

Start date:...../...../.....

Sample Enrolment Form

Please answer all questions - print clearly using blue or black pen.

Please indicate your chosen Service location and days of attendance

Location		Location		Location										
Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
SA. No-SE- 0000 0000					SA. No-SE-0000 0000					SA. No-SE-0000 0000				

Location		Location		Location										
Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
SA. No-SE-0000 0000					SA. No-SE-0000 0000					SA. No-SE-0000 0000				

Child's Personal Details

Child's Family Name

Child's Given Names

Child's Preferred Name

Date of Birth / / Female Male

Street Address

Suburb

State Postcode

CRN

Parent / Guardian 1 Details (* Parent/guardian claiming Child Care Subsidy (CCS). Parent and child have separate CRNs)

Family Name

Given Names

Street Address

Suburb

State Postcode

Email

Relationship to Child

Date of Birth / /

Phone: Home Mobile

Work

CRN

Parent / Guardian 2 Details

Family Name

Given Names

Street Address

Suburb

State Postcode

Email

Relationship to Child

Date of Birth / /

Phone: Home Mobile

Documents Required - Please attach copies to your completed Application Form

Birth Certificate

AIR Immunisation Records
(Australian Immunisation Record)

Allergy / Medical Plan

Details of Guardianship / Custody / Lawful Authority

LAWFUL AUTHORITY

PARENTS

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The Education and Care Regulations 2012 refer to these powers and responsibilities as "Lawful Authority". It is not affected by the relationship between the parents, such as whether or not they have lived 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.

GUARDIANS

A guardian of a child also has lawful authority. A legal guardian is given legal authority by a court order. The definition of "guardian" under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

TERMS OF ANY SPECIFIC CUSTODY OR ACCESS PROVISION

Are there any court orders, parenting orders or parenting plans relating to the guardianship or custody of, or access to, the child?

Yes No

If Yes, please specify (A copy of the order is required before acceptance. Notification of changes is required on the first day your child attends childcare after the order date).

Authorised Nominee

Is the information for the parent / guardian's on page one, the same emergency contacts for the child?

Yes No

If you ticked yes in the case of an emergency we will contact the parent/guardians first, if this is unsuccessful we will contact the Authorised Nominees. Please note that Photo ID is required to be held at the Centre for us to release your child to any Authorised Nominees.

An Authorised Nominee is a person who is 18 years or older, that you authorise

- to be contacted in an emergency
- to drop off or collect your child
- to consent to medical treatment, emergency services (including associated costs), or authorise administration of medication to your child
- to consent to taking photographs and other media of your child
- to consent to incursions and excursions outside the education and care service

Authorised Nominee 1

Family Name

Given Names

Street Address

Suburb

State Postcode

Email

Employer

Phone: Home Mobile

Work

Relationship to Child

Authorised Nominee Signature

Authorised Nominee 2

Family Name

Given Names

Street Address

Suburb

State Postcode

Email

Employer

Phone: Home Mobile

Work

Relationship to Child

Authorised Nominee Signature

Medical Details

Medicare Number Ambulance Cover Health Insurance Yes No

Health Insurance Provider Number

Does your child have additional needs? Yes No Please specify

Does your child have any specific healthcare needs: including any diagnosed medical conditions such as allergies, asthma or anaphylaxis?
 Yes No Please specify

Allergies Yes No Please specify

Asthma or recurrent chest infections Yes No Please specify

Fits / seizures Yes No Please specify

Skin problems Yes No Please specify

Eyesight problems Yes No Please specify

Regular medication required Yes No Please specify

Other chronic health problems Yes No Please specify

Previous illnesses or operations (please specify)

All relevant forms for allergies can be obtained through the Centre Director, and must be signed and completed by a Doctor annually.
 *If your child has a medical plan for any medical conditions please ensure this is provided alongside this form.

Details of child's doctor

Medical Centre

Doctor's Name

Street Address

Suburb

State Postcode

Phone:

Declarations and Emergency Medical Treatment Consent

I _____ a person of lawful authority of my child _____
(print full name) (print full name)

- 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;
- Consent to the Nominated Supervisor or Responsible Person where appropriate seeking, administering, such emergency medical, hospital, dental or ambulance services, ambulance transport or treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the Service;
- Understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the premises under the direction and supervision of staff or emergency personnel;
- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information and will refer to the Service Policy Documentation for further information on the program.
- Agree to the transfer of documents relating to your child to a secure offsite records management facility on conclusion of program year.
- A child cannot be accepted into our care with signs of any communicable disease or condition which may prejudice the health of others.
- Priority of Access Guidelines are:
 - First priority: a child at risk of serious abuse or neglect;
 - Second priority: a child of a parent or parents who are working or studying;
 - Third priority: any other child.
 - When there are no vacancies, a child who is third priority may be asked to alter their days or leave the service, in order to provide a place for a higher priority child.
- I have read and understood the Service Family Handbook.
- I give permission for my child to participate in special events with other groups and families within the Service. This may include but is not limited to visiting other activity rooms or outdoor areas. Prior notice will be provided.
- Your service may have one or a number of pets as part of the education and care experience. I agree to advise any concerns regarding the management of safety and well-being for children and animals prior enrolment.
- Agree to the use of visual imagery (photos/film) to document my child's participation and learning journey including Flexibuzz updates.
- I agree to sign up to the Flexibuzz class communication App and for photos of my child to be shared privately within our ELP classes.
- I give the Service permission to share health information about my child with other health care professionals to assist in the overall care and development of my child.

The Service respects your privacy. Protecting your personal information is important to us. The information we collect is used to ensure that your status as a client is recorded and to comply with any applicable laws and/or regulatory requests.

Your details are strictly confidential. We do not make them available to any outside organisation or allow access to any person other than appropriate staff or authorised relevant authorities when access is legislatively required or with your consent. In signing this form I confirm I have read details of the Service's privacy policy.

In enrolling your child and signing this form you agree to:

- Payment of fees weekly, paid one week in advance by way of direct debit from your chosen account. (You will receive a Direct Debit Request Form and a Direct Debit Service Agreement)
- Give the Centre two weeks' notice in writing if you decide to withdraw your child or reduce the days of enrolment.
- Pay fees for all booked days, including holidays, Public Holidays or while away ill during agreed days of enrolment at Centre.
- I agree to update and advise as soon as practical in writing of any change to information contained in this form.

Signature of Guardian

Date /

Signature of Service

Date /

Photo Permissions

I grant the Service the rights to use the photograph(s) and/or drawings therefrom and any other reproductions or adaptations therefrom either complete or in part alone or in conjunction with any wording and/or drawings for publicity, marketing or editorial purposes relating to the Service and its operations. The image uses include (but are not limited to):

- | | | | |
|--|------------------|------------------------------|-----------------------------|
| • Brochures | • Media releases | | |
| • Flyers/Posters | • Calendars | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Social Media | • Newsletters | | |
| • Website | • Annual report | | |
| • Promotional material representing the Service by external parties eg. The West Australian, PlaygroupWA newsletters, etc. | | | |

Unless otherwise agreed the photograph(s) and any drawings or adaptations therefrom shall be deemed to represent an imaginary person. No changes to the terms of this photograph permission form will be accepted unless agreed to in writing by the Service

I understand that I do not have any interest in the copyright to the photograph(s) and I can opt out at any time by written notice.

Signature of Guardian

Date /

Signature of Service

Date /

Child Information

Please complete the following information as it will provide some valuable information for our Educators to include in our individual planning for your child in our curriculum.

Child's Name _____ **Profile**

Family Background?

Main language spoken at home?

Cultural identity of child and parent?

Cultural/Religious/Family value considerations (please let us know if you would like the Educators to learn key words or phrases in the language spoken at home)

Names of siblings?

What is your child's favourite thing to do?

What are your child's strengths?

What are you hoping for your child to learn at our Early Learning Program?

Toileting

- My child is fully toilet trained Yes No
- Uses a potty at home Yes No
- Uses the toilet at home Yes No
- Can use toilet independently Yes No
- Needs assistance to use the toilet Yes No
- My child is in nappies or pull ups Yes No

Sleeping

Children will be offered a quiet place for resting/sleeping if required. Please complete the following:

My child's sleep routine is?

Does your child have any dietary requirements or restrictions?

Does your child attend any therapists or agencies that assist with their development? Yes No

If yes please provide further information to ensure our Educators can provide consistent practices.

Any other information or additional needs that you think would be helpful to know about your child?

