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| **Customer Reference No (CRN) – Parent****\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_****Parent’s Name that refers to CRN above****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****CRN - Child****\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_** |
| **Without this information, your child’s enrolment CAN NOT be processed.** |

**ENROLMENT FORM**

****

**PLEASE FILL OUT ALL SHADED AREAS AS THESE ARE REQUIRED FIELDS. PLEASE DO NOT USE TERMS SUCH AS “NOT APPLICABLE”, “N/A”, OR “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? |  🞏 Yes 🞏 No *(Please tick)* |

|  |
| --- |
| **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 |  | 1st 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 |  | 2nd Parent/Guardian Date of Birth |  |

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| What is your main reason for using the Centre? |  |
| New Parents Start Date |  |
| Family Email Address |  |

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| **Days of Care Required** |
| Circle the days of care you require for your child. Please note, these days are not guaranteed. |
| Monday | Tuesday | Wednesday | Thursday | Friday |

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| **People authorised to collect your child**  |
| 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 driver’s 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.**

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| --- | --- | --- | --- |
| Child’s Surname |  | Child’s Given Name |  |
| Date of Birth |  | Gender |  |

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| --- | --- |
| **Parent/Guardian One** | **Parent/Guardian Two** |
| Name |  | Name |  |
| Address |  | Address |  |
| Phone (H) |  | (W) |  | Phone (H) |  | (W) |  |
| Mobile |  | Mobile |  |
| Relationship to your child |  | Relationship to your child |  |

 |
| **Authorised Contact One** | **Authorised Contact Two** |
| Name |  | Name |  |
| Address |  | Address |  |
| Phone (H) |  | (W) |  | Phone (H) |  | (W) |  |
| Mobile |  | Mobile |  |
| Relationship to your child |  | Relationship to your child |  |

|  |  |
| --- | --- |
| **Authorised Contact Three** | **Authorised Contact Four** |
| Name |  | Name |  |
| Address |  | Address |  |
| Phone (H) |  | (W) |  | Phone (H) |  | (W) |  |
| Mobile |  | Mobile |  |
| Relationship to your child |  | Relationship to your child |  |

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| **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.An emergency contact is an acknowledged person who, with the parents/guardian’s authorisation, is allowed to give permission for the following:* Authorise the taking of your child outside the service by a staff member of the service;
* Consent to the medical treatment of your child, including Emergency Transport (Ambulance Service);
* Request or permit the administration of medication to your child;
* Collect your child if necessary.
 |
| **Emergency Contact One** | **Emergency Contact Two** |
| Name |  | Name |  |
| Address |  | Address |  |
| Phone (H) |  | (W) |  | Phone (H) |  | (W) |  |
| Mobile |  | Mobile |  |
| Relationship to your child |  | Relationship to your child |  |

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| **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:1. 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
2. Give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers. |
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| **Child’s Medical and Health Information** |
|  |  |  |  |
| Doctor’s Name |  | Phone |  |
| Address (Street No.) |  | (Street Name) |  |
| Suburb |  | Postcode |  |
| Child’s Medicare No |  | Private Health No |  |
| Does your child have any dietary restrictions? |  🞏 Yes 🞏 No *(Please tick)* |
| **If yes, what restrictions apply?** |
|  |
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|  |
| Does your child have any allergies/sensitivities? **If yes, a copy of the management or care plan is to be attached.** |  🞏 Yes 🞏 No *(Please tick)* |
| Does your child have any medical conditions (epilepsy, diabetes, anaphylaxis, asthma, etc)? **If yes, a copy of the management or care plan is to be attached.** |  🞏 Yes 🞏 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.** |  🞏 Yes 🞏 No *(Please tick)* |
| Is there anything else that the centre should know about your child (eg. excessive fears, fear of loud noises, etc)?  |  🞏 Yes 🞏 No *(Please tick)* |
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| **Child’s Immunisation Record** |
| Has your child been immunised?  |  🞏 Yes 🞏 No *(Please tick)* |
| **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:
 |
| 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 |  |
| * **I (parent/Guardian) hereby acknowledge and agree that he/she may be exposed to infectious diseases such as whooping cough, measles (but not limited to), by way of undetected early infection of another child. I/We will remove my/our child from the Centre during any fear of an infectious period and will remain liable for the fees incurred during this time.**
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| **Childcare Subsidy** |
| Have you applied for the Childcare Subsidy (CCS)?  |  🞏 Yes 🞏 No *(Please tick)* |
|  |   |
| Does your child attend another Childcare service?  |  🞏 Yes 🞏 No *(Please tick)* |
| If Yes, how many hours of CCS are allocated to this other service? |  |

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| **G****eneral Consent** |
|  |  |
|  | ***Please******Tick*** | ***Please******Initial*** |
| I give permission for staff to apply sunscreen. |  🞏 Yes 🞏 No  |  |
| I give permission for band aids to be applied to my child. |  🞏 Yes 🞏 No  |  |
| I give permission for my child to be photographed or videoed which may be used outside the centre for promotional purposes. |  🞏 Yes 🞏 No  |  |
| I give permission for my child to be photographed and for Educators to use my child’s photo to collate a portfolio |  🞏 Yes 🞏 No  |  |
| I give permission for my child to be photographed for the use of trainees and students. |  🞏 Yes 🞏 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. |  🞏 Yes 🞏 No  |  |
| I am aware that staff keep developmental records (learning stories) on my child and that I can access records in accordance with Regulations. |  🞏 Yes  |  |
| I am aware an emergent curriculum is displayed within each room at the centre. |  🞏 Yes  |  |
| I understand the policy document is available to read within each centre. |  🞏 Yes  |  |
| I have read the centre’s guidelines in the family information booklet and agree to abide by them. |  🞏 Yes  |  |
| I understand that if I require an extra booking, this will be determined by the availability at the centre and they will endeavour to meet the needs of my family. I understand that under these circumstances, I must give as much notice as possible, preferably two (2) weeks’ notice of changes to my regular bookings. |  🞏 Yes |  |
| I agree to notify the centre if my child is absent from enrolled care before 8:30am.  |  🞏 Yes  |  |

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| **Declaration and Consent to Emergency Medical Treatment** |
|  |  |
|  | ***Please Tick*** | ***Please******Initial*** |
| I give permission for staff at *Freckles Kindy* to seek emergency medical, hospital, ambulance services and/or emergency transport for my child and agree to pay the costs.  |  🞏 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 or injured when at the centre. |  🞏 Yes  |  |
| I agree to notify the centre in the event of my child having an infectious illness. |  🞏 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 comply with State Government Legislation. |  🞏 Yes  |  |
| I accept that *Freckles Kindy* 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. |  🞏 Yes  |  |
| I have attached the relevant action plans, medical management plans/risk minimisation plans. |  🞏 Yes  |  |
| I agree to notify *Freckles Kindy* staff if my child is absent and to provide documentation required for the Childcare Subsidy (CCS) to be paid correctly, ie. medical certificate. |  🞏 Yes  |  |

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| **Fees and Charges** |
|  |  |
|  | ***Please Tick*** | ***Please Initial*** |
| I understand I must contact Centrelink to ensure I am registered for the Childcare Subsidy (CCS). |  🞏 Yes  |  |
| I understand I must pay my part of the fee to be entitled to the Childcare Subsidy (CCS).  |  🞏 Yes  |  |
| I understand that normal fees are charged for Public Holidays and when my child is absent through illness, infectious disease or holiday. |  🞏 Yes  |  |
| I understand that if I am late to pick up my child at closing time, I will incur a fee of $5 per child per minute. |  🞏 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 Subsidy (CCS) for these fees. |  🞏 Yes  |  |
| I agree that information about any debt at the centre may be passed onto other operating children’s services. |  🞏 Yes  |  |
| I understand that two (2) week’s written notice must be given at *Freckles Kindy* when cancelling care and fees in lieu of two (2) weeks’ notice will be charged. |  🞏 Yes  |  |
| I declare that the information in this enrolment form is true and correct and undertake to immediately inform the centre in the event of any change to this information. |  🞏 Yes  |  |
| I agree to pay my Childcare fees initially two (2) weeks in advance at the beginning of my child’s enrolment and subsequently. (I agree to maintain this two (2) weeks in advance throughout the duration of my child’s enrolment at *Freckles Kindy).*  |  🞏 Daily  |  |
|  |  🞏 Weekly  |  |
|  |  🞏 Fortnightly  |  |

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| **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 |  |
|  |

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| **OFFICE USE ONLY** |
| Date entered onto computer |
| Signed by |

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| **Child’s Development** |
| **This area will be detached from the enrolment form and placed with your child’s profile 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? |
|  |
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| **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? |
|  |
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|  |
| What would your child usually eat on an average day? |
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|  |
| Is there any food that your child should not eat for health, lifestyle or religious reasons? |
|  |
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|  |
| What signs/symptoms does your child have if an allergic reaction occurs? |
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|  |
| Are there any special feeding requirements? |
|  |
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|  |
| **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? |
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| **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? |
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| **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? |
|  |
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| --- | --- | --- | --- | --- |
| Is your child? | Walking |  🞏 Yes 🞏 No  | Crawling |  🞏 Yes 🞏 No  |
|  | Sitting |  🞏 Yes 🞏 No  | Standing |  🞏 Yes 🞏 No  |
|  | Climbing |  🞏 Yes 🞏 No  | Falling Often |  🞏 Yes 🞏 No  |
| Will your child sit for? | A Story |  🞏 Yes 🞏 No  |  |  |
|  | Mealtime |  🞏 Yes 🞏 No  |  |  |
|  | Singing |  🞏 Yes 🞏 No  |  |  |

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| Does your child require any physical assistance or aides to walk, climb, sit, feed, communicate, and if so, what assistance does your child require? |
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| --- | --- | --- | --- | --- |
| Does your child like? | Song/Music |  🞏 Yes 🞏 No  | Swings |  🞏 Yes 🞏 No  |
|  | Getting Messy |  🞏 Yes 🞏 No  | Cars/Trucks |  🞏 Yes 🞏 No  |
|  | Sandpits |  🞏 Yes 🞏 No  | Puzzles |  🞏 Yes 🞏 No  |
|  | Being Outside |  🞏 Yes 🞏 No  | Dress Up Play |  🞏 Yes 🞏 No  |
|  | Art Activities |  🞏 Yes 🞏 No  | Water Play |  🞏 Yes 🞏 No  |
|  | Construction Toys |  🞏 Yes 🞏 No  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Are there any Early Intervention Services involved with your child? |  🞏 Yes 🞏 No  |
| If yes, who are the agencies involved with your child/family? |
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|  |
| What support do they provide? |
| 🞏 Physiotherapy  | 🞏 Occupational Therapy  | 🞏 Speech Therapy  |
| 🞏 Other (please state) |
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| Is there anything else about your child that you would like us to know? |
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| --- | --- | --- |
| Preferred Name:My Birthday is on: Cultural Identity: | ALL ABOUT ME!C:\Users\Freckles Kindy\Desktop\6bf295_a1d84891e2a841e69853f79b740fbbf0_mv2.png Photo of me: | **To further assist the educators in your child’s room to know you and your child a little better we would like you to complete the following.** |
| What do you hope your child will achieve while at Freckles Kindy and Learning Centre? |
| Who else belongs to your family? (Siblings, grandparents, aunts/uncles, etc.)  |
| Pets: | When I grow up, I want to be: | What aspirations (what do you hope for them) do you have for your child as/when they grow up? |
| Our family holidays, celebrations/traditions include: | What else might we need to know that will help us with your child?  |
| My favourite things to do are: | Do you have any skills, hobbies, interests, traditions and culture you would like to share with children and educators?  |