

# EARLY CHILDHOOD ENROLMENT FORM

Service name: <b>Snugglepotts Children's Centre</b>	
Address: 43 Glen Iris Road, Camberwell	
Phone number: 03 9809 4343	Email: <a href="mailto:enquire@snugglepotts.com.au">enquire@snugglepotts.com.au</a>

## ATTACHED DOCUMENTS

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

Child's birth certificate/identity documents		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma) <i>(If applicable)</i>	
AIR Immunisation History Statement		Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan <i>(If applicable)</i>	
Parent Customer Reference Number (CRN) and date of birth		Copies of any family law or other relevant court Orders and/or legal documents <i>(If applicable)</i>	
Child Customer Reference Number (CRN)			
Deposit paid?	Yes/ No		

## CHILD DETAILS

*Education and Care Services National Regulations - Regulation 160 (3a, e)*

Family Name			
First given name		Second given name	
Preferred name			

Date of Birth		Gender at birth	M / F
Gender Identity		Pronoun	

<b>Centrelink Reference Number (CRN)</b> <i>Please note: Parent and child have their own individual CRN number.</i>	
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Child's home address	
Child normally lives with	

Days of attendance (Please circle):	Mon	Tues	Wed	Thurs	Fri
Approximate Drop Off Time					
Approximate Pick-Up Time					

Child's Start Date	
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## CULTURAL CONSIDERATION

*Education and Care Services National Regulations - Regulation 160 (f, g, h)*

<p>Is your child of Aboriginal or Torres Strait Islander origin?</p>	<p>No      Aboriginal      Torres Strait Islander      Both</p>
<p>Does your child speak a language other than English at home?</p> <p>Yes /      No</p>	<p>If yes, what language (s) other than English are spoken at home.</p>
<p>County of birth</p>	
<p>Child's residency status</p>	
<p>What is your child's ethnic background?</p>	
<p>Please outline any cultural practices you would like followed: (Cultural, dietary)</p>	
<p>Religion</p>	
<p>Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed.</p>	

## PRIMARY PARENT

*Education and Care Services National Regulations - Regulation 160 (3b)*

[Primary Parent must also be the registered CCS claimant]

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H)
	(M)
	(W)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details	
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Does the child normally live with you? (Please circle)	Yes / No
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Occupation	
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## SECONDARY PARENT

*Education and Care Services National Regulations - Regulation 160 (3b)*

Parent Name	
Parent Surname	
Address or As above	
Phone Number/s	(H)
	(M)
	(W)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent Centrelink Reference Number (CRN)	
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Please provide any relevant cultural background details	
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Does the child live with you?	Yes / No
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Occupation	
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## FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

*Education and Care Services National Regulations - Regulation 160 (3c, d)*

<p>Are there any relevant 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?</p>	<p style="text-align: center;">Yes/          No</p> <p>If yes, please provide all relevant documentation and paperwork</p>	<p style="text-align: center;">Attached</p>
<p>Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?</p>	<p style="text-align: center;">Yes/          No</p> <p>If yes, please provide all relevant documentation and paperwork</p>	<p style="text-align: center;">Attached</p>
<p>Have photographs and names of unauthorised people been attached to this form?</p>	<p style="text-align: center;">Yes/          No</p>	<p style="text-align: center;">Attached</p>
<p>Briefly outline court order requirements</p>		

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

## MEDICAL INFORMATION

*Education and Care Services National Regulations - Regulation 160 (3a, l, j) Regulation 162(d, g)*

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare reference number	
Doctor's name			
Medical Centre		Phone number	
Doctor's address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No

## CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

<p>Allergies- provide details of child's allergies.                  These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other</p>			
Allergy to			
Medical specialist or doctor who may be currently treating your child for this condition			
Phone contact		Address	
Risk of Anaphylaxis	Yes/ No	Has a doctor diagnosed this allergy?	Yes/ No
Does your child have a current ASCIA Action Plan?	Yes/ No	Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes/ No
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis			Yes/ No
<p>If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).</p>			
What is the expiry date of the adrenaline autoinjector?			Month / Year
<p>Please be advised that if your 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></p>		Yes / No	Parent 1 Signature:
			Parent 2 Signature:

### Special dietary requirements

Prohibited Food	Detailed information

## MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition			
Has a doctor diagnosed this condition?	Yes/	No	
Does your child have a current Action Management Plan (eg Asthma Plan)	Yes/	No	
If yes, is this plan attached?	Yes/	No	
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90)	Yes/	No	
If yes, is this plan attached?	Yes/	No	
Does your child take any prescribed regular medication for this condition?	Yes/	No	
Medication Name/s			
<p>Medication will only be administered if:</p> <ul style="list-style-type: none"> <li>it is prescribed by a medical practitioner</li> <li>it is in the original container with the original label</li> <li>the label contains the child's name</li> <li>instructions and dosage can be clearly read</li> <li>expiry date or use by date is valid</li> <li>any verbal or written instructions provided by the medical practitioner must be provided by the parent/s</li> </ul> <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like nappy creams and paracetamol, 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>	Parent 1 Signature:		
	Parent 2 Signature:		

## IMMUNISATION DETAILS

*Education and Care Services National Regulations - Regulation 160 (3a, i, j), Regulation 162 (f, h, i)*

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

Immunisation Status of Child at enrolment	Comment: Fully immunised/catch up schedule	
AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes/ No	Attached
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes/ No	Attached
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes/ No	Attached

## FAMILY INFORMATION

Does your child have other siblings at home? If so, please provide their names and ages.	
Does your child have any siblings attending our Service?	Yes/ No
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	

## FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE

*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)*

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. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H)		
	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
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	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes / No	Parent 1 Signature	
		Parent 2 Signature	

## SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)*

Full Name			
Relationship to child			
Phone Number	(H)		
	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
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	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes / No	Parent 1 Signature	
		Parent 2 Signature	

## AUTHORISATIONS

### Illness, accident and emergency treatment

*Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)*

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?	Yes	Parent 1 Signature:	
	No	Parent 2 Signature:	
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?	Yes	Parent 1 Signature:	
	No	Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes	Parent 1 Signature:	
	No	Parent 2 Signature:	

## ENROLMENT AGREEMENT- CONSENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

### HEALTH AND SAFETY

Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any liability)	YES /	NO
Have Band-Aids or sticking plasters applied when necessary	YES /	NO
Have staff apply Nappy Cream/Paste (supplied by parents)	YES /	NO
Have staff apply Insect Repellent (supplied by parents)	YES /	NO

### PHOTOGRAPHY AND VIDEO

For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service)	YES /	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES /	NO
For photos and video footage of my/our child to be used for student training purposes (photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES /	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in resources for this organisation	YES /	NO

# PARENT AGREEMENT

*Education and Care Services National Regulations - Regulation 160 (3a, l, j)*

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the bond prior to my child starting. Bond is refundable under conditions outlined in the Policy Manual.
- 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 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, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- I agree to provide 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 reapply 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 authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of 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 letter (within 6 months) from a General Practitioner 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 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 Family Handbook and am familiar with the Service’s Policy Manual located in the foyer. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.					
PRINT NAME		SIGNATURE		DATE	
PRINT NAME		SIGNATURE		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.