**ENROLMENT FORM**

*Please ensure ALL of the following documents are attached to this application before submission:*

* *Apply for Child Care Subsidy as In 2 Learning Gippsland is an Approved Care Service
Centrelink on 13 24 68 or visit* [*https://www.mychild.gov.au/childcare-information*](https://www.mychild.gov.au/childcare-information) *- CHILD CARE SUBSIDY (CCS)
will be paid directly to the Service to reduce the fees families pay*
* *Child and Parent/Guardian CRN Number.*
* *Immunisation record and if required Medical documents & Action Plans and Documents regarding additional needs or diagnosed disability*
* *Legal documents, regarding custody arrangements, court order, parental agreements, parenting plans, parenting order*

|  |
| --- |
| *Service name:* |

CHILD DETAILS
*Education and Care Services National Regulations - Regulation 160 (3a, e)*

|  |  |
| --- | --- |
| Given Name(s): |  |
| Middle Name: |  | Surname: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: |  | Sex (Please circle): | Male / Female |
| Child Centrelink Reference Number (CRN)  |  |
| Child’s home address: |  |
|  |
| Child lives with: |  |

|  |  |
| --- | --- |
| Child’s Start Date: |  |
| Childs Year Level & Teacher |  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | All |
| Before School Care | 🗆 | 🗆 | 🗆 | 🗆 | 🗆 | 🗆 |
| After School Care | 🗆 | 🗆 | 🗆 | 🗆 | 🗆 | 🗆 |

Session Type: Permanent Casual Short Stay

CULTURAL CONSIDERATION
*Education and Care Services National Regulations - Regulation 160 (f, g, h)*

|  |  |
| --- | --- |
| Language spoken at home: |  |
| Religion: |  |
| Is the Child of Aboriginal or? Torres Strait Islander Descent?  | Yes / No |

MEDICAL INFORMATION
*Education and Care Services National Regulations - Regulation 160 (3a, I, j)*

|  |  |
| --- | --- |
| Medicare Number: |  |
| Medicare Expiry Date: |  | Number of children on card: |  |
| Please outline any dietary restrictions or considerations e.g. like and dislikes. (Details of allergies etc. will be requested in the Medical section of the form): |  |

**Child’s Registered Medical Practitioner or Service Details:**

|  |  |
| --- | --- |
| Service Name: |  |
| Practitioner’s Name: |  |
| Contact Numbers: |  |
| Address:  |  |

|  |  |
| --- | --- |
| Private Health Cover (Please Circle): |  Yes / No |
| Private Health Fund Name: |  |
| Private Health Care Membership Number: |  |
| Ambulance Cover: | Yes / No |
| Ambulance Cover Number: |  |

|  |  |
| --- | --- |
| Does the child have any specific health care needs or conditions, including allergies or anaphylaxis or asthma?*(Please Circle)* | Yes / No If yes, please provide a medical management plan, which the child’s medical practitioner has prepared. The Plan should include:* A photo of the child
* If relevant, state what triggers the medical condition, allergy or anaphylaxis
* First aid needed
* Contact details of the doctor who signed the plan
* When the Plan should be reviewed.
 |
| Does the child have any dietary restrictions? (Please Circle) | Yes / No  (*If yes, please attach relevant details.*) | Attached |
|  |
| Parent/GuardianSignature: |  |
|  |

DEVELOPMENTAL INFORMATION

|  |  |
| --- | --- |
| Please provide us with any other information we should know about your child *(For example, additional learning and support needs, information about the child’s wellbeing, physical comfort or personal needs, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)* |  |

PRIMARY PARENT
*Education and Care Services National Regulations - Regulation 160 (3b)*

|  |  |
| --- | --- |
| Parent Name: |  |
| Address: |  |
| Phone Number/s: | (M)(W) |
| Parent Date of Birth:  |  |
| Email address:  |  |
| Relationship to child: |  |
| Parent Centrelink Reference Number (CRN): |  |
| Occupation: |  |
| Place of employment: |  |

SECONDARY PARENT

|  |  |
| --- | --- |
| Parent Name: |  |
| Address: |  |
| Phone Number/s: | (M)(W) |
| Parent Date of Birth:  |  |
| Email address:  |  |
| Relationship to child: |  |
| Parent Centrelink Reference Number (CRN): |  |

EMERGENCY CONTACT
*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)*

|  |
| --- |
| There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child. **Please obtain the person’s consent before listing them as an emergency contact** |
| Person 3: Full Name: |  |
| Relationship to child: |  |
| Address: |  |
| Phone Number: | (M) |
| Person 4: Full Name: |  |
| Relationship to child: |  |
| Address: |  |
| Phone Number: | (M) |
| Can these people be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature: |  |
| Can these people be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature: |  |
| Can this person be contacted to give consent to the transportation of the child by an ambulance service? | Yes/No | Parent 1 Signature: |  |
| Can this person give authorisation for the Service to take the child on regular outings? | Yes/No | Parent 1 Signature: |  |

COURT ORDER
*Education and Care Services National Regulations - Regulation 160 (3c, d)*

|  |  |  |
| --- | --- | --- |
| 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? | Yes/NoIf yes, please provide all relevant documentation and paperwork | Attached |
|  |

 **Please note that without this documentation we cannot legally enforce the Order/s.**

If you need assistance with filling out this form, please speak to the Director who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

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 tick the following items to authorise:

HEALTH & SAFETY:

|  |  |  |
| --- | --- | --- |
| I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service) | YES | NO |
| Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter own) - Cancer Council - Kids Sunscreen SPF 50+ | YES | NO |
| Have Band-Aids or sticking plasters applied when necessary | YES | NO |
| Have staff apply Insect Repellent - Off Insect Repellent Spray | YES | NO |

PHOTOGRAPHY & VIDEO:

|  |  |  |
| --- | --- | --- |
| For photos/video footage of my/our child to be used in Learning Stories, or at a later date for local marketing and promotional purposes | YES | NO |
| For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation’s resources  | YES | NO |
| Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies | YES | NO |

Please tick box to confirm you have read each point:

* I agree to inform the Service in writing immediately of any changes to the above information.
* I agree to keep my fees paid up to date and understand that my child’s position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays, unless cancelled with a weeks’ notice. All payments must be made weekly via bank transfer or Ezidebit.
* I am aware that any default by me for the payment of outstanding accounts may result in debt collection action. I agree to pay all costs associated with this action including debt collection agency and legal fees as charged to In 2 Learning Gippsland.
* If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Educators to collect my child.
* I agree to pay a late fee of $15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Educators have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival.
* I agree to giving one weeks written notice to withdraw my child or reduce booked days
* I give permission for prescribed medication to be administered by Service Nominated Supervisor staff upon my authorisation on the Service’s medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service’s policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.
* I give permission for my child to be observed by the Educators of the Service. I am aware that confidentiality is always respected.
* I give permission for my child to be involved with leisure activities
* I have read the Parent Handbook and am familiar with the Service’s Policy Manual located at the service. I agree to follow, support and abide by these Policies and am aware that educators are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a educator or anonymously in the suggestion box. I acknowledge by signing this form I understand and accept the Centre Policies and Procedures.
* I acknowledge all information I have provided on this form is true and correct and that I have provided Centrelink with this information. I am aware it is my responsibility to advise In 2 Learning Gippsland and Centrelink immediately of any change in the above information.
* I, or someone I know has a skill they could share with the children.

Signed: Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name:

 **Privacy Disclaimer**

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for 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 personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

**Family Induction into Service:**
Date: Completed by:

**Discussion Points**

The child’s individual needs (including their likes and dislikes)

Strategies to help the child settle into the centre

* Any allergies and emergency plans for the child
* The centre’s expectations regarding the child’s behaviour while at the centre
* The families’ involvement at the service
* The routines of the service
* Families – Handbook, Policies & Procedures
* Accounts processes
* Service Contacts

Notes:

|  |
| --- |
| OFFICE USE ONLY |
| Date Entered: | Entered By: |