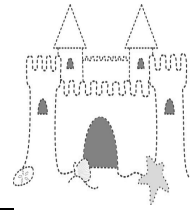


KINDY CASTLE ENROLMENT FORM



ENROLMENT DETAILS

Enrolment Date: ___ / ___ / ___

A parent or guardian who has lawful authority in relation to the child must complete this form. The licensed children's services must collect the child's enrolment information in this form, as required by the Child Care Regulation 2003 (Qld), the Children's Services Regulation 2004 (NSW), the Children's Services Regulations 1998 (Vic), and the Children's Services (Child Care Centre) Regulations 1998 (SA).

Information about the Child

Family Name:..... Date of Birth:..... Sex: M F (please tick)

Given Names:Other/former names:

Home Address:Child CRN:.....

Nationality:Place of Birth:

Language(s) spoken in the home:

Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

No, not Aboriginal or Torres Strait Islander

Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander

Yes, Torres Strait Islander

Proposed Start Date:

DAYS OF ATTENDANCE: MON TUES WED THURS FRI (please tick)

*Copy of passport or certified copy of Birth Certificate to be provided within 6 weeks. Filed YES

.....
(Centre Director Signature)

Information about the Child's Parents or Guardians

Mother/Guardian <i>Please provide full name as provided to Family Assistance Office.</i>	Father/Guardian <i>Please provide full name as provided to Family Assistance Office.</i>
Name:	Name:
Other/former name/s:	Other/former name/s:
Date of Birth: CRN Number:	Date of Birth: CRN Number:
Address – as per child or:	Address – as per child or:
Telephone: (H) (Mobile)	Telephone: (H) (Mobile)
Email Address:	Email Address:
Name of Employer/Training Provider:	Name of Employer/Training Provider:

Address:	Address:
Phone Number:	Phone Number:
Drivers Licence No:	Drivers Licence No:
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/>	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you claiming CCB for this child? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you claiming CCB for this child? Yes <input type="checkbox"/> No <input type="checkbox"/>

Court Orders relating to the Child

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

No (go to the next section) Yes (**please complete the following**):

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form
2. If these orders:
 - a) change the powers of a parent/guardian to:
 - authorise the taking of the child outside the service by a staff member of the service;
 - consent to the medical treatment of the child;
 - request or permit the administration of medication to the child;
 - collect the 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:

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Other Persons to be Notified

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To manage these situations a staff member should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Name:	Name:
Address:	Address:
Telephone: (H) (W)	Telephone: (H) (W)
(Mobile)	(Mobile)
Email Address:	Email Address:
Relationship to child:	Relationship to child:

Details of People who can Collect your Child

Your consent is required for other people to collect your child from the children's service on your behalf. This list may be added to or changed throughout your child's enrolment.

Name:	Name:
Address:	Address:
Telephone: (H) (W)	Telephone: (H) (W)
(Mobile)	(Mobile)
Name:	Name:
Address:	Address:
Telephone: (H) (W)	Telephone: (H) (W)
(Mobile)	(Mobile)

Child's Medical & Health Information

Does your child have any medical conditions and needs (eg epilepsy, asthma, hearing loss, diabetes, etc) which are relevant to the children's service?

No Yes (please tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached).

Has your child previously been hospitalised? No Yes (please tick)

If yes, please provide details:

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Does your child have a developmental delay or disability including intellectual, sensory or physical impairment?

No Yes (please tick)

If yes, please provide details:

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Does your child have any dietary restrictions?

No Yes (please tick)

If yes, the following restrictions apply:

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Please list any other agencies currently involved with or supporting your child/family:

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.....
.....
.....

Name Doctor / Medical Service:Telephone:

Address Doctor/Medical Service:

Medicare No:

Private Health Fund? No Yes (please tick)

If yes, Name of Health FundHealth Care No.....

Ambulance membership number:

Does the child have any allergy or sensitivity? No Yes (please tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

Do you allow the staff to apply sunscreen to your child on a daily basis?

No Yes (please tick)

Do you allow the staff to apply insect repellent to your child?

No Yes (please tick)

In the event of an accident or illness requiring emergency medical or dental treatment, every effort will be made to contact the parents before such treatment is sought. However, should this prove impossible, it will be necessary for the treatment to be undertaken. Parents are asked to complete and sign the following:

I authorise the Staff of the Centre to seek emergency medical treatment for my child should this be considered necessary.

Date...../...../..... Signature..... (parent/guardian).....

Child's Immunisation Record

Has your child been immunised? No Yes (please tick)

If yes, 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 printout from local government OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register OR
- completing the table below using the child's Immunisation Record to provide the dates of immunisations received. Please provide to the Centre Director for verification.

Immunisation	2 months	4 months	6 months	12 months	18 months	4-5 years
DTP (Diphtheria/Tetanus/Pertussis)						
OPV (Oral Polio Vaccine – Sabin)						
MMR (Measles, Mumps, Rubella)						
Hib – TITER or Hib - PedvaxHIB						
Meningococcal C						

Immunisation book sighted by:

You may have also purchased additional immunisations for your child. If so, please provide the dates these have been given:

Hepatitis B (three injections)	1	2	3
Childhood Pneumococcal Vaccine			
Chicken Pox			

Other Information:

If there is anything else that the children's service should know about your child (eg. Information pertaining to your child's religious or cultural background or practices that need to be observed at the centre; excessive fears; favourite activities; attending other early childhood service; or intervention service; etc) this is as follows:-

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.....

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.....

.....

Declaration and Consent to Emergency Medical Treatment and Terms of Care

I,(Print full name)

a person with lawful authority of the child referred to in this enrolment form,

- 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;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service;
- understand the information provided in the Parent Handbook and agree to abide by that information;
- agree to abide by the Centre Policies and Procedures;
- consent to the staff seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred.
- I agree to give two weeks notice in writing when reducing my child's booked days or cancelling my child's enrolment. I am aware that if my child does not attend care during the cancellation notice period that I will be ineligible for Child Care Benefit deductions, resulting in full fees being charged.
- I understand that my child care fees are required to be paid in advance and failure to do so will result in the cancellation of my child's place within the service.
- In the event that my account becomes derelict, I give permission for the centre to onforward my personal details to their nominated debt collection agency to recover the debt owing. I understand that an additional 25% will be added onto the fees owing to offset the fees and charges incurred in the collection process.
- I understand that a late fee of \$2 per minute will apply if my child is collected after the closing time of the centre.
- I understand that fees are to be paid for all booked days regardless of holidays or illness.

Signature: Date:

I AGREE/DO NOT AGREE (*please circle*) that my child's photograph and/or audiovisual recording may be taken and used (possibly including their name and age) for display in the centre.

I AGREE/DO NOT AGREE (*please circle*) that my child's photograph may be taken and used for publicity purposes such as brochures/flyers (in this instance, names will NOT be used).

I AGREE/DO NOT AGREE (*please circle*) that photographs of group activities including my child may be included in other children's individual portfolios.

I AGREE/DO NOT AGREE (*please circle*) that my child may take part in short walks/excursions planned as part of the centre's program. Parents will receive a separate form outlining details and requesting permission before any excursions within the local community.

I AGREE/DO NOT AGREE (*please circle*) that my child may take part in any incursions at the centre.

Signature: _____ Date: _____

Proposed Information Uses and Disclosures

The information collected from you about your child and family may be accessed by:

- Qualified and Unqualified staff working with your child to assist them in planning for your child's health, care and educational needs; to make contact with you; and to document their observations and developmental information.
- State Licensing bodies may review enrolment forms and observation and planning documentation for auditing of compliance with the relevant licensing regulations.

I understand this information and I give my permission for information to be shared as detailed above.

Parent/Guardian signature:Parent/Guardian name:

Date:

Please tell us how you found out about this centre?

Internet Yellow Pages Flyer Word of mouth

Other (please provide details)

.....

Child Care Benefit Information:

Will you be claiming Child Care Benefit? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) Will this be as a Weekly Fee Reduction <input type="checkbox"/> or Lump Sum Claim <input type="checkbox"/> (please tick)
Has your child accrued any absences at any child care services in the current financial year? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes, how many days? _____. <i>(Please provide a statement from the service as this will affect your absence entitlement).</i>
Is your child also attending another approved child care service? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes, for how many hours? _____.
Does your child have a sibling who is attending another approved child care service? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes, how many siblings attend approved child care services? _____ .
Please note that all families are required to request Customer Reference Numbers (CRNs) directly from Family Assistance Office (FAO).