FULL NAME) agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_

**Medical Authorisation for Child: Emergency Contact Person 1**

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?

Yes/No

Parent/Guardian Signature  
1: \_\_\_\_\_

Parent/Guardian Signature  
2: \_\_\_\_\_

**Emergency Contact 1**

Name: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

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

Contact Numbers: home: \_\_\_\_\_

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Declaration of Consent for Being an Emergency Contact Person for the Child:**

I, \_\_\_\_\_  
(PRINT FULL NAME) agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person: \_\_\_\_\_  
Date: \_\_\_\_\_

**Medical Authorisation for Child: Emergency Contact Person 1**

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?

Yes/No

Parent/Guardian Signature  
1: \_\_\_\_\_

Parent/Guardian Signature  
2: \_\_\_\_\_

**Details of Other People who can Collect the Child**

**Please Note:** People on this list must be 16 years or older

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.

In the event that you or your nominated emergency contact cannot collect the Child, educator will use this list to arrange someone to collect the Child.

This list may be added to throughout the year and must be updated regularly to ensure accuracy. Individuals must be able to produce identification when collecting the Child. The child will not be released from care without the appropriate identification.

**Person 1**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Contact Numbers: Home: \_\_\_\_\_ work: \_\_\_\_\_

Mobile: \_\_\_\_\_



**Person 2**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Contact Numbers: Home: \_\_\_\_\_ work: \_\_\_\_\_

Mobile: \_\_\_\_\_

***(Please note that if you wish to add more Authorised People, please attach the details to the back of the form)***

**Considerations for the Child**

**Cultural Considerations:**

Please outline the Child's cultural background and if relevant any cultural practices you would like followed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Religious Considerations**

Please outline the Child's religious background and if relevant any religious practices you would like followed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Dietary Considerations**

Please outline any special dietary requirements your child may have:

\_\_\_\_\_  
\_\_\_\_\_

**Special/Additional Needs Considerations**

Please outline any special/additional needs the Child may have (e.g. sleep patterns, toileting requirements, fears, interests, discipline): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Medical Requirements

Child's Registered Medical Practitioner: \_\_\_\_\_

Service Name: \_\_\_\_\_

Practitioner's Name: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

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

Medicare Number: \_\_\_\_\_ Number on card: (eg; 1 , 2 etc) \_\_\_\_\_

Does the child have any specific health care needs or conditions?

Yes / No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Note: If yes, please provide medical management plan eg) medical management plan, anaphylaxis plan, risk minimalisation plan etc

Does your child have any known allergies?

Yes / No

If yes, please provide details and medical management plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child been diagnosed as being 'at risk' of anaphylaxis?

Yes / No

If yes, please provide details and anaphylaxis medical management plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from Asthma? Yes / No

If yes, please provide details and Asthma Medical Management Plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been unconscious, fainted or had convulsions (including Febrile Convulsions)?

Yes / No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Is your child currently under medical treatment or take any long term medications?

Yes / No

If yes, please provide details and medical authority letter for the long term administration of medication (if the centre is required to administer this medication): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have up-to-date immunisation status? Yes / No

**Note: please provide a copy of your child's immunisation / health record for the Approved Provider to sight.**

Health / Immunisation record sighted by Approved Provider / Nominated Supervisor? Yes / No

Nominated Supervisor Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### **Declaration and Consent to Emergency Medical Treatment**

I give the Approved Provider, Nominated Supervisor or Educator permission to seek treatment from a registered medical practitioner and / or ambulance and agree to pay any costs incurred.

Yes / No

Sign: Parent 1 \_\_\_\_\_ Sign: Parent 2 \_\_\_\_\_

I give permission for the Approved Provider, Nominated Supervisor or Educator to administer one dose of paracetamol as per the manufacturers instructions in the instance of high fever (above 38 degrees celcius).

I understand that before this is administered, every attempt will be made by the service to contact either parents to seek permission. I understand that the administration of the medication will be witnessed by two staff and details of dosage etc recorded.

I understand the potential risks associated with this medication.

Yes / No

Sign: Parent 1 \_\_\_\_\_ Sign: Parent 2 \_\_\_\_\_

I give permission for the service to administer general first aid products such as antiseptic spray, nappy creams etc, as per the manufacturer's recommendations.

Yes / No

Sign: Parent 1 \_\_\_\_\_ Sign: Parent 2 \_\_\_\_\_

Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.

### **Authorisation for Child to Participate in Excursions and Incursions**

In the event that an emergency occurs while on these excursions, do you authorise the Child to follow the emergency procedures that have been planned? (ie: move to assembly points described in emergency evacuation plans.

Yes / No

Sign: Parent 1 \_\_\_\_\_ Sign: Parent 2 \_\_\_\_\_

Do you authorise for the Child to participate in any incursions the service may organise. For example, an incursion on fire safety presented by someone from the local fire station. (NOTE) Further details will be given when these events are planned, either by verbal or written notification

Yes / No

Sign: Parent 1 \_\_\_\_\_ Sign: Parent 2 \_\_\_\_\_

### **Sun Protection**

As per our Sun Protection Policy we suggest all children to be protected against the sun with SPF 30+ sunscreen when exposed to sunlight. Our service applies sunscreen to all children 20 minutes prior to going outside each day. We ask that each family apply SPF 30+ sunscreen to their child prior to their arrival at the service each morning and provide us with a bottle of sunscreen that is kept at the centre at all times. Copies of our Sun Protection Policy are available for families to view. Please ask our educators to supply you with one.

Please Circle which boxes are applicable to you.

YES – I will apply SPF 30+ sunscreen to my child before coming to the service.

YES – Reapply SPF 30+ sunscreen to my child throughout the day to my child as required

NO – I will not apply SPF 30+ sunscreen to my child before coming to the service

NO – Do not reapply SPF 30+ sunscreen to my child throughout the day.

Parent 1 Sign: \_\_\_\_\_ Parent 2 Sign: \_\_\_\_\_

## Photographic Release / Permission

Through the course of a day at our Centre, many things happen in our rooms with children actively learning. Often those things can't be recorded on paper, so as part of a learning experience our staff use digital cameras and audio equipment to record these unique moments or learning steps.

We are seeking permission to take and use photographs, digital images and audio recordings of your child participating in activities throughout the day at Boondall Early Childcare Centre.

It is possible such photographs or images be used:-

- As part of a social story that will be displayed in the room.
- In journals for your own child and other children in the group.
- In journals of other children in the group in which your child is in the background of a photo.

Photographs and images will not be named nor will they be part of any web site.

Certain photographs taken will be displayed in your child's journal; therefore you will be receiving a copy of these at the end of each year.

I, \_\_\_\_\_ give permission for the staff of my child's class to use photographs of my child \_\_\_\_\_ taken during room activities at the Boondall Early Childhood Centre for learning purposes as described:-

- As part of a social story that will be displayed in the room.
- In journals for your own child and other children in our group.
- In journals of other children in the group in which your child is in the background of a photo.

I also give permission for the photos to be collated and distributed to all parents of my child's group at the end of the year.

Parent 1 Sign: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent 2 Sign: \_\_\_\_\_ Dated: \_\_\_\_\_

## Parent Declaration / Consent

I/We \_\_\_\_\_,  
( PRINT FULL NAMES)

As a person who has lawful authority of the child referred to in this enrolment form for Boondall Early Childhood Centre:

- Declare that the information in this enrolment form is true and correct and endeavour to Immediately inform the service in the event of any change to this information.
- Understand that the days nominated for my child are the only days he/she is allowed to attend, unless prior arrangements have been made by the director.
- Ensure that my child is brought to the centre and collected from the centre by a responsible adult.
- Agree to notify the centre promptly of any absences on the morning of the absences and the reason for such absences.
- Agree to keep my child at home while he/she is suffering from infectious or contagious illnesses', or is not well enough to participate in the days experiences.
- Agree to collect or make arrangements for the collection of the child referred to in this Enrolment form if he/she becomes unwell in a prompt manner.
- Consent to the educator's at the service seeking or where appropriate administering any medical treatment that is reasonably required.
- Declare that I have read and understood the policies of Boondall Early Childhood Centre and will abide by those policies
- Consent to the educators administering medication if so requested by me or those I have nominated to do so on my behalf.
- Have read and agree with the fees, payment structure and policies of Boondall Early Childhood Centre and agree to pay fees one payment cycle (a fortnight in advance if paying fortnightly, a month in advance if paying monthly) in advance.
- I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form.
- I agree that the Child's place at the service is subject to the Priority of Access scheme as outlined by the Child Care Management System.
- I agree to the Child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- I agree that I will assist with my child's learning and the service's documentation methods by completing Family Input documentation.
- Understand that 2 weeks' notice of termination must be supplied to the centre in writing. And I understand that if my child does not attend their last days, I will be charged full fee back to their last attended day. As outlined by DEEWR.
- Understand that any absences due to sick days or public holidays still require payment of normal fees.
- Understand that the centre reserves the right of expulsion at the licensee's discretion.
- Understand that it is the responsibility of the parent/guardian to sign children in and out each daily. And if said signature is not made every day, I can be charged full fee as CCB and CCR cannot be claimed on days not signed.

Parent/Guardian Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_