

Child's Name:

EARLY CHILDHOOD ENROLMENT FORM



Address: 101 Challis Road, Armadale WA 6112

Phone: 94973091

Mobile: 0459 744 965

Email: info@mundarda.com.au

Website: mundarda.com

OFFICE USE:

Date Entered: _____

Entered By: _____

ATTACHED DOCUMENTS CHECKLIST

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

Child's birth certificate	
Immunisation record	
Medical documents (if applicable)	

CHILD DETAILS

Given Name(s)	
Middle name	
Surname	
Name usually called	
Date of birth	
Sex (please circle)	Male/Female
Centrelink Reference Number (CRN) Please note: Parent and child have their own individual CRN number	
Child's home address	
Child lives with	
Child's birth certificate or equivalent has been cited by nominated supervisor/certified supervisor and photocopied	Yes/No
Days of attendance (please circle)	Mon Tues Wed Thurs Fri
Child's start date	

CULTURAL CONSIDERATION

Language spoken at home	
Ethnicity	
Religion	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please circle)	Yes/No
Please outline any cultural practices you would like followed:	
Please outline the Child's religious background and if relevant any religious practices you would like followed:	
Religious celebrations:	

Child's Registered Medical Practitioner or service Details:

Service name:

Practitioner's Name:

Contact Numbers:

Address:

MEDICAL INFORMATION

Medicare Number:

Medicare Expiry date:

Number of child on card:

MEDICAL INFIRMATION CONT..

Private Health Cover (Please Circle):	Yes/No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes/No
Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? (Please Circle)	<p>Yes/No</p> <p>If yes, please provide a medical management plan, which the child’s medical practitioner has prepared. The Plan should include:</p> <ul style="list-style-type: none"> • 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 <p>When the Plan should be reviewed.</p>
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):	<p>Yes/No</p> <p>If yes, please attach relevant details.</p>

MEDICAL INFORMATION CONT..

<p>Medication will only be administered if it is prescribed by a medical practitioner and in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. The label must contain the child’s name and expiry date:</p> <p>Parents must provide any verbal or written instructions provided by the medical practitioner.</p> <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like nappy creams, sun screen must be authorised by parents or an authorised nominee on our “Administration of Authorised Medication” form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	<p>Parent Signature:</p>
<p>Do you authorise the Nominated Supervisor or another educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?</p>	
<p>Do you authorise the Nominated Supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?</p>	

MEDICAL CONT...

Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle)	Yes/No
Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations Regulation 94.</i>	

IMMUNISATION DETAILS

I have chosen not to have my child immunised.	Yes/No Please note: [Approved documentation must be provided before your child can attend – See Immunisation Policy]
Are your child's immunisations up to date?	Yes/No Please provide a copy of your child's: Immunisation History Statement provided by Medicare

PRIMARY PARENT

Parent Name	
Parent Surname	
Address	
Phone Number	(M) (W)
Parent Date of Birth	
Email address:	
Relationship to child	
Parent Centrelink Reference Number (CRN)	
Country of Birth	
Please provide any relevant cultural background details:	
Does the child live with you? (Please circle)	Yes/No
Occupation	
Place of employment:	

SECONDARY PARENT:

Parent Name	
Parent Surname	
Address	
Phone Number	M) (W)
Parent Date of Birth	
Email address:	
Relationship to child	
Parent Centrelink Reference Number (CRN)	
Country of Birth	
Please provide any relevant cultural background details:	
Does the child live with you? (Please circle)	Yes/No
Occupation	
Place of employment:	

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/No If yes, please provide all relevant documentation and paperwork
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork

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

First Emergency Contact

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 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

Full Name:	
Relationship to child:	
Address:	
Phone Number:	
Email address:	
Can this person be contacted to give consent for medical treatment in the event that you cannot be contacted? (Please Circle)	Yes/No
Can this person 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

SECOND EMERGENCY CONTACT

Full Name:	
Relationship to child:	
Address:	
Phone Number:	
Email address:	
Can this person be contacted to give consent for medical treatment in the event that you cannot be contacted? (Please Circle)	Yes/No
Can this person 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

FIRST AUTHORISED NOMINEE

Name:	
Phone Number:	
Relationship to child	
Address:	

SECOND AUTHORISED NOMINEE

Name:	
Phone Number:	
Relationship to child	
Address:	

THIRD AUTHORISED NOMINEE

Name:	
Phone Number:	
Relationship to child	
Address:	

FOURTH AUTHORISED NOMINEE

Name:	
Phone Number:	
Relationship to child	
Address:	

CHILD CARE BENEFIT/CHILD CARE REBATE

If you plan to claim Child Care Benefit (CCB) and/or Child Care Rebate (CCR) please answer the following questions advising how you choose to claim CCB and/or CCR

1) Do you have a child attending this Service who has already attended another approved Child Care Service in the current financial year?

YES NO

2) Do you have a child attending this Service who is also attending another approved Child Care Service?

YES NO

3) Does the child enrolled have a sibling listed on the assessment notice who is attending another approved Long Day Care Centre, Family Day Care Scheme or specialised Outside Hours Care Service?

YES NO

4) Have you completed the required registration with Centrelink advising your child will be attending the service?

YES NO

5) Have you received confirmation of your CCB and/or CCR entitlements?

YES NO

Please Note:

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. If you have other children who attend an approved Vacation Care, you MUST advise in writing of the dates they will be attending to receive multiple child CCB rates during this time. (You also need to advise FAO to ensure this child is listed on your assessment notice).

- 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.

- 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 Service staff 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 Service staff 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. A note will be left detailing the child's whereabouts.

- I agree to giving two weeks written notice to withdraw my child or reduce booked days

- I agree to bring my child to the Service with sunscreen applied and give permission for staff to re-apply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).

- I give permission for prescribed medication to be administered by 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 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 and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.

- I have read the Parent Handbook and am familiar with the Service's Policy Manual located in the foyer and in the office. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I am able to make this suggestion in person to a staff member or anonymously in the suggestion box.

- I am interested in being a part of a Parent Committee that meets occasionally to update policies, etc.

- ,I or someone I know has a skill they could share with the children.

- I give permission for the child to participate in outings to place of interest in close proximity to the centre. e.g. the oval or nature walks to Bob Blackburn Reserve, Challis Road.
- I give permission for our child to participate in regular evacuation drills. I understand that our child will be relocated from the centre under the supervision of their educators and centre staff to a safety zone for evacuation purposes. (Please refer to the centres evacuation Plans and procedures for information).

Signed: _____ Name: _____

Date: ____/____/____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

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.