



The following information is required by the Education Care Services National Regulations under the Education and Care Services National Law. All information is collected and held in accordance with information privacy laws.

Little Shearwater Early Learning Centre ENROLMENT APPLICATION FORM

CHILD'S DETAILS	
Surname/Family Name:	
First Name:	
Date of birth: __/__/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address:	Number and Street: _____ Suburb: _____ Postcode: _____
Language used at home:	
Cultural Background:	

PARENT / GUARDIAN DETAILS	MOTHER / PARENT 1 DETAILS
Surname/Family Name:	
First Name:	
Residential Address:	Number and Street: _____ Suburb: _____ Postcode: _____
Postal Address:	Number and Street: _____ Suburb: _____ Postcode: _____
Telephone:	(H) _____ (W) _____ (M) _____
Email address:	
Cultural Background:	

PARENT / GUARDIAN DETAILS	FATHER / PARENT 2 DETAILS
Surname/Family Name:	
First Name:	
Residential Address:	Number and Street: _____ Suburb: _____ Postcode: _____
Postal Address:	_____ Suburb: _____ Postcode: _____
Telephone:	(H) _____ (W) _____ (M) _____
Email address:	
Cultural Background:	

NOMINATION OF EMERGENCY CONTACTS

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions when the child has an accident, injury or illness and the primary parents/guardian cannot be contacted. If this situation should arise, the Coordinator will contact the following alternate people authorised to collect and care for your child. Personal identification will be required from these people in order to collect your child on your behalf if the person is unfamiliar to the staff.

EMERGENCY CONTACT 1 (OTHER THAN THE PARENT/GUARDIANS LISTED ABOVE)	
Surname/Family Name:	First Name:
Residential Address:	Number and Street: _____ Suburb: _____ Postcode: _____
Telephone:	(H) _____ (W) _____ (M) _____
Relationship to child:	
Also, non-emergency authority to collect child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT 2 (OTHER THAN THE PARENT/GUARDIANS LISTED ABOVE)	
Surname/Family Name:	First Name:
Residential Address:	Number and Street: _____ Suburb: _____ Postcode: _____
Telephone:	(H) _____ (W) _____ (M) _____
Relationship to child:	
Also, non-emergency authority to collect child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PERSONS AUTHORITY TO COLLECT (OTHER THAN THE EMERGENCY CONTACTS LISTED ABOVE)

Please provide the details of persons you give permission to collect your child if required (**please also let educators know on the day**). Personal identification will be required from the person in order to collect your child on your behalf if the person is unfamiliar to the staff.

OTHER PERSONS AUTHORITY TO COLLECT 1(OTHER THAN THE EMERGENCY CONTACTS LISTED ABOVE)	
Surname/Family Name:	First Name:
Residential Address:	Number and Street: _____ Suburb: _____ Postcode: _____
Telephone:	(H) _____ (W) _____ (M) _____
Relationship to child:	
Non-emergency authority to collect child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PERSONS AUTHORITY TO COLLECT 2(OTHER THAN THE EMERGENCY CONTACTS LISTED ABOVE)	
Surname/Family Name:	First Name:
Residential Address:	Number and Street: _____ Suburb: _____ Postcode: _____
Telephone:	(H) _____ (W) _____ (M) _____
Relationship to child:	
Non-emergency authority to collect child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Law Act Information:

Are there any court orders, parenting orders or parenting plans affecting the child? Yes No

If yes, please provide copy of the Court Order and describe details of orders or plans:

CHILD CARE BENEFIT INFORMATION

To ensure that you are linked to us through the Child Care Management System (CCMS) and have Child Care Benefits (CCB) applied to your child care fees, please complete the section below.

Please ensure the birth date of both the parent and child is correct. We do require the CRN number for both the child and the parent. These numbers are unique to each person.

Please copy the exact information as printed on your CCB letter from Centrelink

PARENT / GUARDIAN DETAILS	
Surname:	First Name/s:
Date of Birth: __ / __ / ____	CRN:

CHILD DETAILS	
Surname:	First Name/s:
Date of Birth: __ / __ / ____	CRN:

Has the child attended another approved child care provider this financial year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the child attending another approved child care provider as well?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please specify the hours attending another provider:		
Do you have other children in approved care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Date of Birth: __ / __ / ____	Weekly hours in care:
Name	Date of Birth: __ / __ / ____	Weekly hours in care:

Please check the following boxes:

- I confirm that the information provided is true and correct that I have provided Centrelink with this information.
- I am responsible for communicating this information to Centrelink.
- I understand that I am responsible for all fees charged in relation to this enrolment.
- I understand that if any details are incorrect then full fees are payable.

Name: _____

Signature: _____

Date: __ / __ / ____

For more information, telephone the Family Assistance Office on 13 61 50

MEDICAL AND HEALTH DETAILS

Immunisation status of the child:	
Child Health Record sighted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare Number :	
Private Health Fund: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of fund: Membership Number:
Is your child covered under the private health fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Doctor : <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Doctor's Name: Practice Phone Number: Address:
Family Dentist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Dentist's Name: Practice Phone Number: Address:

Allergies / Illnesses / Medical Conditions:	
Does your child have any serious allergies, including risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide copy of any medical management or risk management plans.	
Other allergies, e.g. dietary restrictions (please specify, including signs / symptoms):	
Medical conditions, e.g. asthma (please specify, including any medications / treatments):	
¹ Does your child have any special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

PERMISSIONS AND CONDITIONS OF ENROLMENT

Name of Child: _____

Date of Birth: __ / __ / ____

In consideration of the Little Shearwater Early Learning Centre accepting enrolment for the above named child, I / We the undersigned hereby acknowledge that (*please tick in the box*):-

- Medication:** I/We agree to abide by the Medication Policy and provide prescription medicine in the original container, with the child's name, dosage and administration times. Also to complete the medication form each time a new medicine needs to be administered.
- Emergency or Accident:** In an emergency, illness or accident situation, if deemed necessary, I/ We give permission for the centre staff to call an ambulance for my child to be treated at the centre or taken to hospital for medical or dental treatment. I/We consent for appropriate emergency medical/dental treatment to be administered to my child by professional medical officers. I/We understand that the centre staff will make every effort to contact me or one of the emergency contacts. I agree to pay any expenses incurred for medical treatment and transport.
- Emergency Contact:** I/We give permission for the designated emergency contact person (listed on this form) to act on my behalf in the event of an emergency.
- Evacuation:** I/We give permission for the Centre staff to remove my child from the premises in case of an emergency arising (such as a fire) and relocate them to a safe location and for my child to participate in regular emergency drill procedures.
- Sun Protection:** I/We give permission for the centre staff to apply sunscreen protection. I understand that if my child is allergic to the sunscreen I will provide sunscreen. I will have to apply the sunscreen and sign a special note in the sign in out book.
- Payment of Fees:** I/We agree to maintain the payment of my fees at least two (2) week in advance of attendance and that normal fees are payable at all times (excluding when the Centre is closed over Christmas) including for any period of absence by my/our child for illness, holidays, etc. I/We also understand that if fees are not paid my/our child's continued enrolment cannot be guaranteed.
- Public Holidays:** I/We understand that if there is a public holiday on the day of my child's booked day(s) fees are payable as normal. This excludes Christmas / New Years public holidays when the centre is closed.
- Withdrawal of care:** I/We agree to give Four (4) week's written notice when canceling enrolment.
- Priority of Access:** I/We understand that a Priority of Access system is applied at this Centre and under conditions laid down by Federal Government.
- Permission for Observation:** I/we give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's educator. You will be notified in writing if this is going to occur and you can withdraw your permission at any time.
- Absent Days:** I/We agree to notify the Centre as early as possible of any absence on an enrolled day.
- Infectious Diseases:** I/We understand that our child will be excluded from the Centre if they contract a infectious disease or condition. I/We understand that our child will not be accepted back until cleared by a Medical Practitioner.

- Photographs:** I/We agree to have our child photographed during activity and routine times for the purpose of documenting children’s involvement in the program, displays within the Centre and internal and external (web page) promotion. Also, I/We agree that my child’s photo may appear in another child’s portfolio during observations of another child or group observations.
- Arrival and Departure from Centre:** I/We will ensure that the child is/are accompanied to and from the centre by an authorized adult person (over 18 years old) and that the Group Leader of the room is notified of arrivals and departures.
- Attendance records:** I/We agree that the child will be signed in and out on each day of attendance.
- Parents Handbook:** I/We acknowledge that we have received and read a copy of the Parents Handbook (electronic copy or hard copy).
- Policy Book:** I/We understand that the Centre policies are available at the Centre to view.

By signing this form I/We declare and confirm:

I/We are lawfully authorised in relation to the Child referred to in this Enrolment Form.

All information provided is true and correct.

Full Name of First Parent/Guardian: _____

First Parent/Guardian Signature: _____ Date: __/__/_____

Full Name of Second Parent/Guardian: _____

Second Parent/Guardian Signature: _____ Date: __/__/_____

Office Use Only :

Copy of Immunisation record supplied: **Yes** **No**

Birth Certificate Sighted: **Yes** **No**

Copy of court orders supplied: **Yes** **No** **NA**

Coordinator’s Signature: _____ Date: __/__/_____