



## CONFIDENTIAL ENROLMENT FORM

### CHILD'S DETAILS

Child's Name: ..... Middle Names: ..... Surname: .....

Preferred Name / Nickname: ..... Child's CRN: .....

Gender: Male :  Female :  Date of Birth of child: ..... / ..... / .....

Child's Home Address: ..... Postcode: .....

Primary Languages Spoken: .....

How did you hear about Cath's Kindy: .....

### PARENT/GUARDIAN DETAILS

Parent/Guardian 1 (account will be in this person's name) Authorised to collect child:  Yes  No

Title: ..... First Name ..... Surname: .....

Relation to the child: ..... Date of birth: .....

Languages spoken by parent: ..... Parent CRN: .....

Phone Numbers: Work ..... Home ..... Mobile .....

Email : .....

Home Address: ..... Postcode .....

Employer: ..... Occupation: .....

Address: ..... Postcode: .....

Parent/Guardian 2 Authorised to collect child:  Yes  No

Title: ..... First Name ..... Surname: .....

Relation to the child: ..... Date of birth: .....

Languages spoken by parent: ..... Parent CRN: .....

Phone Numbers: Work ..... Home ..... Mobile .....

Email : .....

Home Address: ..... Postcode .....

Employer: ..... Occupation: .....

Address: ..... Postcode: .....

Name of parent/Carer whom child lives: .....

### FAMILIES CULTURAL BACKGROUND

Country of Birth: Child: ..... Parent 1: ..... Parent 2: .....

Child's Cultural Identity: ..... Religion if applicable: .....

Are there any special considerations for your child, religious/cultural:  Yes  No


If yes please give details: .....

.....

**Is your child of Aboriginal and/or Torres Strait Island background:**

Aboriginal  Torres Strait Islander

### CHILD CUSTODY INFORMATION

 Do both parents have custody?  Yes  No

If No, which parent has custody: .....

Is there legal documentation outlining who has custody of the child?  Yes  No

If yes please provide legal documentation.

Any additional information about access arrangements: .....

.....

### HOME ENVIRONMENT

Please indicate all persons who reside in the child's family household, e.g parents, siblings or other:

1. Name ..... Relationship ..... DOB .....
2. Name ..... Relationship ..... DOB .....
3. Name ..... Relationship ..... DOB .....
4. Name ..... Relationship ..... DOB .....
5. Name ..... Relationship ..... DOB .....
6. Name ..... Relationship ..... DOB .....

Print Name: ..... Signature: ..... Date: ..... / ..... / .....

**EMERGENCY CONTACT DETAILS & AUTHORISATIONS TO COLLECT** (other than parents/guardians)

**Emergency Contact:** Is someone who can be contacted when we cannot get hold of parents in case of emergency.

**Authorisation to collect:** Is someone you give permission to collect your child in an emergency and on other occasions. These persons may also be required to give written consent to the Approved Provider or Nominated Supervisor under the circumstances listed below. Personal identification is required from the people listed below to collect your child on your behalf.

1. Additional Contact: Title: ..... First Name: ..... Surname: .....

Relationship to the Child: .....

Phone Numbers: Work ..... Home ..... Mobile .....

Address: ..... Postcode .....

Authorised to: Be an Emergency Contact :  Yes  No Consent for Medication: :  Yes  No

Collect Child:  Yes  No Consent to Medical Treatment or Ambulance :  Yes  No

In the event of an emergency, illness or accident (when the service is unable to contact the Parent / Guardian I / We give the service educators consent to administer Paracetamol (only in the case of high temperature), seek Medical treatment for our child from a registered medical practitioner, hospital or ambulance service and transportation of our child by an ambulance service.  Yes  No

2. Additional Contact: Title: ..... First Name: ..... Surname: .....

Relationship to the Child: .....

Phone Numbers: Work ..... Home ..... Mobile .....

Address: ..... Postcode .....

Authorised to: Be an Emergency Contact :  Yes  No Consent for Medication: :  Yes  No

Collect Child:  Yes  No Consent to Medical Treatment or Ambulance :  Yes  No

In the event of an emergency, illness or accident (when the service is unable to contact the Parent / Guardian I / We give the service educators consent to administer Paracetamol (only in the case of high temperature), seek Medical treatment for our child from a registered medical practitioner, hospital or ambulance service and transportation of our child by an ambulance service.  Yes  No

Print Name: ..... Signature: ..... Date: ..... / ..... / .....

**HEALTH/MEDICAL INFORMATION FOR YOUR CHILD**

Medicare No.: ..... Ref No.: .....

Doctor's Name: ..... Phone Number: .....

Address: .....

If you answer "yes" to any of the health related questions, you must provide supporting documentation from your child's medical practitioner.

Does your Child have any allergies?  Yes  No (Please ✓) If yes please specify:

Allergies to food (please specify which foods and signs/symptoms to be aware of if any:

.....

Other Allergies (please specify and note the signs/symptoms to be aware of, if any:

.....

Does your child have Anaphylaxis?  Yes  No

If yes, please provide a copy of your child's ASCIA Action Plan)

Does your child have Asthma?  Yes  No If yes, provide a copy of your child's Asthma Management Plan and Medication Form as well as providing inhalers and spacers clearly labelled with your child's name

Does your child have history of illnesses or injuries?  Yes  No If yes, please provide a copy of referral or assessment

Please specify: .....

Does your child have any additional needs?  Yes  No If yes, please provide a copy of referral or assessment

Please specify: .....

Does your child have any current medical conditions?  Yes  No If yes please specify and provide copy of any management plans

.....

Is your child currently on any prescribed medications?  Yes  No If yes please specify and provide a copy of documentation by a medical practitioner and complete a Medication Form

Please specify: .....

Does your child have any dietary restrictions?  Yes  No If yes please specify

Please specify: .....

If your child requires any medication other than prescribed it must come with documentation from a medical practitioner advising name of medication, reason for medication and dosage information for your child.

Print Name: ..... Signature: ..... Date: ..... / ..... / .....

## IMMUNISATION DETAILS

As deemed by the Public Health Act 2010, and the Bill passed by the NSW Parliament to amend this act, parents who wish to enrol their child are required to provide at the time of enrolment:

- An AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations or
  - An AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch up schedule (temporary for 6 months only) or
  - An AIR Immunisation Medical Exemption Form which has been certified by a GP. No other form of documentation is acceptable (i.e The Interim Vaccination Objection Form or Blue Book). All of these can be obtained at your local Medicare Office or online at [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online)
- A current and complete copy of immunisation details is attached for our records

## ENROLMENT AGREEMENTS (please tick yes/no on each point and sign below)

1. Centre Policies: I am aware of the Policies that govern the Centre and the Code of Conduct and will abide by these. I understand that any changes to Policies will be advised throughout the year and upon updating. The Policy Folder is located in the foyer, including the new Covid19 Policy currently in place.

Yes  No

2. Emergency or Accidents : In the event of an emergency, illness or accident (when the service is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the service educators consent to administer Paracetamol (only in the case of high temperature). A temperature is considered anything over 37.5C, apply bandaids/creams for minor abrasions or insect bites. Seek Medical treatment for our child from a registered medical practitioner, hospital or ambulance service and transportation of our child by an ambulance service. I / We agree to pay any expenses incurred for Medical treatment and Transport.

Yes  No

3. Permission for Publication/Observation: I / We give permission for:

My child to be photographed for use within the Centre (learning documentation, displays, portfolios and room programming)  Yes  No

My child to be photographed for advertising or news items  Yes  No

My Child to be photographed for use on social media (Facebook) ensuring privacy of the child and following the Social Media Policy of the Centre  Yes  No

My child to be photographed for use on Kinderloop (which I have signed permission for and understand it is a private secured portal for up to 4 email addresses provided by me)  Yes  No

4. Payment of Fees: I / We agree to maintain our fees as per the service fee policy; ensuring fees are one week in advance. I / We are aware that failure to pay due fees within 7 days may result in the cancellation of care at the service. I understand that fees are also payable for public and personal holidays, emergency shutdowns and absences due to illness or any other absences. I am aware that the Centre closes at Christmas time for approximately two weeks, and that fees are not payable during this time. Parents will be advised of closing and opening dates in advance.

Yes  No

Print Name: ..... Signature: ..... Date: ..... / ..... / .....

**ENROLMENT AGREEMENTS** (please tick yes/no on each point and sign below)

5. Sunscreen Application: I / We agree for service educators to apply sunscreen to our child where necessary for indoor or outdoor purposes. If your child requires special sunscreen, you agree to supply this product to the service.

Yes  No

6. Cancellation of Care: I / We understand that two week's written notification is required in advance when cancelling/decreasing or changing days of care. No changes, decreases or cancellations will be accepted after 1 September each year unless the position can be filled for the remainder of the year. Should days be decreased in the last two weeks of the year before the Centre closes for positions in the following year 2 weeks' notice is required from the commencement of the following year unless the position can be filled prior to.

Yes  No

7. Late Fees : I / We understand that late fees will be charged if our child has NOT been collected by the service closing time.

Yes  No

8. Infectious Diseases / Clearance Certificates: I / We understand that our child will be excluded from the Service if they contract a contagious disease or condition based on the exclusion period table, published by the National Health and Medical Research Council. I / We understand that our child will not be accepted back into the service until a 'clearance certificate' is issued from a Medical Practitioner. I am aware that should my child have an injury such as stitches or a broken limb, that a letter from a Medical Practitioner advising the child is safe to attend is required. I am aware that if I have given my child a pain/temp relief medication within a 12 hour period before coming to the Centre, they should not be in attendance until after that 12 hour period without any evidence of illness.

Yes  No

9. Covid19 Clearance Certificates/Infectious Diseases: During the Covid19 pandemic, if any child is sent home with flu type symptoms as described in Covid19 documentation it is a requirement that any siblings that attend the Centre will be sent home also and will require a clearance to return back to the Centre.

Yes  No

10. Presence of Visitors and Volunteers and Students I / We understand that the Service may have visitors, volunteers and/or students assisting from time to time. I / We consent to our child being in the presence of visitors, volunteers and/or students under the Service Educators supervision.

Yes  No

Print Name: ..... Signature: .....

Date: ..... / ..... / .....