

BANORA POINT



EARLY LEARNING
CENTRE

Enrolment Form

Enrolment Form 2022/23

Banora Point Early Learning Centre

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Banora Point NSW 2486

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Open 52 weeks, Monday to Friday
7am - 7pm

CHECKLIST

Please ensure ALL of the following sections in this form are completed and accurate:

- ☐ Child's Details (page 2)
- ☐ Child's Medical and Health Information (pages 2-3)
- ☐ Child's Immunisation Details (page 4)
- ☐ Declaration and Consent to Medical Treatment (page 4)
- ☐ Parent/Guardian Details (page 5)
- ☐ Authorised Nominees and Other People Who Can Collect Your Child (page 6)
- ☐ Admission Agreements and Information Authority (page 7)
- ☐ Payment Requirements, Booking, and CCS (page 8)
- ☐ Privacy and Confidentiality (page 9)

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application or sighted and copied by the Service before submission:

- ☐ Copy of Child's Birth Certificate
- ☐ Immunisation Record
- ☐ Medical Management Plans (if applicable)
- ☐ Custody court orders (if applicable)

OFFICE USE ONLY:

Date entered to Xap: Entered by:

A parent or guardian who has parental responsibilities in relation to the child must complete this form. The Education and Care Services National Regulations 2011 requires an approved provider to keep an enrolment record for each child containing the prescribed information in Regulation 160 to 162. Questions marked with an asterisk* are not required by the Regulations. However, answers you provide to each question will assist the Service in educating and caring for the child.

Application Completed by:
(Parent's Full Name)

Submission Date:
(Date this form was handed in)

Child's Details

Full Name:

Preferred Name: Date Of Birth:

(Please ensure your child's birth certificate/equivalent has been sighted by the nominated supervisor and photocopied)

Country of Birth: Gender:

Residential Address:

Centrelink Customer Reference Number (CRN):

Please note: Parents and children will have their own individual CRN

*Does your child identify as Aboriginal or Torres Strait Islander? (Please Tick)

☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

Cultural Background:

Language Spoken at Home:

Is there anything you would like to share regarding your child's culture, identity, or religion that is important to you?

What are your child's current interests?

OFFICE USE ONLY: Nominated Supervisor's signature to acknowledge we have sighted and copied your child's birth certificate:

Full name: Signature: Date:

Child's Medical & Health Information

General Practitioner (GP) Name:

GP Address:

GP Contact Number:

*Medicare Number: *Expiry Date: *Reference Number:

*Private Health Cover: (Please Tick) ☐ Yes ☐ No

*Private Health Fund Name: *Membership Number:

If your child is diagnosed as AT RISK OF ANAPHYLAXIS, it is a requirement that you must supply an auto-injector such as an Anapen or EpiPen to the Centre while your child is attending.

Has your child been diagnosed as at risk of anaphylaxis?

☐ Yes

☐ No

(If yes, please attach a copy of their Medical Management Plan signed by your GP)

Please provide details: (e.g. list foods/triggers, management strategies, medications)

Does your child have any allergies/intolerances?

☐ Yes

☐ No

(If yes, please attach a copy of their Medical Management Plan signed by your GP)

Please provide details: (e.g. list allergies, management strategy, medications)

Does your child have any medical conditions and needs (e.g. asthma, epilepsy, diabetes) that we should know about?

☐ Yes

☐ No

(If yes, please attach a copy of their Medical Management Plan signed by your GP)

Please provide details: (e.g. list conditions, management strategies, medical information)

Does your child have dietary restrictions (e.g. vegetarian)?

☐ Yes

☐ No

Please provide details:

Does your child have any Additional Needs?

☐ Yes

☐ No

(If yes, please attach a copy of their Medical Management Plan signed by your GP)

Please provide details:

Does your child regularly visit a specialist?

☐ Yes

☐ No

Please provide Specialist details:

Please Note: If you answered yes to any of the above questions, specific policies and procedures may apply to the individual care of your child. The Nominated Supervisor will provide you with the relevant policies and procedures and assist you to complete any documentation required.

Child's Immunisation Details

Are your child's immunisations up to date?

☐ Yes

☐ No

If yes, please provide the details by attaching the Child Immunisation History Statement provided by Medicare

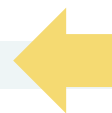
If no, please attach a copy of your child's approved exemption before your child can attend

Please Note: To be eligible for Child Care Subsidy, your child must meet the immunisation requirements if they are under the age of seven.

Please sign if you have provided a copy of your child's immunisation:

Full name:

Signature:



OFFICE USE ONLY: Nominated Supervisor's signature to acknowledge we have sighted and received your child's immunisations:

Full name: Signature: Date:

Declaration and Consent to Medical Treatment

I,

(Please write full name in capital letters)

A person with parental authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake 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 they become unwell at the Service;
- Give consent for educators to administer a single dose of Paracetamol (e.g. Panadol) appropriate to the child's age if they are older than 6 months, have a temperature above 38°C, is in discomfort and/or pain, and educators have attempted to organise someone to collect my child and have exhausted every other option;
- I give permission for prescribed medication to be administered by the Service primary contact 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 and confirm the missing details. I agree to inform educators both verbally and in writing of the need to administer medication for my child. I understand that non-prescription medication will not be administered unless it is accompanied by a current (within 6 months) dated Doctor's Medical Letter stating the name of and reasons for the medication, and only then if the Nominated Supervisor deems the child well enough to attend the Service;
- If my child is diagnosed with Asthma or Anaphylaxis or an emergency occurs, give consent to the Nominated Supervisor or another educator to administer emergency first aid without making contact. In this event, every effort will be made to contact the parent/guardian as soon as possible;
- Consent to the educators of the Service seeking, or where appropriate, administering such emergency medical treatment from a registered medical reactionary, hospital or ambulance service and/or transport by ambulance/approved registered vehicle as is reasonably necessary, and that I will reimburse any necessary expenses incurred by the Service;
- Understand that in an emergency situation or fire drill where evacuation is necessary, that my child may need to leave the premises under the direction and supervision of an educator;
- I have received/read and understood the Centre's Policies and Procedures.



Signature:

Date:

Parent/Guardian Details

Parent/Guardian 1

Full Name:

Preferred Name: Date Of Birth:

Residential Address:

Home Phone Number: Mobile Number:

Email Address:

Relationship to child: Centrelink CRN:

Does the child live with you? (Please Tick) ☐ Yes ☐ No

Occupation:

Place of Employment Address:

Place of Employment Contact Number:

Language spoken:

Cultural Background:

Parent/Guardian 2

Full Name:

Preferred Name: Date Of Birth:

Residential Address:

Home Phone Number: Mobile Number:

Email Address:

Relationship to child: Centrelink CRN:

Does the child live with you? (Please Tick) ☐ Yes ☐ No

Occupation:

Place of Employment Address:

Place of Employment Contact Number:

Language spoken:

Cultural Background:

Additional Information

Are there any custody court orders or parenting plans affecting your child? ☐ Yes ☐ No
(If yes, please provide a copy of all relevant documents)

Are there any court orders relating to your child's residence or contact with a parent of other person? ☐ Yes ☐ No
(If yes, please provide a copy of all relevant documents)

There may be times when the child has an accident, injury, or illness and the parents or guardians cannot be contacted. To deal with these situations, the Service should notify one of the authorised nominees (over the age of 18 years). Please obtain the person's consent before listing them as an Authorised Nominee.

An Authorised Nominee is an acknowledged person who, with the parents'/guardians' authorisation, is allowed to give permission for the following:

- Authorise the taking of the child outside the Service by an educator of the Service;
- Consent to the medical treatment of the child;
- Request or permit the administration of medication to the child;
- Collect the child if necessary.

Authorised Nominees/Emergency Contacts

Person 1

Full Name:

Residential Address:

Home Phone Number: Mobile Number:

Relationship to child:

Person 1

Full Name:

Residential Address:

Home Phone Number: Mobile Number:

Relationship to child:

Parent Full Name: Signature:



Your consent is required for other people (over the age of 18 years) to collect the child from the Service on your behalf. Please list the details of those people who can collect the child below. In the event that the child is not collected from the Service and the parents/guardians cannot be contacted, this list will also be used to arrange someone to collect the child. Persons collecting child other than parent/guardian must provide ID when doing so.

People Who Can Collect My Child

Person 1 *(Leave blank if inapplicable)*

Full Name:

Residential Address:

Home Phone Number: Mobile Number:

Relationship to child:

Person 1 *(Leave blank if inapplicable)*

Full Name:

Residential Address:

Home Phone Number: Mobile Number:

Relationship to child:

Parent Full Name: Signature:



Admission Agreements

Please read the following agreements carefully before signing. Please contact us if there are any meanings in this document that you are unsure of.

HEALTH & SAFETY

Please tick the following to authorise the Service to:

- | | | |
|--|------------------------------|-----------------------------|
| Apply SPF50+ sunscreen on my child prior to sun exposure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Apply bandaids or plasters on my child if necessary | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Apply nappy cream/paste (as requested and supplied by parents) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Apply teething gel (as requested and supplied by parents) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Apply insect repellent (as requested and supplied by parents) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Check my child's hair if there is an outbreak of head lice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child participating in regular emergency drills in line with Centre policies and procedures, which I acknowledge may include my child leaving the Centre premises under supervision of Centre educators | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PHOTOGRAPHY & VIDEO

Please tick the following to authorise the Service to:

- | | | |
|--|------------------------------|-----------------------------|
| Take photos and videos of my child for any reasonable educational and training purposes (i.e. planning, daily sheets) within the Centre (will not leave the Service) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Share photos and videos of my child in Learning Stories, to be shared only with families that attend the Service | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use photos and videos of my child on the Service's website and/or promotional use including social media and advertisements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use photos and videos of my child for student training purposes (which may leave the Service for students to present to lecturers/class for educational purposes) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Parent Full Name:

Signature:

Services Australia can provide your information to someone else in special circumstances where Commonwealth legislation allows or requires or when you give permission.

We may request the following information from Services Australia:

- Details regarding your Child Care Subsidy percentage and its currency
- Your current residential address and phone number

Information Authority

- ☐ I give Services Australia the authority to provide information regarding my Child Care Subsidy Benefit percentage and its current and/or my current residential address and phone number.
- ☐ I have read and understood the Centre policies and procedures and agree to abide by these at all times.

Parent Full Name:

Signature:

Payment Requirements

I understand and agree to:

- Pay full fees until Child Care Subsidy confirmation is received by the Service.
- Keep my fees paid up to date and that my child's place will be withdrawn if my fees are more than two weeks in arrears and no arrangement has been made with the Centre Director.
- Pay for all booked days that my child does not attend due to illness or holidays.
- Provide two weeks notice in writing prior to withdrawing my child or reduce booked days.
- In the event of withdrawal/cancellation, the parent will only be eligible for Child Care Subsidy if the child attends care within the two weeks notice period. Therefore, to avoid full fees, the child must attend the last day of the notice period.
- Pay late pickup fees of \$30 per 15-minute block or part thereof after closing time in the event. In the event that my child is left at the Service for over an hour after closing time and the Service has exhausted all contact options, the Service will notify The Department of Family and Community Services and may be required to take the child to the police station to await your arrival.
- My Debit payment information will be altered to reflect any Child Care Subsidy changes.
- In the case of default, the parent/guardian acknowledges the information obtained in this enrolment form will be forwarded for legal recovery action. All recovery charges will be paid by the defaulted parent/guardian.

Parent Full Name:

Signature:



Booking Details

Please complete the following information regarding the booking you require for your child.

Start Date:

Attendance Days: (Please Tick)

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

Notes/Additional Information:

Year that your child will attend Kindergarten at Primary School:

Please note: Children can start Kindergarten at the beginning of the school year if they turn 5 on or before 31 July that year.

Child Care Subsidy (CCS)

CCS aims to make early learning more affordable and if you are eligible, you can apply for it via your **MyGov** Account.

Please let us know if you are applying for CCS so we can confirm your Complying Written Agreement (CWA). You will then be able to go into your MyGov and confirm your childcare enrolment.

Need help applying? Click here: www.servicesaustralia.gov.au/centrelink-online-account-help-claim-child-care-subsidy

CCS Details

(Please tick what applies)

My CCS has already been approved

☐ Yes

☐ No

I have applied for CCS and the outcome is pending

☐ Yes

☐ No


Privacy & Confidentiality

Banora Point Early Learning Centre will ensure that the information in the child's enrolment record is not divulged to another person unless necessary for the care and education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education & Care Services National Regulations.

I confirm that my details in this enrolment form, as well as the details of my child I am enrolling, are correct.

Parent Full Name:

Signature:



END OF FORM