

ENROLMENT FORM
Confidential Information
Child's personal details

This form is to be completed by a **parent or guardian** who has lawful authority in relation to the child.

Child's Information

Interview Date:		Start date:	
Child's Surname		Child's Given Name(s):	
Place of birth:		Child's gender (Circle):	Male / Female
Child's CRN no:		Child's Date of Birth:	
Child's Home Address:			
Religion (optional)		Cultural Background	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please Circle)			Yes / No
Language(s) used in the Child's home:			
Is this child attending another Centre in the same week?			Yes / No
Does your child have any dietary restrictions or Religious Considerations & do you give your child permission to participate in celebrations or events such as birthdays, Christmas, Easter and other?			Yes / No
If yes the following restriction apply			
Please outline any special/additional needs the Child may have Any Other			

Days Attending:

Days required	Monday	Tuesday	Wednesday	Thursday	Friday
Time in (approx)					
Time out (approx)					

PARENT INFORMATION	Parent/guardian 1	Parent/guardian 2
Parent's full name		
Relationship to Child:		
Surname:		
First Names:		
CRN no:		
Date of Birth		
Country of Birth:		
Cultural background		
Home Address:		
Telephone: Home		
Mobile		
Work		
email		
Occupation:		
Place of Employment:		
Does the child live with you? (Please Circle)	Yes / No	Yes / No

Court Orders Relating to the Child
<p>1) Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? (Please Circle) Yes / No <i>If yes, please provide all relevant documentation and paperwork</i></p> <p>2) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? (Please Circle) Yes / No <i>If yes, please provide all relevant documentation and paperwork.</i> <i>Please note that without this documentation we cannot legally enforce the Order/s.</i></p>

Emergency Contact Details

Person to be contacted in case of emergency – Any person who is unknown to staff is required to produce photo ID. These are people other than the child's parents already listed. This person must be able to collect your child in the event of an emergency if you are unable.

	Contact Person 1	Contact Person 2
Relationship to Child:		
Surname:		
First Names:		
Home Address:		
Telephone: Home		
Mobile		
Work		

It is the responsibility of the parent or guardian to notify the Centre of any changes to child's emergency Contact information.

Authority of the collection for your child (do not include parent/s name/s)

Any person who is unknown to staff is required to produce photo ID. These are people other than the child's parents already listed.

	Authority to collect - Person 1	Authority to collect - Person 2
Relationship to Child:		
Surname:		
First Names:		
Home Address:		
Telephone: Home		
Mobile		
Work		

Child's Health Details

Doctors name		Phone number	
Address		postcode	
Family dentist		Phone number	
Medicare number		Child's place number on the card	
Private Health insurance		Membership number	

Has your child received all the recommended immunization according to the national Health & Medical Record council?	YES	NO Exempt	If yes please provide a copy to the Centre. If no or except, please provide details.
Does your child have any of the following? <input type="checkbox"/> Allergies <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Diabetes	YES	NO	If yes the following management procedures are to be followed (Please attach a copy of the management/Action plan)
Has your child every experienced any language or speech difficulties, or physical or health related problems?	YES	NO	If yes please give details:
Is your child currently on any short term or long term medication?	YES	NO	If yes, please specify reason why and medication details and complete a <i>Medication form</i> located in the Centre Forms folder in the entrance foyer.
Is your child allergic to any foods?	YES	NO	If yes, please specify food allergies. A <i>management plan</i> from your child's medical practitioner/specialist is required. It should state the foods your child is allergic to and the symptoms of allergic reactions. The management plan should indicate medical procedures to be taken in case of an allergic reaction.
Does your child have any allergies?	YES	NO	If yes, please specify allergies. A management plan from your child's medical practitioner/specialist is required. It should state the allergens your child is allergic to and the symptoms of allergic reactions. The management plan should indicate medical procedures to be taken in case of an allergic reaction.
Does your child have coeliac disease	YES	NO	If yes, please provide a medical certificate

Illness, Accident & Emergency Medical treatment & administration of Medication

Authorisation and Consent

Every care will be taken of your child while at the Centre. In the event that an emergency action appears to be necessary because the child has been injured, or is ill at Love of Learning ELC, it is necessary for a parent to give written authorisation/consent for:

- The Centre and educators to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
- To give written consent to transportation of the child by an ambulance service.
- If however, we are unable to contact you it is also a requirement that authorization to be provided for any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child.

Parent will be informed immediately if such emergency treatment is required.

I authorise Love of Learning Early Learning Centre, the Nominated Supervisor or an Educator to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service.				
Parents Name		Signature		Date
I give written consent for transportation of my child by an ambulance service in the event that such action appears to be necessary because the child has been injured, or is ill at the premises.				
Parent Name		Signature		Date
I understand that all medical and transport costs are payable by me and are my responsibility				
Parents Name		Signature		Date
In the event of an emergency I give my consent for my child's medical files to be released to the admitting hospital				
Parent's Name		Signature		Date
I authorise any person who is declared and mentioned in the emergency consent declaration to authorize an educator, to take my child out the Centre for medical treatments.				
Parent's Name		Signature		Date

Director's Name		Signature		Date
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Declaration of Consent for Being an Emergency Contact Person 1 for the Child

I _____

PRINT FULL NAME

Agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency & to authorise administration of medication involving this child.

Signature of Emergency Contact Person

Signature of parent:

Date:

Declaration of Consent for Being an Emergency Contact Person 2 for the Child

I _____

PRINT FULL NAME

Agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency & to authorise administration of medication involving this child.

Signature of Emergency Contact Person

Signature of parent:

Date:

Please be advised as per *The National Education and Care Services National Regulations, 2011* the following exception to the authorisation requirements apply: **94 Exception to authorise requirement – anaphylaxis or asthma emergency**

1. Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.
2. If medication is administered under this regulation, the approved provider or nominated supervisor of the Education and Care Service or family day care educator must ensure that the following are notified as soon as practicable –
 - (a) a parent of the child
 - (b) Emergency services.

Panadol Procedure Authorisation

Unfortunately, at times children do become ill while in care at the Centre. To ensure a high temperature is quickly controlled, it is necessary for the consent form below to be completed.

- I hereby give permission for the staff at Love of Learning ELC to administer Panadol (Paracetamol) to my child should he/she have a fever and all other methods to lower the temperature have failed (i.e. tepid sponging, removal of excess clothing, and excess intake of fluids).
- The Centre provides Panadol Elixir for children. If I wish my child to be given an alternative form of or brand of paracetamol. Then I will provide it for my child at the Centre. I understand that Panquil or Phernegan is not a suitable alternative.
- I understand that every effort will be made to notify me (or another nominated responsible adult), as my child may be required to be collected immediately. If contact is unable to be made, then, in the interest of the health and comfort of my child, the Panadol (paracetamol) will be administered. (Please refer to *health policy*)

I do/do not (please circle) give permission for the staff at Love of Learning ELC to administer the correct dosage of Panadol if need for my child

Parents Name		Signature		Date	
Directors Name		Signature		Date	

Permission for the application of First Aid & Health Products

I agree to the application of first aid products found in the basic first aid kits including health products as listed;

- Sunscreen 30+
- Sorbolene, Zinc & Castor oil cream
- Sudocream Nappy cream

Parent's Name		Signature		Date	
Directors Name		Signature		Date	

Photo & Observation Consent Form

During the year the staff would like to capture special moments and occasions that your child participates in at the Centre. These will be in the form of photographs, written observations and videos. Please fill out the form below to give us permission to take pictures of your child, write observations about your child and video your child. Photographs and videos will only be used within the Centre and/or in your child's portfolio observation records. These records are taken home at the end of each year and periodically throughout the year when requested. It must also be noted that other children will be pictured in your child's portfolio and that your child's picture may also appear in other children's portfolios. We expect all parents to view these portfolios for their personal use only and to respect the privacy of all children.

I hereby give permission for the staff to use camera or video equipment to capture moments of my child. I understand that these photographs and videos will not be used in promotional advertisement regarding childcare without my written consent. I understand that photographs will be displayed in the Centre and my child's photo might appear in another child's portfolio or observation. I also understand that these portfolios are for personal use only and I respect the privacy of all children.

Parent's Name		Signature		Date	
Director's Name		Signature		Date	

Payment of Fees

The following outlines how fees are paid

Once enrolment is approved a Registration fee/Re-enrolment fee of \$100.00 and a bond of 2 weeks fees is to be paid. The bond amount will vary depending on the number of days your child will attend.

This is to be paid by Credit Card (visa/MasterCard or by Electronic Funds Transfer to:

Westpac

Love Of Learning Early Learning Centre

BSB No. 032 069

Account No. 493305

- Bonds will be allocated for the last two weeks of attendance at the Centre.
- All offers are forfeited if bond is not paid by the advised date.
- All fees are payable in advance for every day that your child is enrolled at the Centre. This includes public holidays, sick days and family holidays.
- Child care benefits (CCB) and (CCR) are available to all families who are Australian Residents. Contact Centrelink for more information.

Should you wish to end your child's place at the Centre or should management make the decision to terminate your child's place, 2 weeks written notice is required from the ending/terminating party. If this does not occur, the 2 weeks bond will be held. Any family member who is one or more weeks late with their fees will receive a Friendly Fee Reminder. Continually not paying fees will put your child's place in the Centre in jeopardy. A fee of \$10 per week will apply to any overdue fees. Any family who is late picking up their child will incur a late fee of \$15.00 for the first 15minutes. This to cover the staff having to stay back. All staff and children must be off the premises by 6pm.

- I agree that the information provided in this application is true and correct and will be relied upon by Love of Learning ELC.
- I agree to notify Love of Learning ELC immediately of any changes regarding health and living arrangements of my child within 7 days.
- I agree to the terms and conditions in the payment of fees and will inform the Centre of any changes.

Parents Name		Signature		Date	
Director's Name		Signature		Date	

Office use:

<input type="checkbox"/> Completed enrolment form
<input type="checkbox"/> Child's Birth Certificate
<input type="checkbox"/> Immunisation record (Medicare)
<input type="checkbox"/> Bond & registration payment
<input type="checkbox"/> Health/medical action plans
<input type="checkbox"/> Child CRN number
<input type="checkbox"/> Parent's CRN number
<input type="checkbox"/> EdiDebit form