



## CHILD ENROLMENT FORM

|  |                           |
|--|---------------------------|
| <b>CONFIDENTIAL:</b><br>BONDS:<br>IMM RECEIVED:<br>START DATE: | CCB REGISTERED:<br>24/50: |
|--|---------------------------|

**DAYS REQUIRED (PLEASE CIRCLE):**

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

**CHILD DETAILS**

|  |   |  |  |
|--|---|--|--|
| Child's surname:   |   | Date of birth:                                   |  |
| Given name(s):   |   | Gender: M / F                                    |  |
| Former name/s:<br>Any other names in which child is known by:  |   |  |  |
| Address:   |   | Home phone number:                               |  |
| Suburb:  | Postcode:   | Position in family (e.g. 1 <sup>st</sup> child): |  |
| Place of birth:  | Please provide a copy of your child's birth certificate for centre files. |  |  |
| Original sighted by Nominated Supervisor: (please circle): <span style="float: right;">YES / NO</span> |   |  |  |
| CRN:   | Is your child of Aboriginal or Torres Strait Islander Origin?<br>YES / NO |  |  |

**MOTHER/GUARDIAN DETAILS**

|  |                |                      |
|--|----------------|----------------------|
| Mother's surname:  |                | Date of Birth:       |
| Given name(s):   |                | Home phone number:   |
| Former name/s:<br>Any other names in which mother is known by: |                |                      |
| Address:   |                | Work phone number:   |
| Suburb:  | Postcode:      | Mobile phone number: |
| Place of employment:   | Email address: |                      |
| CRN:   |                |                      |

**FATHER/GUARDIAN DETAILS**

|  |                |                      |
|--|----------------|----------------------|
| Father's surname:  |                | Date of Birth:       |
| Given name(s):   |                | Home phone number:   |
| Former name/s:<br>Any other names in which father is known by: |                |                      |
| Address:   |                | Work phone number:   |
| Suburb:  | Postcode:      | Mobile phone number: |
| Place of employment:   | Email address: |                      |
| CRN:   |                |                      |

**FAMILY DETAILS**

|   |                                     |
|---|-------------------------------------|
| Medicare number:  | Private health insurer: YES/NO      |
| Ambulance Cover: YES/NO   | Fund & Number:                      |
| Child's Ethnicity/Cultural Identity:  | Child's Cultural/Religious Customs: |
| Family Profile/Marital Status:  | Language spoken at home:            |
| <p>Child's Siblings:</p> <p>Name: _____ D.O.B: _____</p> <p>Name: _____ D.O.B: _____</p> <p>Name: _____ D.O.B: _____</p>            |                                     |
| <p>Other people living at home:</p> <p>Name: _____ Relationship to Child: _____</p> <p>Name: _____ Relationship to child: _____</p> |                                     |

**EMERGENCY CONTACTS**

|   |           |                        |
|---|-----------|------------------------|
| In case of illness or medical emergency, please list telephone numbers of two emergency contacts we could contact if we are unable to contact either parent/guardian. |           |                        |
| Person one: Surname:  |           | Home phone number:     |
| Given name(s):  |           | Work phone number:     |
| Address:  |           | Mobile phone number:   |
| Suburb:   | Postcode: | Relationship to child: |
| Person two: Surname:  |           | Home phone number:     |
| Given name(s):  |           | Work phone number:     |
| Address:  |           | Mobile phone number:   |
| Suburb:   | Postcode: | Relationship to child: |

**AUTHORITY TO COLLECT**

|   |           |                        |
|---|-----------|------------------------|
| I hereby give permission for my child to be collected from or returned to the centre by either of the following persons. I shall advise the centre whenever my child is to be collected by one of these people. |           |                        |
| Person one: Surname:  |           | Home phone number:     |
| Given name(s):  |           | Work phone number:     |
| Address:  |           | Mobile phone number:   |
| Suburb:   | Postcode: | Relationship to child: |
| Person two: Surname:  |           | Home phone number:     |
| Given name(s):  |           | Work phone number:     |
| Address:  |           | Mobile phone number:   |
| Suburb:   | Postcode: | Relationship to child: |

**CUSTODIAL ORDER**

|  |                    |
|--|--------------------|
| The centre must be informed of any court order affecting the custody or residence of or access to the child. A copy must be on file to enable court orders to be enforced. |                    |
| Is there any custodial order relating to the child?<br>(Please circle) Yes / No  |                    |
| Please provide a copy.   |                    |
| Date of issue:   |                    |
| Custodial surname:   | Home phone number: |
| Custodial given name(s):   | Work phone number: |
| What are the conditions of order:  |                    |
| Person(s) denied access and not to collect child:<br>Name(s):  |                    |

**INTERVENTION SERVICE**

|  |                          |
|--|--------------------------|
| If enrolled with an intervention service, please give details:   |                          |
| Service:   | Frequency of attendance: |
| Contact person:  | Phone number:            |
| I give permission for the Nominated Supervisor to liaise with the Intervention Service in order to provide the most beneficial program for my child. I understand that she/he will notify me of such contacts as they occur. |                          |
| _____  | _____                    |
| Mother/Guardian  | Father/Guardian          |

## FEE PAYMENT

I acknowledge that a daily fee is payable for each day in which my child is enrolled and is payable for the reservation of the place not the attendance of my child, in accordance with the centres fee policy. I agree to give 2 weeks (14 days) written notice of my intention to withdraw my child from the centre and agree to pay all monies outstanding prior to the withdrawal of my child.

I understand that fees are payable for public holidays which fall on days my child is enrolled. I understand fees charged may change during the time in which my child is enrolled in care.

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

## MEDICAL HISTORY

In my absence, should my child suffer any illness or injury whilst in care at the service, the Nominated Supervisor shall be entitled to seek and provide such urgent medical, dental or hospital treatment or ambulance service or assistance from the person or body nominated hereunder as deemed necessary for my child. I agree to pay all costs associated with such treatment.

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

| <b>FAMILY PHYSICIAN</b>  | <b>CHILD'S PAEDIATRICIAN</b>    |
|--|---------------------------------|
| Name:  | Name:                           |
| Street:  | Street:                         |
| Suburb:  | Suburb:                         |
| Postcode:  | Postcode:                       |
| Phone number:  | Phone number:                   |
| <b>FAMILY DENTIST</b>  | <b>NOMINATED PERSON OR BODY</b> |
| Name:  | Name:                           |
| Street:  | Street:                         |
| Suburb:  | Suburb:                         |
| Postcode:  | Postcode:                       |
| Phone number:  | Phone number:                   |
| Allergies:   |                                 |
| Dietary restrictions:  |                                 |
| Additional needs – including any special requirement relating to your child's culture, religion or ability (please state): |                                 |
| Other relevant medical information:  |                                 |

### IMMUNISATION DETAILS

Please provide a copy of your child's immunisation records for centre files or a letter from your doctor.

Copy provided (please circle): Yes / No

If your child has not been immunised, please state the reason: \_\_\_\_\_

**I understand that in the event of an outbreak of a vaccine-preventable disease at the centre, the service has to notify the Department of Health of any un-immunised children in the centre and that if my child is not immunised she/he may be excluded from attendance for such time as the Department deems necessary and that the daily fee must still be paid.**

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

## TERMS AND CONDITIONS

1. In signing the Enrolment Form I hereby state that I am the person with the care, custody and control of the child whose name appears on the Enrolment Form.
2. I have read the parent handbook and I agree to abide by the centres policies and procedures.
3. I acknowledge that the service warrants that it will at all times and to the best of its ability use all reasonable care, concern and control in respect of caring for my child, but I acknowledge the inherent and unforeseeable dangers and difficulties in providing childcare facilities for children.
4. I authorise the service to take all and any such action as it may consider necessary, appropriate and in the best interests of my child in all circumstances to protect my child and/or any other children at the service.
5. I understand and accept that should the Nominated Supervisor consider my child contagious or too ill to attend the centre that this decision be regarded as final and my child will be collected promptly from the centre.
6. I understand and accept that should my child have a contagious illness, I will not return my child to the centre until the duration of the centre clearance period or until a medical certificate is issued by a qualified and registered medical practitioner.
7. I understand and accept that should my child not be immunised and there is an outbreak in the centre of a vaccine-preventable disease, that he/she may be excluded from attendance by order of the NSW Department of Health.
8. In the event that my child's temperature is at or above 38°C and the service is unable to contact the parents, guardians or emergency contacts listed on the Enrolment Form, I hereby grant permission to give one (1) only dose of paracetamol at the appropriate dosage indicated on the medication. **YES/NO** (please circle)
9. Following the recommendations of the Cancer Council, I consent that educators at the centre can apply an SPF30+ sunscreen to all unprotected areas of skin on my child as per the services sun policy. **YES/NO** (please circle)

10. I give consent for educators to apply non-prescription insect repellent, nappy rash cream, and moisturiser and/or teething gel as they deem necessary. **YES/NO** (please circle)
11. In the event of any illness or injury to my child I hereby authorise the service to seek urgent:
  - a) Medical or dental treatment from either the doctor or dentist nominated on this Enrolment Form (or another doctor or dentist) or hospital treatment or ambulance service, or
  - (b) Assistance from some other person or body nominated by the parent or emergency contact listed on this Enrolment Form,If, in the opinion of the service, it is necessary to do so PROVIDED THAT the Nominated Supervisor shall inform me as soon as possible in all circumstances of the illness or injury to my child.
12. I consent to my child being photographed and his/her first name being used for the following purposes: centre programming (for display in the centre), group or individual records and newsletters. **YES/NO** (please circle)
13. I consent to first aid being administered by an educator who is the holder of a current first aid certificate or is a registered nurse.
14. I consent for my child to participate in community promotion and advertising e.g. photographs, newspapers, television **YES/NO** (please circle)
15. I give permission for the centre to video record my child which may be used at parent events **YES/NO** (please circle)
16. I give consent for my child to be included in the recording of all Department of Education and Communities visits as per our centre policy **YES/NO** (please circle)
17. I understand and accept that the Nominated Supervisor or other designated educators can only administer medication to my child if the medication has been authorised by one or other of the parents and a qualified and registered medical practitioner and if the details of the medication and its administration have been accurately recorded in the Medication Authorisation Form.
18. I hereby agree to reimburse the service against any charges, costs or expenses incurred by them in obtaining such medical or hospital treatment as is referred to above.
19. I warrant that the information I have provided on the Enrolment Form to the service with respect to my child is, to the best of my knowledge and ability, true and correct in every respect. I have not withheld any information about the needs or health of my child.
20. In the event of my failure to make fee payments I acknowledge that the service shall be at liberty to terminate forthwith the provision of childcare facilities and/or services for my child. I understand that if my fees are not paid, my account and details will be passed on to a debt collection agency.
21. I acknowledge that the service charges for public holidays and when my child is absent for any reason.
22. I agree that I shall give not less than 2 weeks written notice of my intention to withdraw my child from care. If I give less than 2 weeks written notice I shall still be obliged to pay an amount equivalent to 2 weeks of childcare fees.
23. I agree that I shall neither procure nor obtain nor attempt to procure or obtain the services of any educator as an individual and not as an employee of our centre.



- 24. In this agreement the reference to an employee of the service shall include any educators whether casual, part time or full time who indicates or represents himself/herself to be an employee of our service.
- 25. I agree to pay my fees on a fortnightly basis, I understand that if this is not done that care can be postponed/cancelled for our child or children until the account is paid in full. I understand if fees are not paid, my account details will be passed on to a debt collector.
- 26. I understand that our centre can choose not to accept my child into care if these agreed terms are not met or if our service believes they are unable to adequately care for my child due to any special needs, medical or behavioural problems.
- 27. I understand that our service will maintain the confidentiality of my child's address, telephone number, medical details and developmental records. I also understand that any information provided via the various communication charts such as sign in/out, medication, day sheets, etc. is usually on display at the centre and therefore does not remain confidential.

I certify that affixing my signature to this page I have read and understood each of the Terms and Conditions of Enrolment specified above.

I agree to abide by each of these Terms and Conditions of Enrolment without reservation or condition.

I warrant that the information I have provided overleaf in respect to my child is to the best of my knowledge and ability true and correct in every respect.

**I undertake to inform the service immediately should there be any change to this information.**

**I acknowledge that I have read and completed all sections on all pages including this one.**

\_\_\_\_\_  
**Mother/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father/Guardian**

\_\_\_\_\_  
**Date**