



# Kirrawee Child Care Centre

## Enrolment Form

Child Photo  
Optional

**Please note:** Prior to your child commencing at Kirrawee Child Care Centre it is essential that the following information is complete and kept up to date. This information must be completed by each known parent who has lawful authority in relation to the child. Please notify the service of any changes to details on this form as soon as possible.

We thank you for your understanding and cooperation.

Kirrawee Child Care Centre

**Confidentiality:** The information disclosed on this form is for the use of the Centre for the development, care and well being of the child, it can be requested by the Dept. of Family and Community services, FAO, and or other Government, and law Authority.

Bank Account BSB 062 204 Acc. No.10604768      Last updated February 2016



# Enrolment Form

<b>Family Reference Number</b> _____
<b>Child Reference Number</b> _____

**Days required:**      **Mon**              **Tues**              **Wed**              **Thurs**              **Frid**

**START DATE:** \_\_\_\_\_

Child's Name(s) \_\_\_\_\_ Child's Family Name \_\_\_\_\_

D:O:B: \_\_\_\_\_ Child's Sex M  F

Address: \_\_\_\_\_ Sub. \_\_\_\_\_ PC \_\_\_\_\_

Home Telephone \_\_\_\_\_

Primary Language: \_\_\_\_\_ Cultural Identity: \_\_\_\_\_

Are you eligible for CCB? Yes  No       Child Care benefit %

Please specify for how long you will require this service. \_\_\_\_\_

To enable the Service to formalise the enrolment and for the family to get Gov. fee reduction and be able to claim the Child Care Cash rebate, we require the following information.

1. Your FRN, "Family Reference Number" from (FAO) **EVEN** if you are not claiming CCB and paying full fee. Any communication with FAO is each family's responsibility.
2. **If you** are using more than one service for your child(ren) **you must** let the centre know and have the correct **nominated hours** for each service.

The child is linked to the **Mother**  **Father**  please tick one box. This information can only be obtained from Centrelink by you.

The Centre requires this information in order of confirming and formalising enrolment. The Centre submits attendance and claims after 3.00 PM every Friday. If the family is rejected by the Gov. Computer, it is likely because the information we are given is not the information on their computer or incomplete. In such case we will not be able to correctly receipt you and you will not be able to make any cash rebate claim, therefore pay full fee without proper receipting.

Your understanding and cooperation is appreciated, **as the Centre can't deal with Centrelink or DEEWR on your behalf.**

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### **Parent 1 Details**

Parent 1 Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_  
Address: \_\_\_\_\_ Sub: \_\_\_\_\_ PC: \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-mail : \_\_\_\_\_  
Parent CRN for CCB: \_\_\_\_\_

### **Parent Work Details:**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Hours: \_\_\_\_\_ Full / Part time  
Parent Primary Language: \_\_\_\_\_

### **Parent 2 Details**

Parent 2 Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_  
Address: \_\_\_\_\_ Sub: \_\_\_\_\_ PC: \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-mail : \_\_\_\_\_  
Parent CRN for CCB: \_\_\_\_\_

### **Parent Work Details:**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Hours: \_\_\_\_\_ Full / Part time  
Parent Primary Language: \_\_\_\_\_

Is there anyone who is legally prohibited from having contact with or collecting the child? Yes  No.   
If yes legal documentation must be submitted to the Service.



**Medical Details:**

**Doctor / Dentist Details:**

Child's Doctor Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Release child to Doctor Yes  No   
 Address: \_\_\_\_\_ Sub \_\_\_\_\_ P.C \_\_\_\_\_

Child's Dentist's Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Release child to Dentist Yes  No   
 Address: \_\_\_\_\_ Sub \_\_\_\_\_ P.C \_\_\_\_\_

Medicare No.: \_\_\_\_\_ Private Health : \_\_\_\_\_ No: \_\_\_\_\_

**Please circle yes /no to the following;**

Does the Child have any specific health care needs or conditions?	Yes /no
Does the Child have any allergies?	Yes /no
Has the Child been diagnosed as someone who is at risk of anaphylaxis?	Yes /no
Does the Child have any dietary restrictions?	Yes /no
Please provide the immunisation status of the child. Alternatively, please provide a copy of the Child's health record so that it can be sighted by an Approved Provider.	<u>Service to sign when sighted</u>

**If yes to any of above, please attach relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan.**

**FIRST AID MATERIALS:**

When the service educators administer first aid do you want them to use these products on your child?

Persona SPF 30+ sunscreen lotion Yes  No  Paracetamol Yes  No   
 Elastic adhesive plaster Yes  No

**If your child uses different brands, it must be provided by parents and kept at the Centre and clearly labelled with your child's name. Please name brand if any.** \_\_\_\_\_

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## **Medication**

Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date, and the medication must be administered in accordance with any instructions attached to the medication; or any written or verbal instructions provided by a registered medical practitioner. – *Education and Care Services National Regulations. Part 4.2, Regulation 95*

Parent 1 Name:

Signature:

Date:

Parent 2 Name:

Signature:

Date:

## **Emergencies**

In the event of an emergency I authorise the Service to seek and carry out urgent medical, dental, hospital treatment or transportation of the child by an ambulance service before contacting me if the person in charge decides it is necessary to do so. (Approved Provider, Nominated Supervisor or Certified Supervisor) I indemnify the Service and the Educators against any legal action and any financial cost as I know they are acting according to regulation and for my child's safety and best interest.

Parent 1 Name:

Signature:

Date:

Parent 2 Name:

Signature:

Date:

## **Paracetamol**

I consent for the person in charge (Approved Provider, Nominated Supervisor or Certified Supervisor) to administer paracetamol to my child in the event they have a temperature over 38.5°C and I am unreachable.

Parent 1 Name:

Signature:

Date:

Parent 2 Name:

Signature:

Date:



**Cultural Considerations**

Please outline the Child's cultural background and if relevant any cultural practices you would like followed:

**Religious Considerations**

Please outline the Child's religious background and if relevant any religious practices you would like followed:

**Dietary Considerations**

Please outline any dietary restrictions or considerations the Child may have (e.g. likes and dislikes. Details of allergies etc will be expanded on in the Medical section of the form):

**Special/Additional Needs Considerations**

Please outline any special/additional needs the Child may have:

Please provide any other information about your child e.g.: toilet training, comforters etc.

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### Person Authorised to collect the child instead of Parents.

I authorise the following people to have access or collect my child or to be contacted in case of emergency:

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Ph: (H) \_\_\_\_\_ Ph: (W) \_\_\_\_\_

Address. \_\_\_\_\_ Sub: \_\_\_\_\_ P.C. \_\_\_\_\_

Mobile: \_\_\_\_\_ Pickup Yes  No

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Ph: (H) \_\_\_\_\_ Ph: (W) \_\_\_\_\_

Address. \_\_\_\_\_ Sub: \_\_\_\_\_ P.C. \_\_\_\_\_

Mobile: \_\_\_\_\_ Pickup Yes  No

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Ph: (H) \_\_\_\_\_ Ph: (W) \_\_\_\_\_

Address. \_\_\_\_\_ Sub: \_\_\_\_\_ P.C. \_\_\_\_\_

Mobile: \_\_\_\_\_ Pickup Yes  No

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Ph: (H) \_\_\_\_\_ Ph: (W) \_\_\_\_\_

Address. \_\_\_\_\_ Sub: \_\_\_\_\_ P.C. \_\_\_\_\_

Mobile: \_\_\_\_\_ Pickup Yes  No

The Centre will not allow children to go with adults unless names are written on this list. You can add or delete names at any time.

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### **Sunscreen Protection**

As per our Sun Protection Policy we suggest all children be protected against the sun with SPF 30+ sunscreen when exposed to sunlight. Our Service uses (insert sunscreen brand) for all children. If your child is allergic, sensitive or you would like another brand used, please be advised that we ask that you provide this brand. We ask that each family apply SPF 30+ sunscreen to their child prior to their arrival at the service in the morning. Copies of our Sun Protection Policy are available for families to view. Please ask our educators to supply you with one.

Please tick which boxes are applicable to you.

- YES** – I will apply SPF 30+ sunscreen to my child before coming to the Service or on arrival.
- YES** – Reapply SPF 30+ sunscreen to my child throughout the day to my child as required.
- NO** – I will not apply SPF 30+ sunscreen to my child before coming to the Service or on arrival
- NO** – Do not reapply SPF 30+ sunscreen to my child throughout the day.

Parent 1 Name:

Signature:

Date:

Parent 2 Name:

Signature:

Date:





### Photographs

I consent to my Child being photographed during his/her time at Kirrawee Child Care Centre. These photos may be displayed at the service and used throughout the enrolled Child's portfolio documentation or may be used to promote the Service within the community. Our Photography Policy is available to view at any time, please ask educators for a copy. No outside agency or individual will be allowed to photograph the children without parental consent.

If the Child has a specific medical requirement, the Child's photo will be displayed on a sheet that details how to respond to the Child's medical requirements. This will be displayed in the Service's kitchen. Please consent to your child's photo being displayed for this purpose. Please tick which boxes are applicable to you.

- YES** – I consent to my child being photographed while at the Service and the photos being Displayed at the service, uploaded onto the blog in the secure zone on our website and used for promotional purposes.
- YES** – I consent to my child being photographed while at the Service and the photos being displayed at the Service, uploaded onto the blog in the secure zone on our website and in other enrolled children's learning portfolios, but these photos **cannot** be used for promotional purposes.
- NO** – I do not consent to my child being photographed.
- YES** – I give permission for my child's photo to be displayed on a Respond to Medical Condition sheet within the Service
- NO** – I do not give permission for my child's photo to be displayed on a Respond to Medical Condition Sheet within the Service.

Parent 1 Name:

Signature:

Date:

Parent 2 Name:

Signature:

Date:



## Declaration – Parent 1

I, \_\_\_\_\_,

PRINT FULL NAME

As a person who has lawful authority of the child referred to in this enrolment form for Kirrawee Child Care Centre:

- Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the Service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- Consent to the educators at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the Service should this happen.
- Declare that I have read and understood the policies of Kirrawee Child Care Centre and will abide by those policies.
- Consent to the educators administering medication if so requested by me or those I have nominated to do so, on my behalf.
- Have read and agree with the fees, payment structure and policies of Kirrawee Child Care Centre and **agree to pay fees one week in advance.**
- I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form.
- I agree that the Child's place at the Service is subject to the Priority of Access scheme as outlined by the Child Care Management System.
- I agree to the Child to be observed and programmed by students who may be employed at the Service or completing practical components of their studies at the Service, and if relevant, copies of the child's documentation to be submitted to the institution which students are completing their studies as part of an assessment.
- I agree that I will assist with my child's learning and the Service's documentation methods by completing Family Input documentation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Declaration – Parent 2

I, \_\_\_\_\_,

PRINT FULL NAME

As a person who has lawful authority of the child referred to in this enrolment form for Kirrawee Child Care Centre:

- Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the Service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- Consent to the educators at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the Service should this happen.
- Declare that I have read and understood the policies of Kirrawee Child Care Centre and will abide by those policies.
- Consent to the educators administering medication if so requested by me or those I have nominated to do so, on my behalf.
- Have read and agree with the fees, payment structure and policies of Kirrawee Child Care Centre and **agree to pay fees one week in advance.**
- I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form.
- I agree that the Child's place at the Service is subject to the Priority of Access scheme as outlined by the Child Care Management System.
- I agree to the Child to be observed and programmed by students who may be employed at the Service or completing practical components of their studies at the Service, and if relevant, copies of the child's documentation to be submitted to the institution which students are completing their studies as part of an assessment.
- I agree that I will assist with my child's learning and the Service's documentation methods by completing Family Input documentation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Parent Questionnaire

Dear Parents,

We believe the best way to work with you and your child is by building a partnership of care. To do this we want you to feel you are given lots of information about what is happening and you are asked for your views.

### **Communication, Communication, Communication**

Everybody has a different communication style and time for communication. We understand that mornings and afternoons can be a little rushed, and not the best time to discuss your child. We have many types of communication we use for families.

#### **Your preferred method of communication (Please tick)**

- Newsletter
- Phone calls to your work
- Emails
- Letters
- Face to face

#### **Confidentially and Discretion**

Information received through written and spoken communication with families will be treated with discretion.

At any time if you require a **private discussion with our Educators**, please inform us. This can happen face to face or by phone.

Thank you,  
KCCC Management