

# enrolment application

## Child Details

First Name	Middle Name
Surname	Date of Birth
Address	
Phone Number	Gender      Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality	Religion
Language/s spoken at home	
Is your child:	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/>

## Booking Details

Please circle the days on which you require care:      Start Date

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
--------	---------	-----------	----------	--------

## Parent Details

<b>Primary Parent</b>	Email Address
Title	Marital Status
Full Name	Relationship to child
Home Address	Nationality
Home Phone	Driver's License Number
Mobile Phone	Authorised to collect child    Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Secondary Parent</b>	Email Address
Title	Marital Status
Full Name	Relationship to child
Home Address	Nationality
Home Phone	Driver's License Number
Mobile Phone	Authorised to collect child    Yes <input type="checkbox"/> No <input type="checkbox"/>

## Parent Employment Details

### Primary Parent

Employer Name

Address

Work Phone

Work Email

Occupation

### Secondary Parent

Employer Name

Address

Work Phone

Work Email

Occupation

## Family Details

Please provide details of any siblings or other family members who live in your home.

Name

Relationship

Age

Name

Relationship

Age

Name

Relationship

Age

Name

Relationship

Age

Name

Relationship

Age

Name

Relationship

Age

## Court/Custodial Orders

If parents are separated/divorced, is there a legal document outlining custody and access arrangements to

No  (go to next section)

Yes  (please complete the following)

Name of Custodial Parent

Additional information about access arrangements

Are there any other court orders, parenting orders or parenting plans relating to your child?

No  (go to next section)

Yes  (please complete the following)

Please detail court order

**Please supply a copy of the Custody/Court Orders or Access Arrangements that are in place for your**

## School Information

Does your child usually attend school? Yes

When was, or when will your child be enrolled at school?

# Authorised Persons/Emergency Contacts

Little Assets Melbourne City is only able to release a child into the care of an authorised person. If we cannot get in touch with a child's parents in an emergency situation, the people below will be contacted in the order they are listed. An Authorised Person/Emergency Contact may sign a child out of the centre without additional written permission. The contact should be someone aged at least 18 years of age, easily contactable and capable of dealing with emergency situations.

**Contact 1**

Name

Relationship to child

Mobile Phone

Phone

Email

Address

*Is this person authorised to consent to medical treatment or administration of medication?*    Yes     No

*Is this person authorised to give permission to an educator to remove the child from service premises?*    Yes     No

**Contact 3**

Name

Relationship to child

Mobile Phone

Phone

Email

Address

*Is this person authorised to consent to medical treatment or administration of medication?*    Yes     No

*Is this person authorised to give permission to an educator to remove the child from service premises?*    Yes     No

**Contact 5**

Name

Relationship to child

Mobile Phone

Phone

Email

Address

*Is this person authorised to consent to medical treatment or administration of medication?*    Yes     No

*Is this person authorised to give permission to an educator to remove the child from service premises?*    Yes     No

**Contact 2**

Name

Relationship to child

Mobile Phone

Phone

Email

Address

*Is this person authorised to consent to medical treatment or administration of medication?*    Yes     No

*Is this person authorised to give permission to an educator to remove the child from service premises?*    Yes     No

**Contact 4**

Name

Relationship to child

Mobile Phone

Phone

Email

Address

*Is this person authorised to consent to medical treatment or administration of medication?*    Yes     No

*Is this person authorised to give permission to an educator to remove the child from service premises?*    Yes     No

**Contact 6**

Name

Relationship to child

Mobile Phone

Phone

Email

Address

*Is this person authorised to consent to medical treatment or administration of medication?*    Yes     No

*Is this person authorised to give permission to an educator to remove the child from service premises?*    Yes     No

## Health & Medical Information

### Family Doctor

Name of Practice

Name of Doctor

Address

Doctor's Phone Number

Child's Medicare Number

Ambulance Membership Number

Private Health Insurer

Member Number

Does your child have any allergies?

No  (go to next section)

Yes  **(please complete the following)**

Has your child been diagnosed at risk of anaphylaxis?

No  (go to next question)

Yes  **(please attach copy of action plan)**

Does your child have an auto injection (EPIPEN) device? Yes  No

Has a copy of the centre's Anaphylaxis Management Policy been provided to you? Yes  No

Has a Risk Minimisation Plan been completed by the centre in consultation with you? Yes  No

**If you answer YES to any of the questions below you must provide a supporting letter from your**

Does your child have any ALLERGIES TO FOOD? Yes  No

Please specify which foods and the signs/symptoms to be aware of

Does your child have any ALLERGIES TO OTHER ITEMS? Yes  No

Please detail and the signs/symptoms to be aware of

Does your child have a history of illnesses or injuries? Yes  No

If yes, please provide details

Does your child have any current medical conditions? Yes  No

If yes, please provide details

Is your child currently on any prescribed medications? Yes  No

If yes, please provide details

Does your child have any dietary restrictions including religious requirements? Yes  No

If yes, please provide details

Does your child have any special needs? Yes  No

If yes, please provide details

## Immunisation Details

---

Is your child currently immunised?      Yes       No

From 1 January 2016, an early childhood education and care service cannot confirm enrolment of a child unless the parent has provided documentation that shows that the child:

- Is fully vaccinated for their age; or
- Is on a recognised catch-up schedule; or
- Has a medical reason not to be vaccinated.

- A Birth Certificate
- Proof of Address
- Proof that your child's immunisations are up to date for their age

To finalise your child's application to enrol we are required to see copies of the following:

An Immunisation History Statement from the Australian Childhood Immunisation Register can be used as evidence of up to date vaccination. An Immunisation Status Certificate from a medical doctor or a local council immunisation service may also be used.

Other immunisation records, such as 'homeopathic immunisation' or a statutory declaration from you are not acceptable.

Immunisation History Statements are available on request at any time by contacting Medicare:

- By telephone on 1800 653 809
- By email on [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- Online at [www.humanservices.gov.au/customer/services/medicare/medicare-online-accounts](http://www.humanservices.gov.au/customer/services/medicare/medicare-online-accounts)

### Office Use Only

Immunisation Records Received      Checked by: \_\_\_\_\_

## CCB & CCMS Information

To ensure that you are linked to our centre through the Child Care Management System (CCMS) and to have Child Care Benefit (CCB) and the Child Care Rebate (CCR) 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 and child who are registered for CCB.

### Person Registered for CCB with Centrelink (details must be EXACTLY as per Centrelink Records)

Full Name

Date of Birth

CRN

### Child Registered for CCB with Centrelink (details must be EXACTLY as per Centrelink Records)

Full Name

Date of Birth

CRN

Has this child attended another child care centre this financial year? Yes  No

Is this child attending multiple child care centres? Yes  No

### 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 in relation to this enrolment .

Name

Signature

Date

## Other Children in Care/Multiple Child CCB Percentage

If you have other children who are registered for CCB at another service, please complete the following information to ensure that you have the Multiple Child CCB Percentage applied to your account. As this information may change, we will ask you for updates periodically throughout the year to ensure the cor-

Child's Full Name

Date of Birth

Child's Full Name

Date of Birth

Child's Full Name

Date of Birth

Child's Full Name

Date of Birth

Child's Full Name

Date of Birth

# Agreement & Consent to Terms

Child's Name

Date of Birth

## 1. Emergency or Accidents

In the event of an emergency, illness or accident (when the Centre is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the Approved Provider, Nominated Supervisor or an Educator to seek medical treatment for the child and/or ambulance transportation. I / We agree to pay any expenses incurred for Medical treatment and Transport.

## 2. Special need, Allergy or Medical Condition

We give the staff at the centre consent for the medical management plan for our child to be followed with respect to a special need, allergy or medical condition, if necessary.

## 3. Risk of Anaphylaxis

Where our child is diagnosed with or at risk of anaphylaxis, we give the staff at the centre consent to manage the current medical plan for the child.

Full Name

Full Name

Address

Address

Home Phone

Home Phone

Mobile Phone

Mobile Phone

Work Phone

Work Phone

Relationship to Child

Relationship to Child

## 5. Administering of Paracetamol

I / We agree for centre staff to administer ONE dosage of Paracetamol in the event of our child's body temperature rising above 38°C. I / We understand that the staff will make contact with either the Parents / Guardians or the Emergency Contacts to inform us that Paracetamol is being administered and discuss at the time further actions to take in the event that the temperature does not subside within an appropriate time frame.

## 6. Permission for Publication

I / We hereby give consent for our child's photograph, name and age to be used for the room programming, Centre displays and/or publications (e.g. Newsletters). Where this information may be utilized outside of the Centre, further permission will be sought.

## 7. Permission for Observation

I / We give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers. If questioning or testing is to be carried out I / we will be asked for further permission.

## 8. Payment of Fees

I / We agree to maintain our fees as per the centre's fee and payment policy. We will ensure our fees are kept up to date by making payments on the required day via Direct Debit. I / We are aware that failure to pay due fees within 14 days may result in the cancellation of care at the Centre's option. Where a Direct Debit arrangement has been entered into, I/we authorize the centre to make withdrawals from my/our nominated account as specified in the Direct Debit Request Form, as determined the centre in accordance with the terms and conditions herein and in any subsequent agreement with the centre. I/we acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us. I / We understand that any costs incurred by the centre in collecting any arrears owed may be charged to my/our account.

## 9. Permission for Evacuations

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their caregivers and centre staff to a safety zone for evacuation purposes. (Please refer to the Centre's Evacuation Plans and Procedures for information.)

## 10. Sunscreen Application

I / We agree for the Centre Staff to apply sunscreen regularly to our child for outdoor play purposes. I / We understand that the Centre may use a variety of sunscreen brands from time to time, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special sunscreen I/we agree to supply this product to the centre.

## 11. Child Care Benefit (Lump Sum Claims)

I / We understand that it is our responsibility to notify the Centre of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Benefit as reduced fees on a weekly basis.

#### 14. Cancellation of Care

I / We understand that four week's written notification is required in advance when cancelling care.

#### 15. Fees for Public Holidays and Sick Days

I / We understand that Public Holidays and Sick Days are charged at the normal daily fee rate and that complimentary make-up days will not be available.

#### 16. Late Fees

I / We understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Benefit can be claimed for this fee. Late fees charged are as follows: \$1 per minute for each minute that your child has not been collected after closing time (minimum late fee: \$20.00).

#### 17. Priority of Access

I / We understand that if our family falls under Priority Access we may be required to alter our days or give up our place in the Centre in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Centre Policy: First Priority – children at risk or serious abuse or neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government; and Third Priority – all other children.

#### 18. Infectious Diseases / Clearance Certificates

I / We understand that our child will be excluded from the Centre if they contract a contagious disease or condition. I / We understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to our Centre Policies for further information.

#### 19. Non - Immunisation

I / We understand that if our child is NOT immunised in accordance to the Government requirements (refer to our immunisation details page) our child will be excluded from the centre until the infectious period of the disease or condition has passed. (Please refer to our Centre Policies for further information).

#### 20. Presence of Visitors and Volunteers

I / We understand that occasionally the Centre may have visitors and/or volunteers assisting in the Centre. I / We consent to our child being in the presence of visitors and/or volunteers under the Centre Staff supervision.

#### 21. Confidentiality of Enrolment Records

I/We understand that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Educational and Care Services National Regulations 2011.

#### 22. CCB/CCR AND CESSATION OF CARE:

I/ We understand that a notice period of four weeks is required in advance to cancel our enrolment. Any absences occurring during the four week notice period will be charged at full fees. (As per Family Assistance Law)

#### 23. CHILD CARE REBATE (CCR):

I/We understand our out of pocket child care expenses will be reduced on a weekly basis should we elect to have our CCR paid directly to the centre. To arrange for the Child Care Rebate (CCR) to be paid to the centre, contact Centrelink at [www.centrelink.gov.au](http://www.centrelink.gov.au) or call 13 6150.

#### 24. Parental Responsibility

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Educational and Care Services National Regulations 2011 refer to these powers and responsibilities as "Parental Responsibility". It is not affected by the relationship be-

Name of Primary Parent

Signature

Date

Name of Secondary Parent

Signature

Date

between parents, such as whether or not they have lives together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

#### By signing this form I/we declare and confirm:

- I / We have parental Responsibility in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/we have read, fully understand and agree to comply with all of the policies and



# information about your child

The following information will be shared with your child's Educators to assist in transitioning and settling your child into care as well as allowing us to program for their individual needs and interests.

The questions relate to your child's development, routines and interests. Confidential copies of this information will be kept with your child's developmental profile in their rooms as well as on the main file for

Child's First Name

Child's Surname

## Information for Children Under 3 Years of Age

Please tick where appropriate and provide comments where necessary:

### Eating Routines

Bottle

How many bottles per day?

Breast Milk

Cows Milk

Formula

Other \_\_\_\_\_

Feeds Self

Comments:

Uses Spoon or Utensils

Uses Cup

### Toileting Routines

Nappies

Comments:

Being Toilet Trained

Toilet Trained

### Sleeping Routines

Sleeps in Cot

Comments:

Sleeps in Bed with Safety Guard

Sleeps in Bed without Safety

## Information for ALL Children

Usual time awake

Usual evening bedtime

Daytime sleep/s (approximate time of day and length)

If your child has a comforter, what is it and when do they use it?

Does your child have any special bedtime routines (ways in which they are put to bed or positions they like to lie in)?

Are there any foods your child particularly likes or dislikes?

Does your child have any fears (eg. noises, animals etc)?

Languages spoken by your child

Languages spoken at home

Cultural background

Parent's background (if different)

Does your child have any disabilities or special needs?  Yes (please provide details)  No

Are there any words that we may need to know that have special meaning to your child? (translate where necessary)

Has your child been in care before? (at another centre or at home with family)

Yes (please provide details)  No

How can we assist your child this year? What would you most want for your child at our centre? Are there any particular areas of concern that you feel we need to know about?

What information do you consider important for you to know about your child each day? What is the best means of communicating this with you?

Is there any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child? (eg. recent significant events, family situation, religious beliefs, particular interests, special toys, favourite book, favourite toys, pets, nickname etc)

Are there any skills that you or family members have that you would like to contribute to the Centre's program? If so, detail what you would like to share.