



Enrolment Form

Enrolment to be completed by the Parent or Guardian.

Childs Details

Child's Given Names:

Child's Surname:

Date of Birth: Childs Gender: Female or Male (Please circle)

Country of Birth:

Child's CRN:

Home Address:

Suburb: Post Code:

Cultural Background: Language Spoken At Home:

CHILD'S START DATE:.....

ATTENDANCE: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Primary Parent Details

Title: Miss Mrs Ms Mr (Please Circle)

Given Names:

Surname:

Date of Birth: Country of Birth:

Primary Career's CRN: Relationship to Child:

Home Ph Number: Mobile Ph Number:

Work Ph Number:

Email Address:

Home Address:

Suburb: Post Code:

Cultural Background:

Language Spoken At Home:

Occupation: Place of Employment:



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Secondary Parent Details

Title: Miss Mrs Ms Mr (Please Circle)

Given Names:

Surname:

Date of Birth: Country of Birth:

Relationship to Child:

Home Ph Number: Mobile Ph Number:

Work Ph Number:

Email Address:

Home Address:

Suburb: Post Code:

Cultural Background:

Language Spoken at Home:

Occupation: Place of Employment:

Emergency Contacts

There may be times or situations where your child has an accident, injury, trauma or illness and the parents cannot be reached or are unable to collect their child. To deal with these circumstances the service will inform the following person to collect and care for the child. This person must be over the age of 18 years old and must live within 30 minutes of the centre.

Please list two contacts, other than the child's parents, who are willing and able to collect your child in case of an accident, injury, trauma or illness and the parents cannot be reached or are unable to collect the child.

<u>First Contact Person:</u>	<u>Second Contact Person:</u>	<u>Third Contact Person:</u>
<u>First Name:</u>	<u>First Name:</u>	<u>First Name:</u>
<u>Last Name:</u>	<u>Last Name:</u>	<u>Last Name:</u>
<u>Relation to Child:</u>	<u>Relation to Child:</u>	<u>Relation to Child:</u>
<u>Home Phone:</u>	<u>Home Phone:</u>	<u>Home Phone:</u>
<u>Mobile Phone:</u>	<u>Mobile Phone:</u>	<u>Mobile Phone:</u>
<u>Address:</u>	<u>Address:</u>	<u>Address:</u>
Authorise for Pick Up/Drop off: YES / NO	Authorise for Pick Up/Drop off: YES / NO	Authorise for Pick Up/Drop off: YES / NO
Authorise for Medication & Treatment: YES / NO	Authorise for Medication & Treatment: YES / NO	Authorise for Medication & Treatment: YES / NO



Enrolment to be completed by the Parent or Guardian

Medical Authorisations

Do you authorise the Centre Manager or Responsible Person at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?

YES / NO (Please Circle)

Parent Signature:

Do you authorise the Nominated Supervisor or Responsible Person to transport the child in an ambulance in the event of an emergency?

YES / NO (Please Circle)

Parent Signature:

Immunisation Details

A copy of the child's immunisation records needs to be provided before the child begins care at the centre.

I have chosen not to have my child immunised: **YES / NO (Please Circle)**

If the child is immunised, are the child's immunisations up to date? **YES / NO (Please Circle)**

I agree to maintain my child's immunisations and update the centre accordingly. I also understand that it is a requirement by Centrelink to have my child's immunisations up to date to enable me to receive Child Care Benefits.

Parent Signature:

Transition to School

Have you decided what school to send your child to? If you have, please fill in the following:

Name of School:

Permission to exchange information: **YES / NO (Please Circle)**

Parent Signature:

While Public Schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them into your child's program:

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Enrolment Agreement

Please read the following agreement carefully before signing. Please ask if there is anything in this document that you are unsure of. Please Circle the following YES or NO to authorise:

Health and Safety

We give permission for the child to: Participate in outings to places of interest (Permission slips will have to be signed before allowing the child to leave the service).	YES / NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter realising the Service of any Liability)	YES / NO
Have Band-Aids or sticking plasters applied when necessary.	YES / NO
Have staff apply Nappy Cream/Paste when required.	YES / NO
Have staff apply Teething Gel when required (supplied by parents)	YES / NO
Have staff apply Insect Repellent when required (supplied by parents)	YES / NO

Photography and Video

For photos and video footage to be taken of the child for service use and staff training purposes (footage will not leave the service).	YES / NO
For photos and video footage of the child to be used in learning stories, and to be shared with other families that attend the service.	YES / NO
For photos and video footage to be taken of the child to be used for student training purposes. (Photos and Video purpose may leave the service for students to present to a lecturer for viewing and marking.)	YES / NO
For photos and video footage to be used on the Service website, social media and marketing advertisement.	YES / NO

Fees, Centre and Centrelink Requirements

I am aware that it is my responsibility to ensure that Centrelink has all my relevant information that is required to be eligible for Child Care Benefits, I agree to pay full fees if my Child Care Benefit is cancelled.	YES / NO
I agree to follow the centres policy and procedures in respect to signing my child in and out each day and ensuring the child only attends care in good health (to limit cross infection)	YES / NO
I agree to pay public holidays, absent and sick days that the child's permanently booked days coincide with on these days.	YES / NO
I agree to pay a 50% holiday fee to secure the child is on holidays.	YES / NO

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. Then enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care to your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter person information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.



Please read the following agreement carefully before signing. Please ask if there is anything in this document that you are unsure of. Please tick the following to confirm you have read each point:

- I agree to formally notify Cherubs Early Learning and Kindergarten of any changes to the above information.
- I agree to keep my fees up-to-date and understand that my child's position at Cherubs Early Learning and Kindergarten will be in jeopardy if my fees become in arrears. I understand that all booked days are paid even when my child is absent due to sickness or holidays.
- A 50% holiday fee will apply when booking holidays in advance.
- If I am unable to collect my child by closing time, I will organise one of the authorised contact to collect. I am aware that if my child has not been collected by closing, and if I am unable to be contacted, those persons nominated as authorised contacts will be phoned.
- I agree to pay a \$15.00 per 15 minute block or part thereof, after closing time. If my child is left at the service for over an hour after closing, we will notify Child Safety After-Hours and may be required to take the child to the local police station. A note will be left on the front door detailing the child's whereabouts.
- In the event of the child having high temperatures, I authorise staff to administer a single dose of paracetamol. This will only be done after staff have attempted to organise someone to collect the child and have exhausted every other option. Please note that this does not mean your child can stay at the centre, they still need to be collected.
- I give permission for prescribed medication to be administered by staff upon my authorisation on a medication form. I understand that if details are filled out incorrectly or the medication does not meet the standards of the services policy, the medication will not be given unless I can be contacted. I agree to inform the staff both verbally and in writing if my child needs medication. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current doctor's letter (within 6 months) stating the name of and reasons for the medication.
- I give permission for my child to be observed by the educators at the service and students supervised by the educators.
- I give permission for my child to participate in programs organised by the practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left alone with children, an educator will always be present.
- I have read the parent handbook and am familiar with the Policy Manual located in the office. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that I have suggestions that I can make this suggestion in person to a staff member.

Parent Name:

Parent Signature:

Date:

