



## CHILD ENROLMENT FORM

**CONFIDENTIAL (FOR OFFICE USE ONLY):**

BONDS:	CCB REGISTERED:
IMM RECEIVED:	24/50:
START DATE:	BIRTH CERTIFICATE:

**DAYS REQUIRED (PLEASE CIRCLE):**

MONDAY     
  TUESDAY     
  WEDNESDAY     
  THURSDAY     
  FRIDAY

**CHILD DETAILS**

Child's surname:		Date of birth:	
Given name(s):		Gender:    M / F	
Former name/s: Any other names in which child is known by:			
Address:		Home phone number:	
Suburb:	Postcode:	Position in family (eg. 1 <sup>st</sup> child):	
Place of birth:	Please provide a copy of your child's birth certificate for centre files.		
Original sighted by Nominated Supervisor: (please circle):			
			YES / NO
CRN:	Is your child of Aboriginal or Torres Strait Islander Origin? YES / NO		

**PARENT 1 /GUARDIAN DETAILS**

Surname:		Date of Birth:
Given name(s):		Home phone number:
Former name/s: Any other names in which mother is known by:		
Address:		Work phone number:
Suburb:	Postcode:	Mobile phone number:
Place of employment:	Email address:	
CRN:		

**PARENT 2/GUARDIAN DETAILS**

Surname:		Date of Birth:
Given name(s):		Home phone number:
Former name/s: Any other names in which father is known by:		
Address:		Work phone number:
Suburb:	Postcode:	Mobile phone number:
Place of employment:	Email address:	
CRN:		

**FAMILY DETAILS**

Medicare number:	Private health insurer: YES/NO
Ambulance Cover: YES/NO	Fund & Number:
Child's Ethnicity/Cultural Identity:	Child's Cultural/Religious Customs:
Family Profile/Marital Status:	Language spoken at home:
Child's Siblings:	
Name: _____ D.O.B: _____	
Name: _____ D.O.B: _____	
Name: _____ D.O.B: _____	
Other people living at home:	
Name: _____ Relationship to Child: _____	
Name: _____ Relationship to child: _____	

**EMERGENCY CONTACTS - other than the Parents / Guardian listed on page 2**

In case of illness or medical emergency, please list telephone numbers of two emergency contacts we could contact if we are unable to contact either parent/guardian.

<u>Person one:</u> Surname:		Home phone number:
Given name(s):		Work phone number:
Address:		Mobile phone number:
Suburb:	Postcode:	Relationship to child:
<u>Person two:</u> Surname:		Home phone number:
Given name(s):		Work phone number:
Address:		Mobile phone number:
Suburb:	Postcode:	Relationship to child:

**AUTHORITY TO COLLECT - other than the Parents / Guardian listed on page 2**

I hereby give permission for my child to be collected from or returned to the centre by either of the following persons. I shall advise the centre whenever my child is to be collected by one of these people.

<u>Person one:</u> Surname:		Home phone number:
Given name(s):		Work phone number:
Address:		Mobile phone number:
Suburb:	Postcode:	Relationship to child:
<u>Person two:</u> Surname:		Home phone number:
Given name(s):		Work phone number:
Address:		Mobile phone number:
Suburb:	Postcode:	Relationship to child:

## CUSTODIAL ORDER

The centre must be informed of any court order affecting the custody or residence of or access to the child. A copy must be on file to enable court orders to be enforced.

Is there any custodial order relating to the child?

(Please circle) Yes / No

Please provide a copy.

Date of issue:

Custodial surname:

Home phone number:

Custodial given name(s):

Work phone number:

What are the conditions of order:

Person(s) denied access and not to collect child:

Name(s):

## INTERVENTION SERVICE

If enrolled with an intervention service, please give details:

Service:

Frequency of attendance:

Contact person:

Phone number:

I give permission for the Nominated Supervisor to liaise with the Intervention Service in order to provide the most beneficial program for my child. I understand that she/he will notify me of such contacts as they occur.

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

## FEE PAYMENT

I acknowledge that a daily fee is payable for each day in which my child is enrolled and is payable for the reservation of the place not the attendance of my child, in accordance with the centres fee policy. I agree to give 4 weeks (28 days) written notice of my intention to withdraw my child from the centre and agree to pay all monies outstanding prior to the withdrawal of my child.

I understand that fees are payable for public holidays which fall on days my child is enrolled. I understand fees charged may change during the time in which my child is enrolled in care.

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

**MEDICAL HISTORY**

In my absence, should my child suffer any illness or injury whilst in care at the service, the Nominated Supervisor shall be entitled to seek and provide such urgent medical, dental or hospital treatment or ambulance service or assistance from the person or body nominated hereunder as deemed necessary for my child. I agree to pay all costs associated with such treatment.

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

<b>FAMILY PHYSICIAN</b>	<b>CHILD'S PAEDIATRICIAN</b>
Name:	Name:
Street:	Street:
Suburb:	Suburb:
Postcode:	Postcode:
Phone number:	Phone number:
<b>FAMILY DENTIST</b>	<b>NOMINATED PERSON OR BODY</b>
Name:	Name:
Street:	Street:
Suburb:	Suburb:
Postcode:	Postcode:
Phone number:	Phone number:
Allergies: Yes / No (Please Circle)	
If Yes please outline below the allergy below:	
Is your child on any allergy action plan (e.g. anaphylaxis action plan) Yes / No (Please Circle)	
Is yes a copy of this plan must be provided as part of this enrolment form.	
Dietary restrictions:	
Additional needs – including any special requirement relating to your child's culture, religion or ability (please state):	
Other relevant medical information:	

## IMMUNISATION DETAILS

Are your child's immunisations up to date? Yes/No (please circle)

Please attach one or more of the following documents:

- A current Australian Childhood Immunisation Record (ACIR) Statement
- A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule
- An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor

ACIR Immunisation History and Exemption forms are available on the Department of Human Services website <http://www.humanservices.gov.au/> The ACIR can be contacted on 1800 653 809 or email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)

\_\_\_\_\_  
Parent 1/Guardian

\_\_\_\_\_  
Parent 2/Guardian

## TERMS AND CONDITIONS

1. In signing the Enrolment Form I hereby state that I am the person with the care, custody and control of the child whose name appears on the Enrolment Form.
2. I have read the parent handbook and I agree to abide by the centres policies and procedures.
3. I acknowledge that the service warrants that it will at all times and to the best of its ability use all reasonable care, concern and control in respect of caring for my child, but I acknowledge the inherent and unforeseeable dangers and difficulties in providing childcare facilities for children.
4. I authorise the service to take all and any such action as it may consider necessary, appropriate and in the best interests of my child in all circumstances to protect my child and/or any other children at the service.
5. I understand and accept that should the Nominated Supervisor consider my child contagious or too ill to attend the centre that this decision be regarded as final and my child will be collected promptly from the centre.
6. I understand and accept that should my child have a contagious illness, I will not return my child to the centre until the duration of the centre clearance period or until a medical certificate is issued by a qualified and registered medical practitioner.
7. I understand and accept that should my child not be immunised and there is an outbreak in the centre of a vaccine-preventable disease, that he/she may be excluded from attendance by order of the NSW Department of Health.
8. In the event that my child's temperature is at or above 38°C and the service is unable to contact the parents, guardians or emergency contacts listed on the Enrolment Form, I hereby grant permission to give one (1) only dose of paracetamol at the appropriate dosage indicated on the medication. **YES/NO** (please circle)
9. In the event that we are unable to contact the parent(s) to authorise the administration of paracetamol / medication as outlined in the above (number 8) agreement I understand that our emergency contacts as listed on page 4 of this enrolment form will be contacted and they are allowed to authorise the administration of medication. **YES/NO** (please circle)
10. Following the recommendations of the Cancer Council, I consent that educators at the centre can apply an SPF30+ sunscreen to all unprotected areas of skin on my child as per the services sun policy. **YES/NO** (please circle)
11. I give consent for educators to apply non-prescription insect repellent, nappy rash cream, moisturiser and/or teething gel as they deem necessary. **YES/NO** (please circle)
12. In the event of any illness or injury to my child I hereby authorise the service to seek urgent:
  - a) medical or dental treatment from either the doctor or dentist nominated on this Enrolment Form (or another doctor or dentist) or hospital treatment or ambulance service, or
  - (b) assistance from some other person or body nominated by the parent or emergency contact listed on this Enrolment Form,if, in the opinion of the service, it is necessary to do so PROVIDED THAT the Nominated Supervisor shall inform me as soon as possible in all circumstances of the illness or injury to my child.
13. I consent to my child being photographed and his/her first name being used for the following purposes: centre programming (for display in the centre), group or individual records and newsletters. **YES/NO** (please circle)
14. I consent to first aid being administered by an educator who is the holder of a current first aid certificate or is a registered nurse.
15. I consent for my child to participate in community promotion and advertising e.g.



photographs, newspapers, television, photos to be displayed on centre website or used for social media sites such as Facebook **YES/NO** (please circle)

16. I give permission for the centre to video record my child which may be used at parent events **YES/NO** (please circle)
17. I give consent for my child to be included in the recording of all Department of Education and Communities visits as per our centre policy **YES/NO** (please circle)
18. I understand and accept that the Nominated Supervisor or other designated educators can only administer medication to my child if the medication has been authorised by one or other of the parents and a qualified and registered medical practitioner and if the details of the medication and its administration have been accurately recorded in the Medication Authorisation Form.
19. I hereby agree to reimburse the service against any charges, costs or expenses incurred by them in obtaining such medical or hospital treatment as is referred to above.
20. I warrant that the information I have provided on the Enrolment Form to the service with respect to my child is, to the best of my knowledge and ability, true and correct in every respect. I have not withheld any information about the needs or health of my child.
21. In the event of my failure to make fee payments I acknowledge that the service shall be at liberty to terminate forthwith the provision of childcare facilities and/or services for my child. I understand that if my fees are not paid, my account and details will be passed on to a debt collection agency.
22. I acknowledge that the service charges for public holidays and when my child is absent for any reason.
23. I agree that I shall give not less than 4 weeks written notice of my intention to withdraw my child from care. If I give less than 4 weeks written notice I shall still be obliged to pay an amount equivalent to 4 weeks of childcare fees.
24. I acknowledge that once I have paid the bond that a position has been held for my child. If I withdraw my child before their commencement date, there will be \$100 administration fee that will be retained per child and the remainder of the bond will be reimbursed. **YES/ NO**
25. I acknowledge that we will be provided with one swipe card per family during our enrolment. If I would like another swipe card, they can be purchased at \$30 which will be refunded upon its return. If a swipe card is lost and/or not returned, I understand that I will be charged \$30. **YES/ NO**
26. I agree that I shall neither procure nor obtain nor attempt to procure or obtain the services of any educator as an individual and not as an employee of our centre.
27. In this agreement the reference to an employee of the service shall include any educators whether casual, part time or full time who indicates or represents himself/herself to be an employee of our service.
28. I understand that our centre can choose not to accept my child into care if these agreed terms are not met or if our service believes they are unable to adequately care for my child due to any special needs, medical or behavioural problems.
29. I understand that our service will maintain the confidentiality of my child's address, telephone number, medical details and developmental records. I also understand that any information provided via the various communication charts such as sign in/out, medication, day sheets, etc. is usually on display at the centre and therefore does not remain confidential.

**I certify that affixing my signature to this page I have read and understood each of the Terms and Conditions of Enrolment specified above.**

**I agree to abide by each of these Terms and Conditions of Enrolment without reservation or condition.**

**I warrant that the information I have provided overleaf in respect to my child is to the best of my knowledge and ability true and correct in every respect.**

**I undertake to inform the service immediately should there be any change to this information.**

**I acknowledge that I have read and completed all sections on all pages including this one.**

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

# Communication Plan

This communication plan is devised for your child's teacher to assist with developing an individual program to meet their needs and interests.

## CHILD'S DETAILS:

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Start date: \_\_\_\_\_ Room: \_\_\_\_\_

Parent Names: \_\_\_\_\_ / \_\_\_\_\_

Siblings and ages: \_\_\_\_\_

Your child's interests/things he/she likes to talk about: \_\_\_\_\_

\_\_\_\_\_

Any particular strengths/things your child is good at? \_\_\_\_\_

\_\_\_\_\_

Any particular weakness/things your child finds difficult?

\_\_\_\_\_

\_\_\_\_\_

Any pets? Name(s)? \_\_\_\_\_

## CULTURAL BACKGROUND:

Cultural identity: \_\_\_\_\_

Does your family celebrate any cultural festivals? (Please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Any key words or phrases used in this language: (please write the English translation next to them)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CHILD DEVELOPMENT:

At what age did your child: Sit up \_\_\_\_\_ Crawl \_\_\_\_\_

Walk \_\_\_\_\_ Self feed \_\_\_\_\_

Talk \_\_\_\_\_ Self toilet \_\_\_\_\_

How would you generally describe your child when playing at home? (please circle)

Independent

Dependent

Active

Quiet

**FOOD/EATING:**

What is your child's current stage of eating? (please circle)

Needs adult to feed    Manages with fingers only    Learning to feed self  
Feeds self with help    Manages by self

Are there any foods your child cannot eat due to medical or religious reasons? \_\_\_\_\_

Is your child a small or large eater? \_\_\_\_\_

Is there any food your child particularly likes? \_\_\_\_\_

Is there any food your child dislikes? \_\_\_\_\_

Are there any special considerations at meal time(i.e. tools used, slow eater, other):

\_\_\_\_\_  
\_\_\_\_\_

**DRINK:**

Is your child breast fed: YES/NO (please circle)

What type of formula is your child currently feeding on: \_\_\_\_\_

What type of milk does your child drink?: (please circle) Cow's / Soya milk

How does your child drink milk?: (please circle) Bottle / Feeding Cup / Cup

What else does your child drink?: (please circle) Juice / Water

How does your child drink this?: (please circle) Bottle / Straw Cup /Spout Cup/Cup

Comments: \_\_\_\_\_

**SLEEPING:**

Does your child sleep in a cot or on a stretcher? \_\_\_\_\_

What time does your child normally wake in the morning? \_\_\_\_\_

What time does your child normally go to bed at night? \_\_\_\_\_

Does your child normally sleep during the day? (please circle) Y / N

When? \_\_\_\_\_ For how long? \_\_\_\_\_

Does your child have any sleep problems? \_\_\_\_\_

Are there any special routines followed: (i.e. Comforters/ blanket/bottle/ dummy/sleeping position/language used)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TOILETING:**

What is your child's current stage of toileting? (please circle)

Nappies    Training    Training-needs help/reminding    Manages by self

What words/strategies do you use when toileting? \_\_\_\_\_  
\_\_\_\_\_

**SOCIAL BEHAVIOUR:**

Are there any other people with whom your child has close contact, about whom it would be important for us to know? \_\_\_\_\_  
\_\_\_\_\_

Has your child experienced previous daily care other than within the family? (please circle) Y / N Please specify: \_\_\_\_\_  
\_\_\_\_\_

How does your child react to:

- being away from you? \_\_\_\_\_
- other adults? \_\_\_\_\_

Does your child have any specific fears?e.g spiders, thunder etc: \_\_\_\_\_  
\_\_\_\_\_

What does your child find comforting (singing, rocking, toy etc.)? \_\_\_\_\_  
\_\_\_\_\_

Have there been any major changes in your family recently (eg. moving house, separation of parents, new baby, departure of familiar person)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there any problem with child birth? \_\_\_\_\_

Does your child use a dummy? (please circle) Y / N

Does your child hold a cup (if over 1 year)? (please circle) Y / N

Does your child require a special bottle (if under 1 year)? Y / N

Does your child have any special interests? \_\_\_\_\_  
\_\_\_\_\_

Any other relevant information you would like to provide to help educators get to know your child better: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION:**

Please list any childhood diseases/previous illnesses: \_\_\_\_\_

Has your child been hospitalised: \_\_\_\_\_ Length of Stay: \_\_\_\_\_

Childs reaction: \_\_\_\_\_

Medication: Is your child currently using any medication. If so please specify: \_\_\_\_\_

Are there any known side effects from this medication? \_\_\_\_\_

All medication MUST be handed personally to an educator (never to be left in your child's bag) and MUST be in the original container

**Note: Please approach an educator if you require them to administer any prescribed medication. The service has medication charts which parents must sign and write instructions prior to any child being administered medication.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**CHILD EXPERIENCES:**

What areas would you like to assist our centre in? Have you as a parent time to volunteer at the centre? Some ideas are:

- Excursions                      -Cooking Days                      -Story Reading                      -Open Days
- Parent Meetings              -Educational Days              -Feedback                      -Child Activities
- Fundraising

If you would like to be involved in any of these activities please circle, or if you have any suggestions or talents please feel free to note them down for us: \_\_\_\_\_

We would also like to know how you heard about our centre eg. Friends, word of mouth, newspaper, existing parent, brochure, letter drop, posters: \_\_\_\_\_

***On a daily basis I agree:***

- Informal conversation will take place at arrival and departure times
- A daily diary will be written outlining the activities which have taken place, achievements and social interactions
- Sleep details will be recorded, nappy change and meals (0-3yrs) will be recorded.

***On a weekly basis***

- An individual room program will be displayed in my child's room in the parent corner

***On a monthly basis***

- A contribution by parents/carers and educators to my child's individual folder

***On a half yearly basis***

- Parent-educator interviews will take place using information from individual observations/programs and from my child's individual folder

Comments: \_\_\_\_\_

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Parent Signature

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Date

## INDIVIDUAL DAILY ROUTINE (NURSERY ONLY)

To assist educators in meeting your child's individual needs, please complete the following routine form. This will enable us to help your child settle into care.

Approx Time	Routine

**Please note:** We will aim to follow the above routine as much as possible, however please expect some changes in your child's eating and sleeping routine while your child settles into care. Please feel free to call during the day to check on your child's day.



## Privacy Notice

For the purpose of this notice:

**'Personal information'** means any information or opinion about an identified, or reasonably identifiable, individual.

**'Sensitive personal information'** Means any information or opinion about an individual's racial or ethnic origin, political opinion or association, religious beliefs or affiliations, philosophical beliefs, sexual preferences or practices, trade or professional associations and memberships, union membership, criminal record, health or genetic information and biometric information or templates.

The collection of personal information by Naremburn Early Learning Centre is solely for the purposes of assessing your application for a childcare place at Naremburn Early Learning Centre

If the relevant personal information requested in this form is not provided by you, we will be unable to assess your eligibility to access care at our service or your eligibility for any available childcare assistance support or funding that may be, or become, available.

The information that you provide us may be disclosed to relevant National or State based agencies for regulatory or compliance purposes provided the disclosure is consistent with relevant laws, in particular in the *Privacy Act 1988*.

All personal or sensitive information you entrust to us will be used, stored or disposed of as necessary in accordance with the Privacy Principles.

By completing and submitting this form you consent to the collection of all personal information, including sensitive personal information, contained in this form.

Our Privacy Policy includes information about access to and correction of your personal information, a copy of which can be obtained from the services office.

If you need to contact us about your personal information or to make a complaint:

**Telephone:** 9460 6385

**Email:** [director@nareburnelc.com.au](mailto:director@nareburnelc.com.au)

**Privacy Contact Officer:** Cris Romao

**Centre Name:** Naremburn Early Learning Centre

**Address:** 07 Donnelly Rd, (corner with Brook St), Naremburn