



ENROLMENT FORM

Customer Reference No (CRN) – Parent _____
Parent's Name that refers to CRN above _____
CRN – Child _____
Note: Customer Reference Number (CRN) issued to you by Centrelink if you have already registered for CCB. If you have not already registered, please contact the Department of Human Services on 136 150 to register

OFFICE USE ONLY
Date entered onto computer
Signed by

My Child's Details	(This information is required for regulatory compliance)
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PLEASE FILL OUT ALL SHADED AREAS AS THESE ARE REQUIRED FIELDS. PLEASE DO NOT USE TERMS SUCH AS "NOT APPLICABLE", "N/A", "AS ABOVE"

Child's Surname	Child's Given Name
Date of Birth	Gender
Address (Street No)	(Street Name)
Suburb	Postcode
Child's Country of Birth	Language Spoken at Home
Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>

Birth Certificate

Please provide your child's original Birth Certificate for the Centre Director to sight (or a certified copy of your child's Birth Certificate, Australian Citizenship Certificate, or Passport)

OFFICE USE ONLY
Centre Director Declaration : I confirm I have sighted the original Birth Certificate
Signed byNameDate <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Dietary requirements

Does your child have any dietary requirements (vegetarian, religious, medical) or restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
If yes, what restrictions apply?	
Does your child have any allergies/sensitivities?	
If yes, a copy of the management or care plan is to be attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>

Parent / Guardian information

1st Parent/Guardian Surname		1st Parent/Guardian Given Name	
Address (Street No.)	(Street Name)		
Suburb			Postcode
Phone (H)		Mobile	
Occupation		Workplace	
Work Address (Street No.)	(Street Name)		
Suburb		Postcode	Phone (W)
County of Birth		1 st Parent/Guardian Date of Birth	
2nd Parent/Guardian Surname		2nd Parent/Guardian Given Name	
Address (Street No.)	(Street Name)		
Suburb			Postcode
Phone (H)		Mobile	
Occupation		Workplace	
Work Address (Street No.)	(Street Name)		
Suburb		Postcode	Phone (W)
County of Birth		2 nd Parent/Guardian Date of Birth	
What is your main reason for using the Centre?			
New Parents Start Date			
Family Email Address			
Would you like your account and centre newsletter sent to this email address? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)			

People authorised to collect your child other than parents listed on the previous page

This list may be added to or changed throughout the year. Please note:

1. Your child will not be allowed to leave with any person not on this list.
2. The people on this list may be required to produce photo identification such as a drivers licence.
3. **People on this list must be aged 16 years and older, and must live in surrounding areas for immediate pick up if required.**

Authorised Contact One

Name	
Address	
Phone (H)	(W)
Mobile	
Relationship to your child	

Authorised Contact Two

Name	
Address	
Phone (H)	(W)
Mobile	
Relationship to your child	

Authorised Contact Three

Name	
Address	
Phone (H)	(W)
Mobile	
Relationship to your child	

Authorised Contact Four

Name	
Address	
Phone (H)	(W)
Mobile	
Relationship to your child	

Emergency Contacts – must be other than parents or guardians

There may be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted or are unable to collect your child due to other commitments. To deal with these situations, the centre must be able to notify one of the following people who are authorised and available to collect and care for your child.

EMERGENCY CONTACT 1

EMERGENCY CONTACT 2

Name		Name	
Address		Address	
Phone (H)	(W)	Phone (H)	(W)
Mobile		Mobile	
Relationship to your child		Relationship to your child	

An emergency contact is an acknowledged person who, with the parents/ guardian’s authorisation, is allowed to give permission for the following: (tick all statements that apply to this contact)

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

This emergency contact is an acknowledged person who, with the parents/guardian’s authorisation, is allowed to give permission for the following: (tick all statements that apply to this contact)

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

Court Orders Relating To Your Child

Are there any court orders relating to the powers and responsibilities of the parents in relation to your child and access to your child?

Yes No (Please tick)

If No – go to Child’s Medical and Health Information.

If Yes – please complete the following:

Details of the person to whom the order relates		Details of the person to whom the order relates	
Name		Name	
Address		Address	
Phone (H)	(W)	Phone (H)	(W)
Mobile		Mobile	
Relationship to your child		Relationship to your child	

Please bring the original court order/s for Educators to see and copy to attach to this enrolment form.

If these orders:

- a. Change the powers of a parent/guardian to:
 - In an emergency, authorise the taking of your child outside the service by a staff member of the service;
 - Consent to the medical treatment of your child;
 - Request or permit the administration of medication to your child;
 - Collect your child; and / or
- b. Give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers.

Child’s Medical and Health Information

Doctor’s Name		Phone	
Address (Street No.)	(Street Name)		
Suburb		Postcode	

Child's Medicare No		Family Ambulance No	
Health Care Card No	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete details	Card No	
		Expiry Date	
Does your child have any medical conditions (eg. epilepsy, diabetes, anaphylaxis, asthma, etc)? If yes, a copy of the management or care plan is to be attached.		<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick)
Does your child have any additional support requirements? If yes, a copy of the management or care plan is to be attached.		<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick)
Is there anything else that the centre should know about your child (eg. excessive fears, fear of loud noises, etc)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick)

A Service Support Plan will be developed during your child's orientation period (3-4 weeks) to ensure the needs of each individual child are able to be accommodated. Parents are required to be present during the child's orientation process to ensure the individual requirements of the child are identified and educators become familiar with any additional support required.

Child's Immunisation Record

Has your child been immunised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick)
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If Yes, please provide the details by:

- Attaching a copy of the immunisation record from the Child Health Record Book.
Or
- Attaching a copy of the immunisation record print out from the National Immunisation Register, or contact your local Council or your local Medicare Office – Ph: 1800 653 809

If No, please state the reasons why s/he is not immunised and/or alternative immunisation used and sign below.

Reason

Parent's Signature		Date	
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Please note: If an outbreak of vaccine preventable illness occurs and your child has not received medical immunisation, your child will not be able to attend the centre during this time.

Childcare Benefit

Have you applied for the Childcare Benefit (CCB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick)
Are you eligible for the Childcare Rebate (CCR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick)
If Yes, is your CCR being paid directly to the centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick)
Does your child attend another Childcare service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick)
If Yes, how many hours of CCB are allocated to this other service?		

General Consent

I give permission for staff to apply sunscreen.

I give permission for bandaids to be applied to my child.

I give permission for my child to be photographed or videod which may be used outside the centre for promotional purposes.

I give permission for my child to be photographed and for Educators to use my child's photo to collate a portfolio

Please Tick		Please Initial	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	

I give permission for my child to be photographed for the use of trainees and students.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
I understand my child may appear in another child's group learning photos which may be sent home at the end of the year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
I am aware that staff keep developmental records (learning stories) on my child and that I am able to access records in accordance with Little Kindy Policy.		<input type="checkbox"/>	_____
		Yes	_____
I am aware an emergent curriculum is displayed within each room at the centre.		<input type="checkbox"/>	_____
		Yes	_____
I understand the policy document is available to read within each centre.		<input type="checkbox"/>	_____
		Yes	_____
I have read the centre's guidelines in the family information booklet and agree to abide by them.		<input type="checkbox"/>	_____
		Yes	_____
I understand that if this centre has no available vacancies and I have a 3 rd priority placement at the centre, I may be asked to vacate my position to enable a higher priority person access to the centre. I understand that under these circumstances, I must be given two (2) week's notice to vacating my position.		<input type="checkbox"/>	_____
		Yes	_____
I agree to notify the centre if my child is absent from enrolled care.		<input type="checkbox"/>	_____
		Yes	_____

Declaration and Consent to Emergency Medical Treatment

	<i>Please Tick</i>	<i>Please Initial</i>
I give permission for staff to seek emergency medical, hospital, ambulance services for my child and permission to transport by ambulance and agree to pay the costs. The Centre is not held responsible for any costs incurred.	<input type="checkbox"/>	_____
	Yes	_____
I agree to collect, or make arrangements for the collection of, my child referred to in this enrolment form if s/he becomes unwell/injured when at the centre.	<input type="checkbox"/>	_____
	Yes	_____
I agree to notify the centre in the event of my child having an infectious illness.	<input type="checkbox"/>	_____
	Yes	_____
I agree to notify the centre of any changes to the contact information of parents or emergency contacts to ensure my child's record remains up to date and complies with State Government Legislation.	<input type="checkbox"/>	_____
	Yes	_____
I accept that the centre has a duty of care in the event of attending the centre under the influence of alcohol or drugs and that an alternate person is required to collect and/or transport my child.	<input type="checkbox"/>	_____
	Yes	_____
I have attached the relevant medical management plans.	<input type="checkbox"/>	_____
	Yes	_____
I agree to notify the centre if my child is absent and to provide documentation required for Childcare Benefit to be paid correctly (<i>Long Day Care Only</i>).	<input type="checkbox"/>	_____
	Yes	_____

Fees and Charges

	<i>Please Tick</i>	<i>Please Initial</i>
I understand I must contact Centrelink to ensure I am registered for Childcare Benefit (CCB) and Childcare Rebate (CCR).	<input type="checkbox"/> Yes	_____
I understand I must pay my part of the fee to be entitled to Childcare Benefit (CCB) and Childcare Rebate (CCR).	<input type="checkbox"/> Yes	_____
I understand that normal fees are charged for Public Holidays and when my child is absent through illness, infectious disease or holiday (<i>Long Day Care Only</i>).	<input type="checkbox"/> Yes	_____
I understand that if I am late to pick up my child at closing time, I will incur a fee of \$15 per the first 15 minutes and \$1 per minute thereafter.	<input type="checkbox"/> Yes	_____
I understand that late fees apply if my child is not collected by the centres closing time and that I am not entitled to Childcare Benefit for these fees.	<input type="checkbox"/> Yes	_____
I agree that information about any debt at the centre my child attends be passed onto other Little Kindy operated children's services and I understand that I may be refused service until all debt is paid.	<input type="checkbox"/> Yes	_____
I understand that two (2) week's written notice must be given at Little Kindy Muswellbrook when cancelling care and fees in lieu of two (2) week's notice will be charged.	<input type="checkbox"/> Yes	_____
I declare that the information in this enrolment form is true and correct and undertake to <u>immediately inform</u> the centre in the event of any change to this information.	<input type="checkbox"/> Yes	_____
I agree to pay my Childcare fees initially two (2) weeks in advance at the beginning of the year and subsequently	<input type="checkbox"/> Yes	_____

Consent

I declare that the information provided on this enrolment form is current.

I understand that all information regarding my child is confidential and will only be used for the care, education and assistance of my child. I understand that I am able to access a copy of information pertaining to my child at any time. I agree to pay my Childcare fees as outlined above.

1st Parent/Guardian Signature

Date

2nd Parent/Guardian Signature

Date

Supervisor's Signature

Date

Health Privacy Notification

The personal and health information requested on this form is being collected by Little Kindy for the provision of Community Services. This information will be used solely by Little Kindy, for that primary purpose or directly related purposes. Little Kindy may disclose this information to other allied health professionals for the purpose of continuity of care. If a referral to an allied health professional is required, consent will be obtained at that time, unless exempted by other relevant legislation. If this information is not collected, then this may impact on the accuracy of professional advice given to you by the allied health professional and could affect service provision. The applicant understands that the personal and health information provided is for the provision of the Early Learning Service and that he or she may apply to Little Kindy for access to and/or amendment of the information. Requests for access and/or correction should be made to Little Kindy.

Child's Development

This area will be detached from the enrolment form and placed with your child's portfolio for Educators to use for information on your child while program planning.

Child's Name

Child's Preferred Name

Date of Birth

Days Attending

Other Siblings

Pet's Name (if relevant)

Is your child used to spending time away from you?

Yes No

Have they regularly attended children's groups?

Yes No

How does your child settle when away from you?

Eating

Does your child feed themselves with:

Fingers

Spoon

Fork

Does your child drink from a:

Cup

Trainer Cup

Bottle

Is your child on formula or is your child breast fed?

Name of formula (if appropriate)

When does your child have a bottle?

What would your child usually eat on an average day?

Is there any food that your child should not eat for health, lifestyle or religious reasons?

What signs/symptoms does your child have if an allergic reaction occurs?

Are there any special feeding requirements?

Sleeping

Does your child sleep well at night?

Yes No

Does your child sleep during the day?

Yes No

Do you want your child to rest if they don't have a sleep?

Yes No

What is their day time sleep pattern, including any comfort routines or items?

Toileting

Is your child? In daytime nappies? In process of toilet training? Independently toilet trained?

Does your child like sitting on?

A potty? Yes No

A toilet? Yes No

Does your child use any special word or sign for toilet?

Yes No

If yes, what is this?

What assistance and routines does your child require for toileting?

Language

Does your child use gestures and sounds to communicate?

Yes No

Is your child using words to communicate?

Yes No

Is your child talking in more than three (3) word sentences?

Yes No

Is your child talking in more than three (3) word sentences?

Yes No

Do you speak another language other than English at home?

Yes No

If yes, what language do you speak at home? _____

Have you any concerns about your child's speech?

Yes No

If yes, what are your concerns?

Is your child?	Walking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Crawling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Sitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Standing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Climbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Falling Often	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will your child sit for?	A Story	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	Mealtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	Singing	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Does your child require any physical assistance or aides to walk, climb, sit, feed, communicate, and if so, what assistance does your child require?

Does your child like?	Song/Music	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Getting Messy	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Cars/Trucks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sandpits	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Puzzles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Being Outside	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Dress Up Play	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Art Activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Water Play	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Construction Toys	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Are there any Early Intervention Services involved with your child? Yes No

If yes, who are the agencies involved with your child/family?

What support do they provide?

Physiotherapy
 Occupational Therapy
 Speech Therapy
 Other (please state)

Is there anything else about your child that you would like us to know?
