

Enrolment Form

Date of enrolment: _____

Date to commence: _____ **Casual/ Regular Care** (please circle)

Familiarisation visit dates:

Comments: (Service Use)

1 _____

2 _____

3 _____

Days and times requested **(For Regular care only)**. To be confirmed by Service Director
Please note regular bookings are a 4 hours minimum for morning bookings before 12:00pm

CHILD'S NAME AND ADDRESS

Surname: _____

Given Names: _____

D.O.B. : _____ MALE/FEMALE Birth Certificate & Immunisation Supplied **YES/NO**

Address: _____

Postcode: _____ Child's CRN: _____

Is the child of Aboriginal or Torres Strait Islander heritage? YES / NO

Reason for care: _____

(To confirm priority of access)

CUSTODY OF CHILD:

Have any orders been made in court regarding your child? YES / NO

If NO, are there any disputes concerning custody of your child?

Please provide details: _____

If YES, please provide the following:

Details of court orders; parenting orders; parenting plans relating to the long term care, welfare and development of the child; residence of the child; and contact with the child:

Enrolling Parent's signature: _____ Date information supplied _____

Please attach copies of relevant Court forms and documentation.

ANNUAL UPDATE:

I verify that the information provided in this Enrolment Form is accurate and current.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PARENT (S) / GUARDIAN (S) NAMES/ADDRESSES/INFORMATION

Parent/Guardian (1) Relationship to child: _____

Surname: _____ First Names: _____ D.O.B: _____

Address: _____

_____ Postcode: _____

Phone Numbers: (H) _____ (W): _____ Mob: _____

Email address: _____ CRN: _____

Occupation: _____

Place of work or study: _____

Days/hours of work or study: _____

Work or Study Address: _____

Information required for Census:

Country of Birth: _____ Language/s spoken: _____

Is work/study undertaken by this person paid or voluntary? _____

Parent/Guardian (2) Relationship to child: _____

Surname: _____ First Names: _____ D.O.B: _____

Address: _____

_____ Postcode: _____

Phone Numbers: (H) _____ (W): _____ Mob: _____

Email address: _____ CRN: _____

Occupation: _____

Place of work or study: _____

Days/hours of work or study: _____

Work or Study Address: _____

Information required for Census:

Country of Birth: _____ Language/s spoken: _____

Is work/study undertaken by this person paid or voluntary? _____

I/We are aware that the person/s nominated here as parent/guardian are the authorised parties to enrol, cancel enrolment, release and have the Service release children to.

Parent /Guardian (1) Signed: _____ Date: _____

Parent /Guardian (2) Signed: _____ Date: _____

PERSON AUTHORISED TO COLLECT THE CHILD FROM THE SERVICE (1):

At least 2 other than parent/guardian contact names and over 18 years old must be completed before enrolment commences.

Surname: _____ First Names: _____

Address: _____

Postcode: _____ Relationship to Child: _____

Phone Numbers: (H) _____ (W): _____ Mob: _____

PERSON AUTHORISED TO COLLECT THE CHILD FROM THE SERVICE (2):

Surname: _____ First Names: _____

Address: _____

Postcode: _____ Relationship to Child: _____

Phone Numbers: (H) _____ (W): _____ Mob: _____

FURTHER PERSONS TO BE CONTACTED IN CASE OF EMERGENCY/AUTHORISED TO CONSENT TO MEDICAL TREATMENT FOR THE CHILD OR TO AUTHORISE THE ADMINISTRATION OF MEDICATION TO THE CHILD;

AUTHORISED TO TAKE THE CHILD FROM THE SERVICE'S PREMISES OR TO GIVE APPROVAL FOR AN EDUCATOR TO TAKE THE CHILD OUT OF THE SERVICE;

PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

EMERGENCY CONTACT PERSON (1): (Other than parent/guardian)

Surname: _____ First Names: _____

Address: _____

Postcode: _____ Relationship to Child: _____

Phone Numbers: (H) _____ (W): _____ Mob: _____

EMERGENCY CONTACT PERSON (2): (Other than parent/guardian)

Surname: _____ First Names: _____

Address: _____

Postcode: _____ Relationship to Child: _____

Phone Numbers: (H) _____ (W): _____ Mob: _____

Failure to provide the above information will result in the non-acceptance of the child.

CHILD'S MEDICAL PRACTITIONER NAME: _____

NAME OF PRACTICE: _____

Address: _____ Postcode: _____

Telephone Number(s): _____

Medicare number: _____ Ambulance Number: _____ Fund: _____

Please ensure that your medical practitioner is advised that he/she may be consulted, and has your permission to treat the child.

ACCIDENTS, ILLNESS & EMERGENCIES:

We are unable to care for sick children, or children with a contagious illness. In the event of an illness or accident (when parents/guardians or authorised persons cannot be contacted), I/We consent to medical treatment from a registered medical practitioner, hospital or ambulance service being sought for the child and transportation of the child by ambulance. I/We agree to pay any expenses for medical treatment and transport.

In the case of emergency when those people authorised to collect the child cannot be contacted, I/We consent to the Approved Provider / Nominated Supervisor having due regard to the wellbeing of the child, authorising an adult educator who is responsible for the child to take the child from the education and care service.

Signature of Parent/Guardian (1): _____ Date: _____

Signature of Parent/Guardian (2): _____ Date: _____

Failure to provide/accept the above will result in the non-acceptance of the child.

PERMISSIONS:

I give my permission for: (please circle YES or NO)

- 1. My child to participate in all activities offered at Whitfords Occasional Child Care Centre. I agree it is my responsibility to familiarise myself with the program/curriculum and to advise the Service in writing if I do not wish my child to participate in a particular activity. **YES/NO**
- 2. For Educators at Whitfords Occasional Child Care Centre to take my child on excursions by foot within the local community for nature walks. **YES/NO**
- 3. My child being observed by Educators and students for curriculum planning purposes, we will then plan experiences and activities based on your child's strengths and interests. **YES/NO**
- 4. A) My child's photograph to be taken or recorded at the Service for use within the Service only (may include photo development and / or printing outside the Service). **YES / NO**
B) Publish my child's un-named photograph in our newsletter. **YES / NO**
C) Publish my child's photograph, name and age in local papers or publicity materials in regard to publicity for the Service. **YES / NO**

Signature of Parent/Guardian (1): _____ Date: _____

Signature of Parent/Guardian (2): _____ Date: _____

PARENT PARTICIPATION:

Can you contribute skills or talents to our service, i.e. music, cooking, storytelling etc?

Would you be interested in joining our Parent Committee? **YES/NO**

Do you have any suggestions on how parents can be involved in our Service?

HEALTH OF THE CHILD

SPECIAL HEALTH SUPPORT NEEDS:

Does your child have any special health support needs? (i.e. asthma, diabetes, epilepsy, allergies (anaphylaxis), special dietary requirements, regular medical attention etc.) **YES/NO**

If YES please provide details of specific health care needs, allergens, medical management plans, anaphylaxis management or risk minimisation plan etc.

You and your Doctor will be required to complete a **Special Needs Support Plan** and/ or an **Emergency Action Plan** and provide copies of any medical/anaphylaxis management /action plans, to ensure the Service is fully prepared to manage your child's special health needs. This will include appropriately training Educators to administer medication or other actions required to manage your child's condition.

OINTMENTS, CREAMS AND APPLICATIONS:

Whitfords Occasional Child Care Centre provides the following preparations for First Aid: protection from the sun or biting insects, nappy rash or sore gums during teething. The Service will ensure the brand name product below is the only product used. Please sign against products you give Educators permission to use on your child.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE
Sunscreen	True Guard (Big W)	Sun protection	
Band-Aids	Band - Aid	Minor wounds/abrasions	
Nappy Rash Cream	Sudocrem	Nappy rash	
Teething Gel	Bonjela	Teething/sore gums	
Insect Sting Cream	Stingose	Insect bites	

My child is allergic or cannot use the above products. I agree to provide the following products for my child. I confirm I have applied these products to my child on more than 3 occasions without incident.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE

I understand that for all other medications I must complete and sign an **Authority to Administer Medication** form on the day in which medicine is to be administered.

I have read and agree to follow the Service policy on Administration of Medication and understand that Over the Counter Medication cannot be administered without a prescription from a medical practitioner.

I have signed previously granting Educators permission to seek medical attention when needed for my child.

Signature of Parent/Guardian (1): _____ Date: _____

Signature of Parent/Guardian (2): _____ Date: _____

CONDITIONS OF ATTENDANCE

I acknowledge having received and read the Service's Parent/Guardian handbook and I understand any changes to such will be displayed on the Service's notice board in the foyer.

I am aware that it's my responsibility to organise and maintain Child Care Benefit and Rebate. Without Customer Reference Numbers and date of birth for parent and child, Benefits and Rebates cannot be paid. I agree to notify the Director of any changes that affect the priority of care.

I agree to comply with all Government requirements in relation to the centre and its service.

I understand the responsibility for my children in the car park lies with the parent or guardian.

I am aware that my child will be excluded from care at the centre if he/she has contracted a contagious disease or condition and will only be accepted back on production of a medical certificate.

I am aware that I must sign my child in and out on the attendance record each time my child/ren attend the centre or I will be charged a \$5 fee. Failure to do so may also affect my Centrelink benefits.

I am aware that full fees will be charged for non-attendance and breaches of notification policy.

I am aware that if my child is absent on their last booked day of care, full fees will apply and no Benefit or Rebate will be payable.

I am aware that a system of payment for late collection after the centre is closed operates at the centre to cover staff overtime. \$2 per minute after closing time will be charged per child.

I am aware that payments not received will be passed onto a debt collection agency where I will be liable for additional costs.

I am aware that I must complete a new enrolment form each year.

I am aware that I need to attend the yearly AGM.

I acknowledge and agree to abide by the conditions of enrolment as set down by the Management Committee.

Signature of Parent/Guardian (1): _____ Date: _____

Signature of Parent/Guardian (2): _____ Date: _____

Privacy Statement

Whitfords Occasional Child Care Centre of 21D Endeavour Road Hillarys 6025 is required to collect personal and health information from or about families. This information is required to ensure the health and safety of your child whilst in our care and to meet legislative requirements set down in the Education and Care Services National Law (Western Australia) and Education and Care Services National Regulations 2012.

The information you give is used by Service staff who need to access the information to meet the above requirements, and may also be disclosed to the following authorities: Authorised Officers from the Department for Communities Department of Families, Community Services & Indigenous Affairs Officers; Compliance Officers from the Department of Education, Employment and Workplace Relations Officers from the Department of Human Resources.

All personal information is kept in a secure place to protect it from unauthorised access, modification or disclosure. You are entitled to access personal and private information kept about you and your family on request, and may ask for inaccurate information to be up-dated or corrected.

Failure to provide the required information will result in non-acceptance of your child's enrolment. You may contact the Service on 9307 4977 if you have any concerns regarding confidentiality and privacy.

0-2 Years Child Profile Sheet

Child's Name: _____

Date: _____

DOB: _____ Current Age: _____

What is your child's current routine (eating, sleep, bottles etc)?

Does your child have a comforter (i.e. a blanket, dummy, soft toy etc.)?

If your child has bottles are they breast milk, formula, or cow's milk?

Is your child on solid foods?

Does your child have any allergies?

Are you happy for us to apply nappy cream (Sudocrem) as needed? **YES/NO**

Are you happy for us to apply our own sunscreen or would you like to supply your own? **YES/NO**

If supplying your own, you will need to complete an Authority to Administer Form or add to the Enrolment Form.

Are you happy for us to take photos? This will be used for our curriculum to show what your child has been engaging in throughout each day. **YES / NO**

Is there any other information relevant to your child's care? What would you like your child to gain from attending our Service? What are your child's current interests?

2-5 Years Child Profile Sheet

Child's Name: _____

Date: _____

DOB: _____ Current Age: _____

Does your child have a day and/ or sleep routine, if so do they have comforters and/or bottles for this time?

What is your child's current stage of toileting? If still in nappies, when do you hope to start toilet training?

Are there any special considerations at meal time (i.e. tools used, slow eater, need assistance, other):

What are your child's current interests?

Are there any languages, other than English spoken at home? What are key words or phrases used?

Does your child have any known allergies?

For programming purposes, we take daily photos to document activities and learning experiences. Are you happy for photos of your child to be taken for this? **YES / NO**

Are you happy for us to apply our own sunscreen or would you like to supply your own? **YES/NO**

If supplying your own, you will need to complete an Authority to Administer Form or add to the Enrolment Form.

Is there any other relevant information you would like to provide to help Educators get to know your child better? What would you like your child to gain from attending our Service?
