

ENROLMENT FORM

CHILD DETAILS

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

Family Name			
First given name		Second given name	
Preferred first name			

Date of Birth		Gender	Male / Female Please circle
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Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address	

CULTURAL CONSIDERATION

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

Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Does your child speak a language other than English at home? <i>(Please circle) Yes / No</i>	If yes, what language (s) other than English are spoken at home.
Country of birth	
What is your child's cultural background?	

Child's Start Date	
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Please select only one session and in/out time for each day your child is in care.

6 Hour Session @ 78.00				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 8.30am - 2.30pm	<input type="checkbox"/> 8.30am - 2.30pm	<input type="checkbox"/> 8.30am - 2.30pm	<input type="checkbox"/> 8.30am - 2.30pm	<input type="checkbox"/> 8.30am - 2.30pm
<input type="checkbox"/> 9.00am - 3.00pm	<input type="checkbox"/> 9.00am - 3.00pm	<input type="checkbox"/> 9.00am - 3.00pm	<input type="checkbox"/> 9.00am - 3.00pm	<input type="checkbox"/> 9.00am - 3.00pm
<input type="checkbox"/> 9.30am - 3.30pm	<input type="checkbox"/> 9.30am - 3.30pm	<input type="checkbox"/> 9.30am - 3.30pm	<input type="checkbox"/> 9.30am - 3.30pm	<input type="checkbox"/> 9.30am - 3.30pm

8 Hour Session @ 89.00				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 7.30am - 3.30pm	<input type="checkbox"/> 7.30am - 3.30pm	<input type="checkbox"/> 7.30am - 3.30pm	<input type="checkbox"/> 7.30am - 3.30pm	<input type="checkbox"/> 7.30am - 3.30pm
<input type="checkbox"/> 8.00am - 4.00pm	<input type="checkbox"/> 8.00am - 4.00pm	<input type="checkbox"/> 8.00am - 4.00pm	<input type="checkbox"/> 8.00am - 4.00pm	<input type="checkbox"/> 8.00am - 4.00pm
<input type="checkbox"/> 8.30am - 4.30pm	<input type="checkbox"/> 8.30am - 4.30pm	<input type="checkbox"/> 8.30am - 4.30pm	<input type="checkbox"/> 8.30am - 4.30pm	<input type="checkbox"/> 8.30am - 4.30pm
<input type="checkbox"/> 9.00am - 5.00pm	<input type="checkbox"/> 9.00am - 5.00pm	<input type="checkbox"/> 9.00am - 5.00pm	<input type="checkbox"/> 9.00am - 5.00pm	<input type="checkbox"/> 9.00am - 5.00pm
<input type="checkbox"/> 9.30am - 5.30pm	<input type="checkbox"/> 9.30am - 5.30pm	<input type="checkbox"/> 9.30am - 5.30pm	<input type="checkbox"/> 9.30am - 5.30pm	<input type="checkbox"/> 9.30am - 5.30pm

10 Hour Session @ 98.00				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 7.30am - 5.30pm	<input type="checkbox"/> 7.30am - 5.30pm	<input type="checkbox"/> 7.30am - 5.30pm	<input type="checkbox"/> 7.30am - 5.30pm	<input type="checkbox"/> 7.30am - 5.30pm
<input type="checkbox"/> 8.00am - 6.00pm	<input type="checkbox"/> 8.00am - 6.00pm	<input type="checkbox"/> 8.00am - 6.00pm	<input type="checkbox"/> 8.00am - 6.00pm	<input type="checkbox"/> 8.00am - 6.00pm

Would you like to share culture or skills such as cooking, stories, music, art etc. with the children to enhance the educational program? _____

COMPLYING WRITTEN ARRANGEMENT

The Approved Provider and a parent/guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an ongoing agreement between the ECEC service provider and parent or guardian to provide care in return for fees
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a childcare provider identifies that a child is at risk of serious abuse or neglect but there is no individual to pay the childcare fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

Arrangement Type	CWA	RA	ACCS	Arrangement with an organisation
Name of Service	Pobblebonks Early Learning Centre			
Parent/Guardian Full Name				
Is your child in care at another service? (Please circle)	Yes No			
If yes, please provide name				
Parent/Guardian Contact Details				
Parent CRN				
Date the arrangement was entered				
Full Name of Child attending care				
Child's Date of Birth				
Child CRN				
Fees to be charged to the individual for the sessions of care provided				

This Written Arrangement between _____ [Insert Parent/Guardian Full Name] and Pobblebonks Early Learning Centre is an ongoing agreement between the ECEC Service provider and the parent or guardian, to provide childcare in exchange for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

Note: Proposed fees can be detailed by reference to other material such as fee schedule or information on website maintained by the provider. Parties understand and are aware fees may vary from time to time.

Confirmation of the agreement

Name: _____ Signed: _____ Date: ___ / ___ / ___

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

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	

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	
Organisation	
Address	

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

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	

Parent Centrelink Reference Number (CRN)	
--	--

Please provide any relevant cultural background details	
---	--

Does the child live with you? (Please circle)	Yes / No
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Occupation	
Organisation	
Address	

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

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

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?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other relevant 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	Attached
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached
Briefly outline court order requirements		

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

ATTACHED DOCUMENTS

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

- Child’s birth certificate
- AIR Immunisation History Statement
- Court Orders and/or legal documents
- Medical documents
- ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)
- Parent Customer Reference Number (CRN) and date of birth
- Child Customer Reference Number (CRN)

CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) families must meet eligibility requirements which include:

1. You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?

YES NO

2. Are you liable for fees for care provided at an approved childcare service?

YES NO

3. Do you meet residency requirements?

YES NO

4. Does your child meet immunisation requirements?

YES NO

5. Have you completed the Child Care Subsidy assessment on the [myGov](#) website?

YES NO

6. Have you received confirmation about your Child Care Subsidy?

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.

MEDICAL INFORMATION

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

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.

Child’s Medicare Number			
Medicare Expiry Date		Child’s Medicare reference number	
Doctor’s name			
Medical Centre		Phone number	
Doctor’s address			
Dentist name			
Name of Service		Phone number	
Dentist’s address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No
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/No	Parent 1 Signature:	
		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/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

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 Action Management Plan?	Yes/No	Has your child been prescribed an adrenaline autoinjector?	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>			
<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)

A ‘Notification of Medical Status’, ‘Medical Management Plan’ and ‘Medical Risk Minimisation Plan’ must be completed with your child’s doctor before your child’s starting date. *Education and Care Services National Regulations Regulation 95*

Medical condition		
Has a doctor diagnosed this condition?	Yes/No	
Does your child have a current Action Management Plan (e.g. Asthma Plan)	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"> it is prescribed by a medical practitioner it is in the original container with the original label the label contains the child’s name instructions and dosage can be clearly read expiry date or use by date is valid any verbal or written instructions provided by the medical practitioner must be provided by the parent/s <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, l, j)

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).

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

DEVELOPMENTAL INFORMATION

<p>Does your child have any problems with hearing, sight or speech? <i>Please provide information and attach relevant reports</i></p>	<p><input type="checkbox"/> Hearing</p> <hr/> <p><input type="checkbox"/> Sight</p> <hr/> <p><input type="checkbox"/> Speech</p>
<p>Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? <i>Please provide information and attach relevant reports</i></p>	
<p>Does your child require additional support for learning because of disability? <i>Please provide information and attach relevant reports</i></p>	

FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE

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

<p>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.</p>			
Full Name			
Relationship to child			
Phone Number	(H) (M) (W)		
Full Address			
Can this person be contacted to collect your child from the education and care service	Yes/No	Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Director or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Signature	

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

Full Name			
Relationship to child			
Phone Number	(H) (M) (W)		
Full address			
Can this person be contacted to collect your child from the education and care service or family day care educator	Yes/No	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	

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

Educators have permission to apply Coles Sunscreen SPF50+ during warmer months (If not, please provide your own sunscreen)	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 Teething Gel (supplied by parents)	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO
I/we give permission for our child to participate in outings to places of interest (A permission slip will need to be signed before allowing your child to leave the Service for any excursion)	YES	NO

PHOTOGRAPHY AND VIDEO

For photos and video footage to be taken of my/our child by educators which will assist in planning developmental programs. These observations and records will also contribute to each child's individual portfolio which will be a celebration of your child's development and the experiences they have participated in whilst at Pobblebonks.	YES	NO
For group photos and video footage used in Portfolio's and USB slideshows can 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/We agree to inform the Service in writing immediately of any changes to the above information.
- Childcare fees are to be paid fortnightly through the direct debit method called Debitsuccess. Debitsuccess is a leading provider of payments services in Australia. Debitsuccess accepts payments from all banks, building societies and credit unions. It is a convenient, secure way of making regular fortnightly payments and enables educators to spend more quality time with the children. A Debitsuccess form will be issued during an orientation appointment and will need to be completed to secure your booking.
- All fees are debited directly through Debitsuccess from each family's nominated bank account on a Friday fortnightly basis. All fees are debited from each family on the same day. Families are required to have the money available in their nominated account for the scheduled payment date. If your payment defaults a new payment must be organised to be processed within 2 working days or care will be suspended until full payment is cleared. A dishonour fee of \$14.90 will be charged by Debitsuccess.
- I/We agree to pay the Service enrolment fee of \$30 which includes a hat, to be kept and laundered at the centre.
- I/We agree to pay my fees and understand that my child's position at the Service will be in jeopardy if my fees are not paid. I understand that all booked days are paid for even when my child is absent due to sickness.
- Holidays fees are half price with two weeks' notice prior provided.
- 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 centre closing. I am aware that if my child has not been collected and I am unable to be contacted, those persons nominated as authorised contacts will be called by Educator to collect my child.
- I/We I understand that if I am late in collecting my child after the agreed booking time, I will be charged a late fee of \$15 per 15-minute block or part thereof. Parents are asked to contact the centre if they are going to be late collecting their child.
- I/We agree to provide two weeks written notice to withdraw my child or reduce booked days.
- I/We 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. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.

- I/We give permission for prescribed medication to be administered by qualified educator upon my authorisation on the Service's *Administration of Medication* form. I agree to inform the staff both verbally and in writing of the need for medication for my child. Medication will not be left inside children's bags.
- 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 a qualified educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I/We agree to follow, support and abide by these policies Service's Policy and Procedures which is located in the office for perusal at any time. 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/We 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:	