

Enrolment Form

for Children
aged 2-5 years



putting children first
learning through play



Enrolment Form

1. About Your Child

Child's Name _____
Gender _____
D.O.B. _____ Child's CRN _____
Residential Address _____
_____ Postcode _____

2. Child Care Benefit Information

Child's Centrelink Reference Number (CRN) _____
Mother's Centrelink Reference Number (CRN) _____
Father's Centrelink Reference Number (CRN) _____
Name and Date of birth (DOB) of parent claiming Child Care Benefit
Name _____ DOB ____/____/____
Numbers of children currently attending another child care service _____
Names and DOB of siblings attending another centre or OSHC program

3. Days and Times Required for Your Child

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time					
Departure time					

Proposed start date ____/____/____

4. Parents/Guardians Information

Parent/Guardian 1

Title: Mr Miss Mrs Ms Dr
Given names _____
Surname _____ DOB ____/____/____
Your current address _____
_____ State _____ Postcode _____
Home Phone _____ Work Phone _____
Mobile _____
Email Address _____
Occupation _____
Full time Part time Other
Employer _____
Employer address _____
_____ State _____ Postcode _____
Country of Birth _____
Family status: Married De Facto Divorced Separated Single
In which Local Government Area (LGA) does your child live? _____

Parent/Guardian 2

Title: Mr Miss Mrs Ms Dr
Given names _____
Surname _____ DOB ____/____/____
Your current address _____
_____ State _____ Postcode _____
Home Phone _____ Work Phone _____
Mobile _____
Email Address _____
Occupation _____
Full time Part time Other
Employer _____
Employer address _____
_____ State _____ Postcode _____
Country of Birth _____
Family status: Married De Facto Divorced Separated Single
In which Local Government Area (LGA) does your child live? _____

5. Family Information

Place of child in the Family _____
Names of any siblings _____

Have there been any stresses in the family, which may have affected your child?
(e.g. divorce, separation, illnesses of parent or child/children, contact with child
protection services, problems with other children in the family).
If you wish please comment

Have any orders been made by any court regarding your child?

Yes No

If yes, please provide the following:

[Where applicable]

Details of Parenting Order/ Residence Order/ Contact Order/ Maintenance Order/
Specific Issues Order.

Enrolling Parent/s Initials _____

Please attach copies of relevant court forms, documentation.

While we are mindful of your child and families confidentiality, there may be
details we need to discuss, particularly pertaining to authorisations and
permissions. Please discuss any issues that might be relevant to the day-to-day
care of your child with the Director.

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6. Medical Information

Name of Child's Doctor _____

Doctor's full address _____

_____ State _____ Postcode _____

Doctor's phone number _____

Name of Child's Dentist _____

Dentist's full address _____

_____ State _____ Postcode _____

Dentist's phone number _____

Medicare Number _____

Name of Private Health Insurer _____

Does your child suffer from any known allergies? Yes No

(If yes, please specify) _____

If your child is Anaphylactic, please see the Director for an Allergy Plan

If your child has Asthma, please see the Director for an Asthma Plan

7. Immunisation Records

You are required to supply us with a copy of your child's up to date immunisation records. I/We have provided the centre with a copy of these records:

Yes No

Please sign the following declaration if you have chosen NOT to have your child vaccinated

I/We have chosen NOT to have my child vaccinated and understand that my child will be excluded for the prescribed period as advised by the Public Health Officer during an outbreak of vaccine preventable diseases at the centre and I/We understand that fees will still be payable.

Name _____

Signature _____ Date ____/____/____

8. Special Needs

Has your child been diagnosed with a medical condition, specific difficulties or disabilities? Yes No (If yes, please describe)

Please ask the Director or your child's educator for our Medication Policy and Consent Forms if your child needs to be given medication whilst at the Centre. If your child is accessing any specialist care, it may be useful for the Centre to have access to this information. Please see the Director to complete a 'Consent to Release/ Obtain Information' form to ensure consistent and appropriate care for your child.

9. Emergency Contact Information

Please provide 3 emergency contacts. If you are unable to provide 3, please speak to the Director.

Please note the following applies to Emergency Contacts:

1. Only the people noted below may pick up your child unless otherwise arranged.
2. These people are required to produce photo identification when picking up your child at their first visit to the centre and subsequently by staff request.
3. No person under the age of 18 years will be allowed to drop off or pick up your child unless he/she has recognised Carer Status by the Australian Government. In this case, please provide a copy of the appropriate documentation.
4. In an emergency, and/or if your child is not collected at closing time, the centre staff will contact the emergency contacts.

Contact 1

Name _____

Relationship to Child _____

Address _____

_____ State _____ Postcode _____

Home Phone _____ Work Phone _____

Mobile _____

Email Address _____

Other helpful details _____

Contact 2

Name _____

Relationship to child _____

Address _____

_____ State _____ Postcode _____

Home Phone _____ Work Phone _____

Mobile _____

Email Address _____

Other helpful details _____

Contact 3

Name _____

Relationship to child _____

Address _____

_____ State _____ Postcode _____

Home Phone _____ Work Phone _____

Mobile _____

Email Address _____

Other helpful details _____

I authorise the above named people as emergency contacts and have notified each nominated person of their requirements in the event they are called upon to collect my child.

Name _____ Signature _____

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10. Family Background

Country of birth _____

Is your child of Aboriginal, Torres Strait Island or Australian South Sea Island origin? Yes No

Is your child of a culturally or linguistically diverse background? (Please specify)

What is the main language spoken at home?

Are there any cultural or religious practices you wish to be included in the centre routines? Yes No (please specify)

Has your child attended a childcare setting before? Yes No

Will your child attend another childcare service while at this centre?

Yes No

Where and how often? _____

11. Information to help us plan for your child

We believe that it is important for parents and guardians to contribute towards the curriculum and program development. To do this, we ask you to complete the following questions. All your comments and information about your child are valued and appreciated. We will use them to help us tailor our curriculum and program to your child's needs.

My child likes _____

My child learns best when _____

My child's favourite outdoor activities include _____

My child's favourite indoor activities include _____

Any other comments _____

12. Parental Consents

Child's Name _____

Name of consenting Parent or Guardian _____

Medical

Please Note: If your child becomes ill during the day we will contact you immediately. Should your child develop a high temperature that continues to rise and you or your emergency contacts cannot be reached, it may become necessary to call an ambulance. If an ambulance is called, a staff member will accompany your child to hospital and a continued effort will be made to contact you and your emergency contacts.

Signature _____ Date ____/____/____

- Parents/Guardians will be responsible for the full payment of any costs incurred for transportation or treatment relating to any illness or injury relating to their child while at the Centre.
- Any medical or hospital fee reasonably incurred by a member of staff from the Centre, on behalf of your child, will be recovered from the parent as a debt.

I/We hereby consent to the Director of his/her designated representative, engaging the services of a Doctor, Dentist or Ambulance in any emergency for my/our child.

If I cannot be contacted, I accept that the emergency service would be the closest hospital or Doctor.

Signature _____ Date ____/____/____

Excursions

I/We hereby consent to the Director and/or members of his/her staff escorting my/our child on walks or local expeditions outside the boundaries of the centre grounds on such occasions, as the Director shall decide. (Excursions requiring transport will require individual parent permission forms to be signed prior to the excursion.) I understand that staff will notify me in writing prior to these excursions taking place.

Signature _____ Date ____/____/____

Photographs

Farrar Early Learning Centre is committed to the Early Years Learning Framework and educational planning for all children in its care. Our process of documentation develops a Child Portfolio and uses digital media. This documentation will be available to you on request. I/We give permission for my child's name and/ or photo to be used for in centre displays and program documentation.

Signature _____ Date ____/____/____

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12. Parental Consents (continued)

Media

I/We give my consent for a Farrar Early Learning Centre representative to photograph my child/myself. I/We agree and acknowledge that any and all copyright and other rights to any photographs of my child/myself shall be owned by Farrar Early Learning Centre. I also give my consent for Farrar Early Learning Centre to use photograph/s of my child/myself in their promotional material. In doing so, I acknowledge and agree that Farrar Early Learning Centre does not need to submit to me any promotional material containing a photograph of my child/myself for approval before the publication of that promotional material. If signing this form on behalf of a child, I/We warrant that I am/are the parent or guardian of the below named child and have the authority to grant the above consents.

Signature _____ Date ____/____/____

Fees

I/We agree to pay a weekly fee for my/our child's attendance, one (1) week in advance. I/We understand that I/We must still pay fees when my child is absent from the centre or not attending an excursion this includes days off for sickness, holidays and public holidays. I/We agree to give two weeks' notice before my/our child leaves the centre.

Signature _____ Date ____/____/____

Ointments, Creams and Applications

The Centre regularly provides band-aids/other wound treatments for minor wounds and abrasions. Please advise if your child is allergic to, or cannot use any brands. (Please include sunscreens, creams, band-aids and other wound treatments) and other applications:

Product	Brand	Applied for

Signature _____ Date ____/____/____

Please note that all medications (including over the counter medications) must be in their original packaging and be labelled with medical instructions from a medical practitioner/chemist in order to be administered at the centre. These products must have been applied to the child on more than three occasions without incident.

You will be asked to complete a 'Authority to Administer Medication' and supply a copy of the medical advice. Please speak to the Director for further details.

13. Consent Form and Declaration

In completing and signing this form, I/We understand and consent to the following arrangements:

- Farrar Early Learning Centre will collect some information about my family and my child. Most information will be provided by myself via the enrolment process. Some information may be provided by government departments or other agencies. Information collected from external sources will be checked with me to ensure it is correct.
- Some of the information collected may be health information about my child, which Farrar ELC will handle with due care. All information will be used to assist my child at Farrar Early Learning Centre.
- Some information may be given to other organisations (such as government agencies), as required or authorised by law.
- During my child's attendance at Farrar ELC, I may want, or be offered, other services by Farrar ELC. If this happens, I consent to relevant information being given to other Farrar ELC staff so that they can assess my needs.
- I have viewed Farrar ELC and consent to progressing to enrolling my child in the service.
- I acknowledge having received and read the Parent Handbook and I understand any changes to such will be displayed within the centre.
- I agree to comply with all government requirements in relation to the centre and its services.
- I am aware that if I fail to pay the fees, any Child Care Benefit payable will be cancelled and I will become responsible of the total amount of fees.
- I am aware that a system of payments for late departures operates at the centre to cover overtime payments due to staff.
- I am aware that my child will be excluded from care at the centre if he/she has contracted a contagious disease or condition. I understand that my child will be accepted back into the centre upon provision of a 'clearance certificate' for my child from a medical practitioner.
- The centre reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of the centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.

Name (Parent or Guardian) _____

Signature _____ Date ____/____/____

Witness Name _____

Signature _____ Date ____/____/____

Declaration

I/We _____

herby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at Farrar Early Learning Centre.

Signature _____ Date ____/____/____

Signature _____ Date ____/____/____

Enrolment Form



Palmerston Health Precinct
3 Gurd Steet, Farrar NT 0830
Phone: (08) 8932 8472
Email: farrarelc@childaustralia.org.au
Website: www.childaustralia.org.au
ABN 34 140 640 580

This section is for office use only

Child's Name _____

Date of Birth _____

Starting Date ____/____/20____

Days Attending Monday Tuesday Wednesday Thursday Friday

Birth Certificate Sighted Yes No

Birth Certificate Copied Yes No

Immunisation Copied Yes No

CCB Yes No

Number of siblings claiming CCB in care _____

Child's Centrelink Reference Number (CRN) provided Yes No

Mother's Centrelink Reference Number (CRN) provided Yes No

Father's Centrelink Reference Number (CRN) provided Yes No

Enrolling parents DOB Yes No

Phone Contact provided Yes No

Emergency Contact provided Yes No

Email Address provided Yes No

Copy of immunisation records provided Yes No

Parental Consent Section signed Yes No

Consent Form and Declaration signed and witnessed Yes No

Checked by

Name _____

Signature _____ Date ____/____/____



Enrolment Appendix 2

To be completed for children aged 2 to 5 years

Child's Name: _____

DOB: _____

1. Eating

Is your child a fussy eater? Yes No

Does your child have any difficulty chewing foods? Yes No

If yes, please provide details: _____

Does your child have any food restrictions or food intolerance? Please describe

Does your child have any cultural or religious food requirements?

If so, please provide details _____

2. Toileting

Bladder Trained Yes No

Bowel Trained Yes No

Requires nappy at rest time Yes No

Uses potty at home Yes No

Uses toilet Yes No

Can use toilet independently Yes No

Needs assistance to use toilet Yes No

Details _____

Brand and type of nappies _____

Any special words you use about toileting? _____

3. Mobility

Walks with assistance Yes No

Walks alone Yes No

Climbs Yes No

Runs Yes No

Wheelchair or other mobility aids Yes No

If your child requires mobility aids, please provide details:

Are there any mobility issues that you are concerned about?

4. Behaviour & disposition

Please tell us about your child's behaviour by circling the appropriate statements

Are they usually:

Even tempered Affectionate Able to make their needs known Quiet/Shy

Active and on the move Can be irritable Other (Please describe):

Is there any particular behaviour you are concerned about?

Please provide details of how you have successfully guided this behaviour at

home _____

Enrolment Appendix 2

To be completed for children aged 2 to 5 years

5. Speech

Single words Yes No

Short phrases or sentences Yes No

Are you concerned about your child's speech? (If yes, please describe) _____

Do you feel that this issue is: Mild Moderate Severe

Have you sought assistance? Yes No

Who have you sought assistance from? _____

Is your child receiving ongoing treatment? Yes No

Please describe details regarding the frequency of treatment:

6. Hearing

Normal Hearing Yes No

Hearing difficulties Yes No

Please describe any hearing difficulties including, aids or assistance your child is using/receiving and how you like it to be managed at our Centre. _____

7. Vision

Please circle the appropriate answers:

Normal vision Partially sighted Glasses needed Other treatment

Please provide details _____

8. Sleeping

Does your child have a day sleep? If so, for how long and at what time/s of the day? _____

Can you describe your child's routine for having a day sleep? e.g. milk before bed, special words used. Please provide details _____

Does your child have a comforter? e.g. thumb, rug, blanket, special toy, etc?

9. Partnerships in Learning

In your own words please answer the following questions

What are your child's interests? _____

What are your child's strengths? _____

What are you hoping for your child? _____

Parent/Guardian name _____

Signature _____ Date ____/____/____

Educator's name _____

Signature _____ Date ____/____/____