

OFFICE USE: Start Date: _____

Is this enrolment complete? Yes NoHave the relevant fees been paid? Yes No**ENROLMENT FORM AND AGREEMENT****Information about the enrolling child:**

Full name:			
Preferred Name:		Start Date:	
Address:			
Gender:		Child CRN:	
D.O.B.:		Current Age:	
Country of Birth and any other languages used at home:	Does your child Identify as (tick all that apply); Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither? <input type="checkbox"/>		

****INFORMATION ABOUT PARENTS/ GUARDIANS OF ENROLLING CHILD PHOTO IDENTIFICATION MUST BE PROVIDED ALONG WITH BIRTH CERTIFICATE OR OTHER RELEVANT DOCUMENTS****

PARENT/GUARDIAN 1: (this should be the parent/guardian who CCS is linked to)

Name:			
Relationship to child		Photo ID:	
Address:			
Phone Contacts	Home:	Work:	
	Mobile:		
Email:			
D.O.B.:		Parent/Guardian CRN:	
Nationality:		Language Spoken:	
Do you require information to be provided in other languages? _____			
Do you identify as; Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>			
Do you have a health care card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates on Card:	
Educators have sighted the health care card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial	

PARENT/GUARDIAN 2:

Name:			
Relationship to child		Photo ID:	
Address:			
Phone Contacts	Home:	Work:	
	Mobile:		
Email:			
D.O.B.:		Parent/Guardian CRN:	
Nationality:		Language Spoken:	
Do you require information to be provided in other languages? _____			
Do you identify as; Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>			
Do you have a health care card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates on Card:	
Educators have sighted the health care card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial	

Parent/Guardian Initial: _____

Service Staff Initial: _____

SPECIAL TALENTS:

Our program is enhanced by the special skills and abilities that our parent/guardians have. A range of skills and interests can complement the program that we offer our children.

	Yes	No
I would be interested in giving some time to assist in rooms with special projects		
I have a special talent to share; play a musical instrument, speak another language, artistic talent, gardening or sustainability interest, dance, construction, sew, cook etc?		

Please list:

CENTRE COMMUNICATION

Please tell us how we can best communicate information about the centre with you and your family?

(Please circle) Face to Face / Newsletter / Email / Noticeboard or Displays/ Social Media/ Website/ Other:

IMPORTANT INFORMATION ABOUT CUSTODY OF YOUR CHILD:

Who has legal custody of your child? _____

Is there a court ordered parenting order or parenting plan in place for your child? Yes No

IF YES: You MUST supply a copy to the centre

Please note: It is the parent/guardian's responsibility to ensure that these documents are updated in writing at all times.

Is there any other information about the children's living arrangements that we need to know about?

PLEASE TELL US ALL THE IMPORTANT HEALTH INFORMATION ABOUT YOUR CHILD:

Are there any religious, cultural or personal beliefs for your child or their family that require consideration from our centre? Yes No

Is your child allergic to anything? Yes No

Has your child been diagnosed with Anaphylaxis? Yes No

If your child suffers from an allergy/medical condition you are required to provide the Centre with a Medical Action Plan completed by your doctor. Has this been provided to the Centre? Yes No

If yes, you will need to complete a Medical Risk Minimisation and Communication Plan in consultation with the service.

Has your child ever suffered from a serious illness, injury or required hospitalisation? Yes No

Is your child currently taking a long-term medication? Yes No (provide details below)

Does your child have any additional needs, medical conditions or considerations that we should know about to provide them with the highest standard of care possible? Yes No

Has the service sighted the child's health record? Yes No

Are your child's immunisations up to date? Yes No

A copy of your child's Immunisation History Statement needs to be provided to the centre and updated at all times under the Victorian Government's "no jab, no play" legislation.

Have you received a copy of the immunisation History Statement which states either: Yes No

- The child is fully vaccinated for their age, or
- Is on a recognised vaccination catch up schedule, or
- The child has a medical reason not to be vaccinated

If "no" please complete the Grace Period Form to further consider enrolment.

Nominated Supervisor to confirm the enrolment can proceed: Yes No initial: _____

Please note: When a vaccine preventable disease is present or suspected at the service, children who have not supplied a complete record of immunisation may be treated as unimmunised and therefore will be excluded from the service for the recommended period of time. This is to protect the child and to prevent further spreading of the disease, normal booking charges will apply during times of absence.

Birth Certificate: Y N **Other Documentation:** _____

Enrolment at our service cannot occur until the enrolling person provides either of the following:

- a birth certificate and photo identification to show they are a parent of the child.
- Centrelink card and or Medicare card showing the child listed on the parent/guardian card and photo identification for the adult
- letter from an external agency stating kinship or guardianship and photo identification
- in the case of a child at risk or special circumstances, enrolment may be accepted at the discretion of the Approved Provider or Nominated Supervisor, documentation can be provided at a later date where genuine circumstances apply. Note that permissions for authorised collectors, medication and excursions may only be given by a parent or guardian.

Child's Doctor: _____

Phone Number: _____

Address: _____

Medicare Number: _____

Our centre can provide your child with the highest standard of care possible when the centre's care practices are as similar to home as possible. For this reason, please provide the following information.

What are your child's individual needs and preferences in relation to nappy changing and/or toilet training?

(circle all that apply) Independently - Reminded - Nappies - Sleep Nappy only

Is your child allergic to any nappy hygiene products, including wipes? Yes No

Does your child have any food likes/ dislikes or dietary requirements? Yes No

What strategies do you use at home that are effective in managing and promoting positive behaviour for your child?

What are your child's sleeping and eating routines normally?

How can we best support you in the transition to care at our service?

OTHER DETAILS ABOUT YOUR CHILD:

Does your child have any siblings? Yes No

Full Name	Gender	Age	School/ Child Care Attended

Does your child have any pets? _____

Who else is significant in your child’s life? _____

Has your child ever attended child care before? Yes No

Details: _____

Goals and Expectations:

What are some goals that you would like your child to achieve within the next 12mths?

What would you like for your child to most experience at our service?

AUTHORISED NOMINEES

An Authorised Nominee is defined under the Education and Services National Regulation as “a person who has been given permission by a parent or family member to collect the child from the education and care service”

I further agree to keep the service updated with changes to authorised nominees. I understand that in keeping with the Education and Care Services National Regulation (S 160:3) my child will not be released into the care of a person who has not been listed on this form as a parent/guardian or authorised nominee. I understand that the service will take reasonable steps to prevent a non-custodial parent/guardian (as determined by a current court or parenting order) from having access to, or collecting, any child listed on the order.

I will ensure that all authorised nominees are advised of their responsibility to ensure they collect my child by the service closing time. Failure to do so will result in a late collection fee being applied. I also understand that the service may refuse any authorisation for collection, medication or excursion permission if the forms were not completed fully, not signed by an authorised person or if educators at the service reasonably believe that it would not be in the best interest of the child’s health, safety or wellbeing. Refer to the Acceptance and Refusal of Authorisations Policy.

Signed: _____ Date: _____

Witness: _____ Date: _____

Please note: unfamiliar parents/guardians, authorised nominees and emergency contacts of the child will be required to present photographic ID such as a Driver’s License, 18+ card, Senior’s Card or passport before being granted access to the child. We recommend that you advise all contacts to bring along photographic ID when collecting your child. This may occur when a different staff member is caring for your child and has not met the person collecting.

Authorised Nominees

Details	Authorised Person 1	Authorised Person 2	Authorised Person 3
Full Name			
Relationship to child			
Address			
Email Address			
Best Telephone Contact			
Signature of Contact			
As the parent/guardian, I authorise this person to collect my child from the service. (Yes/No)	YES NO	YES NO	YES NO
As the parent/guardian, I authorise this person to be contacted in the event of an emergency where a parent/guardian cannot be reached. (Yes/No)	YES NO	YES NO	YES NO
As the parent/guardian, I authorise this person to consent to the medical treatment of my child and to authorise the administration of medication to my child. (Yes/No)	YES NO	YES NO	YES NO
As the parent/guardian, I consent to this person to authorise an educator to take my child outside the service, such as an excursion. (Yes/No)	YES NO	YES NO	YES NO

I understand, that in the event of an emergency situation where my child has an extreme temperature, a dose of paracetamol may be administered where authorisation is given verbally by—

(i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or

(ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.

I further understand that if Paracetamol is administered that I must arrange for the collection of my child as per the Service's Medication and Infectious Disease Policies.

Signed: _____

Date: _____

Witness: _____

Date: _____

IN CASE OF AN EMERGENCY:

While all efforts are taken to prevent illness or injury to your child we reserve the right to seek and/or provide medical and/or emergency treatment from a registered medical practitioner, hospital or ambulance service for your child if deemed necessary by centre educators. In the event of an emergency every effort will be made to contact parents/guardians and emergency contacts. If we are unable to do this educators at the centre will contact an ambulance for transport and authorise treatment as deemed necessary by medical staff. The parents/guardians will be responsible for any costs incurred by this treatment/transportation. The parents/guardians must notify the centre in writing of any restrictions regarding medical treatment of the child.

I _____ authorise educators of the centre to seek and/or provide medical and/or emergency treatment from a registered medical practitioner, hospital or ambulance service for my child including the administration of life saving medication (eg. EpiPen or Ventolin) should this be considered necessary. I further authorise that the service can seek transportation of my child by an ambulance service. I agree to meet all costs incurred by this treatment and or transport

In accordance to the Education and Care Services National Regulation parents/ guardian must list contacts for the Education and Care service to contact in the event that we require consent to medical treatment or administration of medication and we are unable to reach the parent or guardian of the child.

ENROLMENT AGREEMENT

I understand and agree to the following information as a condition of enrolment:

Fees and Attendance

- Fees must be paid one week in advance at all times to secure my placement.
- Where a bond or enrolment fee is required to be paid to the service I will ensure this is paid prior to commencing care.
- I understand and agree to abide by the Fees and Attendance Policy including payment for public holidays, emergency closures out of the centres control, days my child is absent and any late fees resulting from late collection outside of my booked session times.
- I understand that the service must comply with the Childcare Provider Handbook Priority of Access requirements for the allocation of bookings. I acknowledge that when a child with a higher priority requires care that I may be contacted to change or reduce my days. I understand that I will be provided with 14 days' notice if this occurs.

“Priority of Access – prioritising vacancies

As vacancies in a service arise, providers are asked to prioritise children who are:

- *at risk of serious abuse or neglect*
- *a child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment.”*
- I agree that two weeks' notice in writing is required to cancel or reduce bookings.
- I understand that CCS is not payable for days after my child's last day in attendance. If my child does not attend their last booked day full fees (without CCS) will be charged to my account for any days absent after their last attended day.
- I understand the importance of signing my child in and out of care and agree to do so on each day of my child's booked attendance. I understand that failure to sign in and out correctly will result in full fees being charged without Child Care Benefit reductions. I acknowledge that the service may use an electronic system for this and that I must use a back-up paper version in the event of this system not being operational.
- I agree to pay outstanding fees owed to the service and understand that should my account not be paid and is required to be passed to a debt collection agency that charges related to any debt recovery expenses including mercantile agent's fee, court costs and legal fees reasonably incurred by the centre will be added to my outstanding amount.

- In the case of a default, the parent/guardian acknowledges that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to legal/collection agencies for legal recovery action.
- I understand that in the case of a default on payments for childcare fees, enrolment details may be listed on the National Default Register for a period of six (6) years and 30 days or until paid. This information may be accessed by other providers at the time of enrolment.
- I acknowledge that care may be refused in the case of a default.

Evacuation from Premises

- In the case of a required emergency evacuation I give the educators permission to escort my child off the premises to safety.

Illness and Medication

- I agree to keep my child away from the centre when she/he is unwell or suffering from an infectious disease or condition as per the Infectious Disease policy of the centre.
- I understand that for my child to receive medication whilst at the centre I must complete a medication form for the administration of any medication to my child. This includes prescription and over the counter medications and creams as per the Education and Care Services Regulation 2011.
- I understand that the health and safety of my child is the main priority at the service and as such information about my child’s allergies or serious medication conditions may be on display, including their picture and name. While this information is primarily for the educators at the service it may be viewed by students, volunteers, visitors and other families. A condition of enrolment at this service is that this information is readily available to ensure your child’s safety.

Special Events	YES	NO
I give permission for my child to celebrate BIRTHDAYS		
I give permission for my child to celebrate EASTER		
I give permission for my child to celebrate CHRISTMAS		
At times children may bring a cake along to celebrate with their friends, do you give permission for your child to share this cake?		

Under the National Quality Framework we value diversity and inclusivity and share a range of cultural information and celebrations, please ask us about the National Quality Framework for more information. Are there any other restrictions to cultural events? _____

Photographs and publicity	YES	NO
I give permission for the centre to take and use photographs/video of my child/children for educational purposes, developmental measurements tools, displays and newsletters.		
I give permission for the centre to take and use photographs/video of my child/children for newspaper articles, brochures, our centre website and for other marketing purposes.		
I give permission for the centre to take and use photographs/videos of my child/children on our centre Facebook page or other centre related social media applications		
I give permission for the centre to take and use photographs/video of myself and my family at special events and post these on our social media applications such as Facebook.		
I give permission for photographs/videos of my child to be provided to other families when they are engaged in play with other children. (eg photos/videos with multiple children playing together)		
I give permission for photographs and videos of my child to be loaded to our educational learning programs for sharing with families.		

Foreign Substances

I authorise educators to apply certain products to my child/children’s skin as necessary to maintain health and hygiene (includes sunscreen and nappy wipes that are currently purchased by the centre). Please check with the educators on the current brands being used and notify of any allergic reaction prior to enrolment. Yes No

By signing this form, I acknowledge that I have read, understood and agree to abide by the information contained in the enrolment form and enrolment agreement. I understand that information gathered in this form and other forms will be used by the service in the provision of education and care for my child. Information gathered will be shared with others in the provision of care, which may include, but is not limited to, educators, students, volunteers and regulatory authorities. All care will be taken to store my sensitive information in a confidential manner.

Signed by enrolling parent/ guardian		Signed by Witness	
Full Name		Full Name	
Date		Date	

OFFICE USE:

This enrolment must be fully complete prior to the child starting care.

Has an Enrolment Booking Form been completed?	
Copy of Immunisation History Statement provided?	
All sections completed including permissions and at least one authorised nominee?	
Relevant fees explained and paid including any paperwork associated with automatic payments?	
Are there any allergies or serious illnesses?	
Has information about illness and allergies been passed onto educators and any person responsible for food preparation?	
Where there is a serious illness have the following forms been completed and provided: <ul style="list-style-type: none"> • Action Plan, • Medical Risk Minimisation and Communication Plan, • Long-Term Medication Plan? 	
Are there any restrictions to share with educators in relation to permissions, photos, sunscreen, custody etc?	
Have these restrictions been communicated with educators at the service.	
Has this form been entered into the relevant CCSS software system?	
Has information from this form been shared with all educators responsible for education and care of the child, including relevant auxiliary staff.	
Name and signature of Supervisor completing enrolment process: _____	Date: _____