

# Enrolment

# Form



## CHILD'S DETAILS

Name..... Gender:  Male  Female

D.O.B. .... / ..... / ..... Place of Birth.....

Child's CRN Number..... (Provided by Centrelink)

Languages spoken..... Cultural Background.....

Child's Address.....

## ATTENDANCE

Date of commencement..... Age at commencement: .....

Full time  Monday  Tuesday  Wednesday  Thursday  Friday

## PARENT/GUARDIAN 1 DETAILS

Name..... D.O.B. .... / ..... / .....

Relationship to child..... Parent CRN.....

Languages spoken..... Cultural Background.....

Address..... Postcode.....

Home Phone..... Mobile Phone.....

E-mail Address.....

Occupation..... Work Phone.....

Work Name and Address.....

Parent/Guardian Signature..... Date..... / ..... / .....

**PARENT/GUARDIAN 2 DETAILS**

Name..... D.O.B. .... /..... /.....  
Relationship to child..... Parent CRN.....  
Languages spoken..... Cultural Background.....  
Address..... Postcode.....  
Home Phone..... Mobile Phone.....  
E-mail Address.....  
Occupation..... Work Phone.....  
Work Name and Address.....  
Parent/Guardian Signature..... Date..... /..... /.....

**FAMILY DETAILS**

Child lives with.....  
Are there Custody/Court Orders:  YES  NO  
If yes, please supply a copy of the custody/court order                      Staff Verification  YES  NO  
Please provide details of any custody or access arrangements: .....  
.....  
Are there any special cultural/religious needs (e.g. diet/festivals?).....  
.....

**MEDICAL AND HEALTH INFORMATION**

Does your child have any medical conditions?  YES  NO  
If yes, please provide full details and attach an action plan for dealing with medical conditions: .....  
.....  
.....  
Is your child on any regular medications? E.g. Ventolin, Insulin...  YES  NO  
If yes, please provide details: .....

Is there a history of hospitalisation or serious illness? .....

Has your child had any of the following communicable diseases?

- Chicken pox                       German measles                       Measles                       Mumps
- Whooping cough                       Hepatitis                       Other.....

Does your child have any known allergies, e.g. food/medicine/grass/sunscreen?  YES  NO

If yes, please provide indicators and full details and attach an action plan for dealing with allergic reactions: .....

Are there any medical reasons or injuries that will prevent your child from participating in normal activities at childcare - e.g. playing outdoors or on equipment? If yes, please provide details.....

Doctor's name: ..... Phone Number: .....

Dentist's name: ..... Phone Number: .....

Does your child visit any specialist, e.g. Speech therapist, Paediatrician?  YES  NO

If yes, please provide details and supply any relevant reports.....

Has your child been immunised?  YES  NO      Are immunisations up to date?  YES  NO

Please provide the centre with a copy of your child's immunisation status (either 'Blue Book' or Medicare Statement). If your child has not been immunised, please provide a conscientious objection form or Medical Contradiction form. If there is an outbreak of an immunisable disease, the child will be excluded from the centre, with full fees payable during this exclusion time.

I/ We understand and accept this requirement..... (Signed Parent 1)

..... (Signed Parent 2 if applicable)      Date...../...../.....

## **EMERGENCY CONTACTS/ AUTHORITY TO COLLECT**

If we are unable to contact a child's parents/guardians in an emergency, we require the names of at least two alternate people (other than parents) to contact, i.e. Grandparent, Aunt/Uncle, family friend, neighbour... They must be adults who live in the Canberra region and should be authorised to collect your child/ren from the centre.

### **Contact 1**

Name..... Relationship.....

Address..... Postcode.....

Home Phone..... Mobile Phone.....

Work Phone..... Authorised to collect?  YES  NO

..... (Signed Parent 1/2) Date...../...../.....

### **Contact 2**

Name..... Relationship.....

Address..... Postcode.....

Home Phone..... Mobile Phone.....

Work Phone..... Authorised to collect?  YES  NO

..... (Signed Parent 1/2) Date...../...../.....

### **Contact 3**

Name..... Relationship.....

Address..... Postcode.....

Home Phone..... Mobile Phone.....

Work Phone..... Authorised to collect?  YES  NO

..... (Signed Parent 1/2) Date...../...../.....

### **Contact 4**

Name..... Relationship.....

Address..... Postcode.....

Home Phone..... Mobile Phone.....

Work Phone..... Authorised to collect?  YES  NO

..... (Signed Parent 1/2) Date...../...../.....

**FEE PAYMENT**

- I/We acknowledge that a daily fee is payable for each day that my child is enrolled.
- I/We acknowledge that payment of a bond, equal to two weeks of fees, will accompany this enrolment and should I not proceed with the enrolment after lodging this application that the enrolment fee will be foregone.
- If my/our child does not start on the original start date specified on the enrolment form, I/we are still liable to pay the fees which will be charged from this date. If we choose to defer the start date, my/our bond will be forfeited and I/we will be required to go back on the waiting list.
- I/We acknowledge that the daily fee is payable for the reservation of a position, not the attendance of my child and I will still be required to pay if they are away due to sickness or holidays.
- I/We understand that fees are paid for all week-days booked throughout the year, which includes public holidays, except for the two weeks of closure at Christmas/New Years.
- I/We acknowledge that if I decide to withdraw my child from the centre then I will provide two weeks written notice of my intention and I agree to pay all monies outstanding prior to the withdrawal of my child—this money may be taken from the bond payment.
- I/We understand that fees may be increased during the time my child is enrolled in care.
- I/We acknowledge that if fees are not paid by the due date, a late payment fee will be added each week until the account is at a nil balance. If the account is in arrears for more than 30 days, then my child’s enrolment at Reid Early Childhood Centre will be terminated.

..... (Signed Parent 1)

..... (Signed Parent 2 if applicable)      Date...../...../.....

**AUTHORISATIONS**

Health, Hygiene and First Aid

- I/We authorise staff of Reid Early Childhood Centre (RECC) to administer the recommended dose of Panadol if my/our child develops a high temperature (above 38°C)  YES  NO
- I/We provide permission for RECC staff to apply sunscreen to my/our child  YES  NO
- I/We provide permission for RECC staff to give first aid to my child as needed, i.e. bandaids, antiseptic cream, etc  YES  NO
- Should my/our child require urgent medical attention and I/we and the listed emergency contacts are uncontactable, I/we authorise for staff to call an ambulance and agree to pay any medical and/or transport costs incurred. I/we understand that in the case of an extreme

emergency, such as anaphylaxis, staff will call the ambulance first then call parents/guardians or emergency contacts.  YES  NO

I/we understand that RECC has a Health Policy, with the aim of minimising cross infection and therefore reducing contagious illnesses throughout the centre. RECC uses the ACT Department of Health and Community Care's guidelines for exclusion periods, however also reserves the right to exclude any child who is not well enough to cope with a group care environment.  YES  NO

I/we allow RECC staff to cut my/our child's finger nails if they are a hazard risk to other children.

..... (Signed Parent 1)

..... (Signed Parent 2 if applicable) Date...../...../.....

### Photography

I/we provide permission for Reid Early Childhood Centre to:

- Take and use photographs of my/our child for displays within the service  YES  NO
- Take and use photographs of my/our child in promotional material for RECC  YES  NO
- Use photos of my/our child for developmental records  YES  NO
- Allow photos of my/our child to be used by employees/volunteers as part of their study through a recognised educational institution  YES  NO
- Include my/our child in group photos that are used to complete another child's portfolio or emailed to families of the centre  YES  NO
- Allow other parents to take photographs at the centre which include my child, for example birthdays, excursions and other special occasions.  YES  NO

I understand that all information will be treated confidentially, that my child's full name will not be disclosed with any photography and that I may exclude any of the specific permissions provided in the above list.

..... (Signed Parent 1)

..... (Signed Parent 2 if applicable) Date...../...../.....

### Other

I/We provide permission for my/our child to eat food provided by other parents or staff, in addition to the centre's menu, for example birthday cake.  YES  NO

I/We are aware that the centre is licensed to operate from 8:00am – 6:00pm and my child must not be on the premises outside these hours. I/we agree to pay the late pick-up fee if my/our child is collected from the centre after 6pm.  YES  NO