



COOLAMON EARLY CHILDHOOD CENTRE

ENROLMENT FORM

Child Details

Surname: _____ Given Names: _____

Other names by which the child is known: _____

Former Names: _____ Date of Birth: _____ Sex: M F

Address: _____ State: _____ Postcode: _____

Place of Birth (City & Country): _____ CRN: _____

If not born in Australia, how long has your child lived here: _____

Ethnicity/Cultural Identity (optional): _____

Languages other than English spoken at home: _____

Booking Information

Days Booked: (please circle) Monday Tuesday Wednesday Thursday Friday

Contact Details for Child's Parents or Guardians

Contact Details – Primary Guardian

Mr Miss Ms Mrs Other _____ Name _____

Address _____

Telephone (H) _____

Mobile Number _____

Email Address/s _____

Relationship to the Child _____

Drivers Licence Number _____

Name of Employer _____

Occupation _____

Address _____

Telephone (W) _____

Contact Details –Secondary Guardian

Mr Miss Ms Mrs Other _____ Name _____

Address _____

Telephone (H) _____

Mobile Number _____

Email Address/s _____

Relationship to the Child _____

Drivers Licence Number _____

Name of Employer _____

Occupation _____

Address _____

Telephone (W) _____

Emergency Contact Details and Persons Authorised to Collect your Child

If the child's Parent/Guardian cannot be contacted immediately, then a staff member will need to contact an alternative person;

Person 1

Name

Address

Telephone (H)

Telephone (W)

Telephone (M)

Relationship to Child

Authorised to Collect Child:	Y	N
To authorise the administration of medication to the child:	Y	N
Consent to medical treatment:	Y	N
Authorise an educator to take the child outside the Centre:	Y	N

Person 2

Name

Address

Telephone (H)

Telephone (W)

Telephone (M)

Relationship to Child

Authorised to Collect Child:	Y	N
To authorise the administration of medication to the child:	Y	N
Consent to medical treatment:	Y	N
Authorise an educator to take the child outside the Centre:	Y	N

Person 3

Name

Address

Telephone (H)

Telephone (W)

Telephone (M)

Relationship to Child

Authorised to Collect Child:	Y	N
To authorise the administration of medication to the child:	Y	N
Consent to medical treatment:	Y	N
Authorise an educator to take the child outside the Centre:	Y	N

Emergency Contact Details and Persons Authorised to Collect your Child

Person 4

Name

Address

Telephone (H)

Telephone (W)

Telephone (M)

Relationship to Child

Authorised to Collect Child:	Y	N
To authorise the administration of medication to the child:	Y	N
Consent to medical treatment:	Y	N
Authorise an educator to take the child outside the Centre:	Y	N

PLEASE NOTE: If you change address, update or change any phone contacts including emergency contact details and authorised persons that can collect your child that you inform the CENTRE MANAGER immediately to ensure children that your child's details are up to date.

_____ Name of Parent/Guardian	_____ Signature	_____ Date
---	---------------------------	----------------------

_____ Name of Parent/Guardian	_____ Signature	_____ Date
---	---------------------------	----------------------

Health/Medical History

Medicare Number: _____ Number on card: _____

Private Health Fund: _____ Membership No.: _____

Family Doctor's Name: _____

Address: _____ Phone: _____

Family Dentist Name: _____

Address: _____ Phone: _____

Preferred Hospital in Case of Emergency: _____

Are you an Ambulance Subscriber? Yes No

In the event that such action appears necessary due to my child having been injured or is ill at the Coolamon Early Childhood Centre, I authorise consent to the medical treatment of my child, for the approved provider, a nominated supervisor or an educator to seek—

- (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and**
- (ii) transportation of the child by an ambulance service;**

I understand that the appropriate medical attention and if require, ambulance transportation will be at my cost

_____ Name of Parent/Guardian	_____ Signature	_____ Date
---	---------------------------	----------------------

_____ Name of Parent/Guardian	_____ Signature	_____ Date
---	---------------------------	----------------------

Health/Medical History

Are there any allergies or special requirements concerning the child (such as the child's needs in relation to any disability or medical condition for example asthma or epilepsy or anaphylaxis?)

YES

NO

If yes, please supply any management plan, anaphylaxis medical management plan or risk minimisation plan to be followed.

Are there any special considerations for the child, for example any cultural, religious or dietary requirements or additional needs:

Child Custody Information

Are there any custody orders OR parenting orders OR parenting plans in place?

No (go to next section)

Yes

Name of custodial parent: _____

Please ensure that a copy of any court orders are provided to the centre.

Additional Information

Has your child attended Kindy, Pre-School or Family Day Care before? YES NO

If YES – What was the name of the Centre? _____

Has your child used their 42 allowable absences this financial year? YES NO

Are there any special cultural or religious considerations that would help us care for your child?

If yes please specify _____

Are there any special interests that we could include in our program for your child?

If yes please specify _____

Are there any special talents or interests you would like to introduce or contribute to your child's program?

If yes please specify _____

Information Sheet for Children Aged 0 – 5 years

Child's Name _____

Date of Birth _____ Primary language spoken at home _____

Routines for your child

Eating:

Does your child drink from: breastfed bottle cup sipper cup

Does your child drink infant formula? Yes No

How many MLS per bottle? _____

What times during the day would your child have a bottle/breast feed? _____

What is your child's appetite like? _____

Does your child: feed themselves independently?

Require help from staff?

Does your child have any allergies?

Does your child have any dietary restrictions either for health or cultural reasons? Please list

Favourite foods _____

Unfavoured foods _____

Toileting

Does your child: Wear nappies use the toilet with assistance use the toilet independently

What words does your family use for toileting? _____

Sleeping

Does your child sleep during the day? _____

What times during the day does your child sleep? _____

How long does your child usually sleep? _____

Does your child: Like to be rocked to sleep? _____

Sleep in a cot sleep in a bed wear a nappy at sleep

Have a bottle at sleep time have a dummy at sleep time sleep with a comforter

What position does your child sleep in? _____

Program

What are your child's favourite activities? _____

Information Sheet for Children Aged 0 – 5 years

Please list any cultural or religious practices observed by your family that you wish the Centre to observe also.

Please list any Australian cultural traditions that you do not wish your child to experience.

Are there any songs or lullabies that your child already knows or you would like us to sing with your child? _____

Other

Does your child have any fears, e.g. darkness, loud sounds, etc.

Does your child have any other special requirements?

Are there any factors relating to your pregnancy with your child or the birth that may be relevant to his/her development?

Is there any other information you can provide us with that will help us provide care and education for your child?

Additional Information

The following information will help us provide for your child's needs. Please tick which best describes your child:

Child lives in a family situation with adults such as

Two Parents

Father only

Mother only

Siblings

Grandparent/s

Other _____

Have there been any major changes in your family recently?

New baby

Separation of Parents

Death in family

Moving house

Marriage of parents

Other _____

Expected Time your child will require care: (providing care time details will ensure the centre can be staffed effectively)

Permissions

Sunscreen Permission

I, _____ (parent's name) give the Coolamon Early Childhood Centre staff permission to apply sunscreen to my child _____ (child's name) throughout the duration of my child's care.

Parents Signature _____ Date _____

Parent Signature _____ Date _____

Administration of Panadol

I, _____ (parent's name) authorise the Coolamon Early Childhood staff to administer my child _____ (child's name) an appropriate dose of Panadol should their temperature exceed 38.5 degrees. (Please note that children that have a high temperature are required to be collected from the centre immediately and where possible attempts to cool the child will be used first)

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Media Consent

I give permission for Coolamon Early Childhood Centre to include my child in media such as;

Public media

Social Media eg; Facebook

- Still photographs
- Video

Advertising

- Still photographs
- Video

- Brochures
- Coolamon Early Childhood Centre Newsletter
- Coolamon Shire Council Newsletter

Private media

- Seesaw (digital sharing application for families)
- Information, including photos, displayed in the Centre.

Parent's Name _____ Signature _____ Date _____

Parent's Name _____ Signature _____ Date _____

Vaccinations

Please provide a copy of you child's vaccination/immunisation records to be kept on your child's file. Please note any child that has not been vaccinated against a disease will be excluded from the centre in the event of a breakout. Please ensure immunisation records are updated after each immunisation your child receives by giving an updated copy of your child's immunisation records. **The blue book can no longer be used as a record; the centre requires an ACIR statement that can be obtained through Medicare.**

YOUR CHILD CANNOT START CARE UNTIL WE HAVE RECEIVED YOUR CHILD'S IMMUNISATION RECORDS.

To provide us with the status of your child's immunisation, Has your child's immunisation record been provided to the centre: **YES / NO**

Office use ONLY:

Has an up to date immunisation record been provided to the centre: YES or NO

Centrelink - CCS Information

To ensure that you are linked to our Centre 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 your CRN is linked to our centre which will enable you to receive CCS.

Person Registered for Centrelink (details must be EXACTLY as per Centrelink records)

Full Name: _____

Date of Birth: _____ CRN: _____

Child Registered for CCS with Centrelink (details must be EXACTLY as per Centrelink records)

Full Name: _____

Date of Birth: _____ CRN: _____

Has this child attended another Centre this financial year? Y N

Is the child attending multiple childcare centres? Y N

Verification of Details held by Centrelink

I confirm that:

1. The information I have provided above is true and correct and that I have provided Centrelink with the same information.
2. I am responsible for communicating this information to Centrelink.
3. I understand that I am responsible for all fees charged by the Centre.
4. I understand that if any details are incorrect then full child care fees are payable by me directly to the Centre until the details are corrected with Centrelink.

Name: _____

Signature: _____ Date: _____

Application for Enrolment – Agreement & Consent to Terms

Child's Name _____ DOB _____

In order that the children may benefit from attendance at Coolamon Early Childhood Centre, it is essential that there be close co-operation between parents & staff at the Centre. For this reason parents are asked to undertake the obligations set out below.

1. Permission for Observation

I/We give permission for our child to be observed by staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers.

2. Payment of Fees

I/We agree to pay our fees as per the Centre's Fee Policy. I/We will ensure that our fees are kept up to date by making regular payments to our childcare account. Failure to adhere to the terms of the Centre's Fee Policy may lead to cancellation of enrolment.

- i. **Legal Action** – I/We understand that unpaid fees will be subjected to legal action for their recovery and costs associated with this action will be added to our account.
- ii. **Fees to be in 2 weeks in advance** – I/We will ensure that our fees are paid two weeks in advance at all times. Failure to do so will result in suspension/cancellation of enrolment.
- iii. **Re-enrolment for the following year** – I/We understand that any accounts that remain unpaid at the end of the year will not be eligible for re-enrolment for the following year.

3. Parent Handbook

I/We acknowledge that we have received and read the Centre's Parent Handbook.

4. Cancellation of Care

I/We understand that two weeks notice is required in advance when cancelling care.

5. Fees for Public Holidays

I/We understand that Public Holidays are charged at the normal daily fee rate and are payable despite the Centre being closed.

6. Discounted Holiday Fees

I/We understand that in order to take advantage of the ½ normal fee rate for holidays, the Centre requires 2 weeks notice and for all accounts to be up to date (2 weeks in advance).

7. Late Fees

I/We understand that late fees will be charged if our child is not collected by 6pm, and that no Child Care Benefit can be claimed for this fee. Late fee charges are as follows: \$1 per minute for each minute that your child has not been collected after closing time. This will be charged to your account.

8. Communication with the centre

I/We agree to provide written communication in regards to authorised person collecting our child/ren from the centre at any time where needed and that authorisation over the phone will no longer be permitted. Information can be faxed to the service on 0269273 994 with a signature.

9. Refundable Deposit

I/We agree to pay the centre a refundable deposit on enrolment based on the below tiered system. The deposit is payable per family not per child with the fee calculation determined by total fees paid excluding any CCS reduction in fees. The deposit is to be paid prior to our child's first day of daycare and will be refunded on cancellation of enrolment provided there are no fees outstanding. I/We understand that should there be unpaid fees on cancellation of enrolment, money from the deposit will be used to settle the account and only the difference will be refunded.

Tier 1 (weekly enrolment fees under \$50) - \$20 deposit

Tier 2 (weekly enrolment fees under \$100) - \$50 deposit

Tier 3 (weekly enrolment fees over \$100) - \$100 deposit

Application for Enrolment – Agreement & Consent to Terms

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 the Enrolment Form is true and correct; and
- I/We have read, fully understand and agree to comply with all policies and procedures detailed in this Enrolment Form including the items listed above, and any other policies and procedures advised by the Centre wither directly or by making them available for perusal at the Centre.

I would like to receive my account / statement, the Centre Newsletter and any correspondence regarding my child and the centre;

Emailed to me

Placed in my family pocket at the Centre

Signature of Primary Parent/Guardian: _____ Date: _____

Signature of Secondary Parent/Guardian: _____ Date: _____

Please provide a copy of identification in the form of a current driver's license or proof of identification for both primary and secondary parent/guardian of this enrolment.

Office use ONLY:

Has proof of identification been provided to the centre: YES or NO