

ENROLMENT FORM AND AGREEMENT

INFORMATION ABOUT THE ENROLLING CHILD :

CHILD'S DETAILS

Child's full name: _____

Child's preferred name: _____ Medicare number _____

Child's address: _____

Child's gender: **M / F** CRN _____ Birth Certificate supplied **Y / N**

Child's D.O.B: _____ Current Age: _____

Preferred Date of commencement of care: _____

Information about Parents/Guardians of enrolling child:

PARENT/GUARDIAN 1 :

Name: _____

Address: _____

Phone number: _____ (Home) CRN _____

_____ (Work) Occupation _____

_____ (Mobile) Workplace name _____

Email address: _____

D.O.B: _____

Nationality / cultural background: _____

Languages spoken: _____

PARENT/GUARDIAN 2 :

Name: _____

Address: _____

Phone number: _____ (Home) CRN _____

_____ (Work) Occupation _____

_____ (Mobile) Workplace name _____

Email address: _____

D.O.B: _____

Nationality / cultural background: _____

Languages spoken: _____



SPECIAL TALENTS :

Our program is boosted by the special skills and abilities that our parent/guardians have. Any skills (regardless of how inconsequential they seem to you) can complement the program that we offer our children.

I would be interested in giving some time to assist in rooms with special projects. Yes / No

I have a special talent to share; play a musical instrument, speak another language, artistic talent, dance, can build, draft, sew, cook etc? Yes / No

Workplace representative can come along to onsite visits [fireman, dentist, artist, baker] etc Yes / No

Please list:

CENTRE COMMUNICATION:

We are a sustainable business and service and communicate via electronic media ie email. If you want to receive a paper copy of newsletters, memos, notices please advise the Director.

IMPORTANT INFORMATION ABOUT CUSTODY OF YOUR CHILD:

Who has legal custody of the child? _____

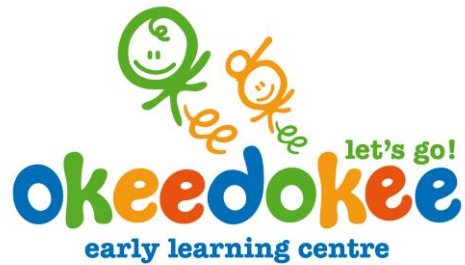
Is there a court ordered parenting order or parenting plan in place for your child?

Yes / No

IF YES: You MUST supply a copy to the centre prior to commencement

Please note: It is the parent's responsibility to ensure that these documents are updated in writing at all times.

Is there any other information about the children's living arrangements that we need to know about: eg shared custody arrangements through the week.



PLEASE TELL US ALL THE IMPORTANT INFORMATION ABOUT YOUR CHILD :

What is your child's cultural background/nationality?

Is child ATSI Descent? *please circle which is applicable*

Aboriginal not TS Islander

TS Islander not Aboriginal

Aboriginal and TIS Islander

Not aboriginal nor TS islander

Does your child have any religious, cultural, dietary or personal beliefs or requirements that necessitate consideration from our centre? Yes / No

Details of any specific healthcare needs of the child, including medical condition, allergies or a diagnosis that the child is at risk of anaphylaxis? Yes / No

Details of any medical management plan, anaphylaxis management plan or risk minimization plan for the child? [Attach a ASCIA action management plan for auto injectors for allergies or medical alerts].

Is your child currently taking a long term medication? Please provide an action plan . Yes / No

Does your child have any additional needs in regards to their development or ability level that we should know about to provide them with the highest standard of care possible, prior to commencing care? Yes / No

Are your child's immunizations up to date? **Yes / No**

Immunization: Supplied / Sighted Approved provider / Nominated supervisor sighted [please circle].

A copy of your child's immunisation records needs to be provided to the centre [or sighted] and updated at all times.

Parents please note: When a vaccine preventable disease is present or suspected at the centre, children who the centre DOES NOT have a complete record of immunisation for may be treated as unimmunised and therefore will be excluded from the centre for the recommended period of time.

This is done to protect the child and to prevent further spreading of the disease.

Child's Doctor: _____

Phone number: _____

Address: _____



Our centre can provide your child with the highest standard of care possible when the centre's care practices are as similar to home as possible. For this reason, please provide the following information:

What are your child's individual needs and preferences in relation to nappy changing and/or toilet training?

Is your child allergic to any nappy hygiene products? Yes / No

Please supply any creams etc with pharmacy label identifying Child's name and medication title on it.

Does your child have any particular food likes or dislikes or needs?

Yes / No

Please outline any hygiene and dental care practices that you use at home that we can use at the centre:

What would you consider to be your main form of behaviour management in the home?

- Time Out Smacking Lose of privileges other, **give details below:**

When your child displays undesirable behaviour, do you:

- React Ignore the child Apply logical consequences Other, **give details below:**

What behaviour management strategies would you like to see used in the centre?



Does your child have routine sleeping and eating times at home or are they given on a demand basis?

Please circle: Routine (What time): _____ / Demand

Please note that for the nursery age group we follow same home routines as close as possible.

Other older age groups follow service routines.

Does your child toilet independently, or do you remind them when it's time to use the toilet?

- Independently Reminded Not applicable

OTHER DETAILS ABOUT YOUR CHILD:

Does your child have any siblings?

Yes / No

Full Name	Gender	Age	School/Child Care

Has your child ever attended child care before?

Yes / No

Is your child attending another Early Childhood Service at the same time as okeedokee?

Yes / No

What will be your child's approximate preference for days and times of attendance?

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick Up					

These are guide times to assist with rostering.

Please note times for kindergarten program.



CHILD CARE BENEFIT :

Eligible hours: **(Please circle)** 50 hours / 24 hours

CRN [see page 1] *It is parents responsibility to provide Customer Reference Numbers prior to enrollment.*

CCB %: Child 1 _____ Child 2 _____ Child 3 _____

Do you have children attending other centres? Yes / No
Centre _____

Has your child used any of their allowable absences for this financial year at any other centre? Yes /
No Number _____

Which one of the four options have you advised the Family Assistance Office (FAO) for receiving your Child care Rebate payment: Please circle one of the following:

1. A lump sum payment to your bank account once a year.
2. Three payments a year to your bank account in October, January and April, with a fourth payment after you have lodged your tax return and the FAO has reconciled your Child Care Benefit (CCB) and CCR entitlement for the year.
3. Fortnightly (and in many cases this may be weekly) payments throughout the year to your own bank account.
4. Fortnightly (and in many cases this may be weekly) payments throughout the year to your service as a fee reduction

IN CASE OF AN EMERGENCY :

While all efforts are taken to prevent illness or injury to your child we reserve the right to seek and/or provide medical and/or emergency treatment for your child if deemed necessary by centre staff.

In the event of an emergency every effort will be made to contact parents/guardians and emergency contacts.

If we are unable to do this staff at the centre will contact Queensland Ambulance for transport and authorise treatment as deemed necessary by medical staff.

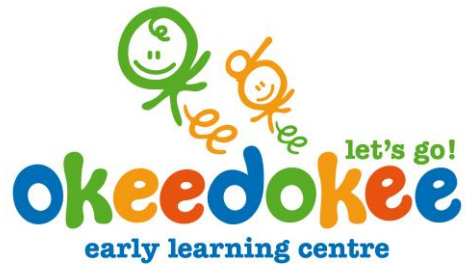
The parents/guardians will be responsible for any costs incurred by this treatment or transportation.

The parent will notify the centre in writing of any restrictions regarding medical treatment of the child.

I _____ authorise the staff of the centre to seek and/or provide medical and/or emergency treatment for my child or children as listed on the front of this application should this be considered necessary and agree to meet all costs incurred by this treatment and or transport.

Signed: _____ Date: _____

Witness: _____ Date: _____



EMERGENCY CONTACTS :

These contacts will be called to collect the child in case of emergency if the centre is unable to contact the parents. By placing the names on this list you understand that you are giving permission to the centre to release your child into the care of these people.

Details	Contact 1	Contact 2	Contact 3
Full Name			
Relationship to child			
Address number and street suburb			
Best telephone contact			
Signature of contact			

Signed: _____ Date: _____

Witness: _____ Date: _____

AUTHORISED COLLECTORS OF YOUR CHILD :

I give permission for the persons listed below and my emergency contacts to drop off and collect my child listed on this application. I further agree to keep the centre updated in writing of any changes to these contacts.

I understand that in keeping with the Education and Care Services National Law Act 2010 and Education and Care Services National Regulations 2011 my child will not be released into the care of a person under the age of 18 years, any person not listed on this form as a parent, emergency contact or authorised collector I understand that non custodial parents (as determined by a current court order only) will not be given access to the children.

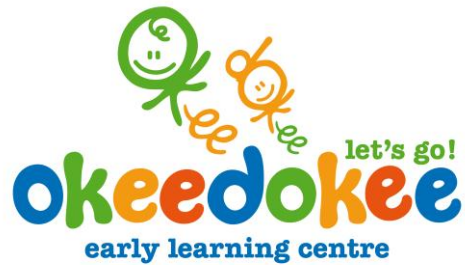
Details	Contact 1	Contact 2	Contact 3
Full Name			
Relationship to child			
Address number and street suburb			
Best telephone contact			
Signature of contact			

All collectors must be aware that they collect the child by close of business. Failure to do so will result in a late collection fee of \$1 per minute.

Signed: _____ Date: _____

Witness: _____ Date: _____

Please note: that unfamiliar authorized collectors and emergency contacts of the child will be required to present photographic ID such as a Drivers License, 18+ card, Senior's Card or passport before being granted access to the child.



ENROLMENT AGREEMENT :

I understand and agree to the following information in regards to:

Fees and attendance

- All fees must be paid one week in advance at all times to secure my placement.
- I agree that two weeks notice is required to reduce bookings in writing.
- Cancellation of care must be in writing to the Director and a 2 week notice period given or fees for 2 weeks fees will be forfeited.
- I understand and agree to abide by the fee policy including payment for days sick and absent [including public holidays and family holidays] and any late fees resulting from late collection.
- I understand the importance of signing the attendance book and agree to do so on each day of my child's booked attendance. I understand that failure to sign in and out correctly will result in full fees being payable without Child Care Benefit reductions.

Illness and medication

- I agree to keep my child away from the centre when she/he is suffering from an infectious disease or condition as per the illness policy of the centre.
- I understand that for my child to receive prescribed medication whilst at the centre I must complete a medication form for the administration of any labeled medication to my child/children. I understand that un-prescribed medications cannot be administered to my child. I have read and will abide by the centre's Medication Policy.

Evacuation from premises

- In the case of a required emergency evacuation I give the staff permission to escort my child/children off the premises to safety. I understand that this is the only occasion that my child will be removed from the premises without my express written permission by centre staff.

Foreign substances

- I authorize staff to apply creams and lotions to my child/children's skin as necessary (includes, but not limited to sunscreen 30+, nappy cream, etc).
- I will supply and authorise: (give examples)_____

Enrolment fee

- I understand that the enrolment / waitlist fee as outlined on the enclosed fee schedule must be paid for each child prior to commencement at the centre, and is non refundable.

Special events

- I give permission for my child to celebrate BIRTHDAYS Yes / No
- I give permission for my child to celebrate EASTER Yes / No
- I give permission for my child to celebrate CHRISTMAS Yes / No
- At times children may bring a cake along to celebrate with their friends, do you give permission for your child to share this cake? Yes / No

Photographs and publicity

I _____ do/do not give permission for the centre to take and use photographs of my child/children for displays, newsletters and newspaper articles.

By signing this form I signify that I have read, understood and agree to abide by the information contained in the enrolment form and enrolment agreement.

Signed: _____ Name: _____ Date: _____

Witness: _____ Name: _____ Date: _____