

Mountain Community Children's Centre

Enrolment Form

Please read the Centre's policies in the Handbook provided

CHILD DETAILS

Given name (s): _____ Last name: _____

Male / Female (please circle)

Address: _____

Date of birth: _____ Copy of birth certificate provided: Yes / No

Centrelink Customer Reference Number (for child): ____ / ____ / ____ / ____ **THIS CRN MUST BE SUPPLIED!**

Is your child of : _____ Aboriginal or _____ Torres Strait Island decent? Both? _____ (please tick)

Ethnicity: _____ Languages spoken (other than English) : _____ Religion: _____

HEALTH

Has your child been immunised? Yes / No Immunisation History Statement Supplied? Yes / No

Does your child:

Have any allergies? Yes / No If yes, allergy to what? _____

Symptoms? _____

Severity? _____

Treatment? _____

Have any behaviour we should know about? _____

Have any special medical condition? _____

Have a history of asthma? Yes / No *If yes, please provide an Asthma Plan from your doctor for file*

Take any regular medication? _____

Child's present health status _____

Doctor's name _____ Phone _____

Address _____

Medicare Number _____ Child's position on card _____

Are you in an Ambulance Fund? Yes / No

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EATING

Does your child have special dietary needs (e.g. vegetarian, religious beliefs, habits etc)?

Yes / No (please circle)

If yes, please provide details:

Have you supplied your child with a lunch box to ensure easy stacking in your child's room fridge?

Yes / No (please circle)

Please note: The Centre requests no cooler bags to be used for lunches.

GENERAL

Is your child able to participate in festivals / celebrations as part of the Centre's programs?

Yes / No (please circle)

Is there anything that can assist us in caring for your child? (e.g. likes, dislikes, foods, fears etc)

Have you supplied a correctly fitted bike helmet for your child to use if you would like him/ her to ride a bike?

Does it have your child's name written on the helmet?

Yes / No (please circle)

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PARENT / GUARDIAN DETAILS

Parent 1:

Given name (s): _____ Last name: _____

Relationship to child: _____ Marital status: _____

If separated, list custodial parent: _____ Does the other parent have access: Yes / No

Court orders: _____ Copy on file: _____

Date of birth: _____

Address: _____ Postcode: _____

Home phone: _____ Mobile: _____

Email address: _____

Centrelink Customer Reference Number (for parent 1): ____ / ____ / ____ / ____ **THIS CRN MUST BE SUPPLIED!**

Sample signature: _____ Languages spoken (other than English): _____

Occupation: _____

Place of work/ study: _____ Work phone: _____

Address of workplace: _____

Parent 2:

Given name (s): _____ Last name: _____

Relationship to child: _____ Date of birth: _____

Address: _____ Postcode: _____

Home phone: _____ Mobile: _____

Sample signature: _____ Languages spoken (other than English): _____

Occupation: _____

Place of work/ study: _____ Work phone: _____

Address of workplace: _____

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AUTHORITY TO COLLECT / EMERGENCY CONTACTS

Please ensure emergency contact persons are willing and able to collect your child in the event of an emergency that we are unable to contact parents 1 and 2. Staff will request a photographic identity document in the event of an emergency contact collecting a child.

At least two (2) emergency contact names must be completed prior to attendance.

I authorise that staff of Mountain Community Children's Centre to give the following persons access to my child (*persons must be 16 years or over or a responsible person at the discretion of the staff*).

Signed: _____

Date: _____

EMERGENCY CONTACT 1 (compulsory)

First name (s): _____ Last name: _____

Relationship to child: _____

Address: _____

Home phone: _____ Mobile: _____

This person has authority to deliver/ collect child to/ from the service YES NO

This person has authority to authorise an educator to take the child outside the education and care service premises
 YES NO

This person has authority to consent to medical treatment for the child YES NO

This person has authority to permit transportation of child by an ambulance service YES NO

This person has authority to give permission to authorise the education and care service to transport the child or arrange transportation of the child YES NO

This person has authority to request/ permit medication to be given to the child YES NO

If the parent(s)/ guardian(s) cannot be contacted, this person should be notified of an accident, injury, trauma or illness involving the child YES NO

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EMERGENCY CONTACT 2 (compulsory)

First name (s): _____ Last name: _____

Relationship to child: _____

Address: _____

Home phone: _____ Mobile: _____

This person has authority to deliver/ collect child to/ from the service YES NO

This person has authority to authorise an educator to take the child outside the education and care service premises
 YES NO

This person has authority to consent to medical treatment for the child YES NO

This person has authority to permit transportation of child by an ambulance service YES NO

This person has authority to give permission to authorise the education and care service to transport the child or
arrange transportation of the child YES NO

This person has authority to request/ permit medication to be given to the child YES NO

If the parent(s)/ guardian(s) cannot be contacted, this person should be notified of an accident, injury, trauma or
illness involving the child YES NO

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CONTINUED ON NEXT PAGE

EMERGENCY CONTACT 3 (optional)

First name (s): _____ Last name: _____

Relationship to child: _____

Address: _____

Home phone: _____ Mobile: _____

This person has authority to deliver/ collect child to/ from the service YES NO

This person has authority to authorise an educator to take the child outside the education and care service premises
 YES NO

This person has authority to consent to medical treatment for the child YES NO

This person has authority to permit transportation of child by an ambulance service YES NO

This person has authority to give permission to authorise the education and care service to transport the child or
arrange transportation of the child YES NO

This person has authority to request/ permit medication to be given to the child YES NO

If the parent(s)/ guardian(s) cannot be contacted, this person should be notified of an accident, injury, trauma or
illness involving the child YES NO

PLEASE LET US KNOW IF YOU WOULD LIKE TO ADD MORE EMERGENCY CONTACTS. IF SO, WE WILL PROVIDE YOU WITH
ADDITIONAL PAGES TO COMPLETE.

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AUTHORISATIONS

ALL PARENTS ARE REQUESTED TO READ THOROUGHLY & APPROVE THE FOLLOWING:

1. FEES & HOURS

Please read the Fee Policy in the handbook. I agree to pay the required fees as set in the conditions of enrolment & understand my child's position may be suspended if more than two weeks in arrears. I understand that fees are subject to change and that I will be informed in writing at least 2 weeks prior to a fee increase.

Fees due upon commencement at the Centre include a maintenance levy, a membership fee and bond being two weeks of full fees.

The Centre is open from 7.30am to 5.30pm. If collection of the child is late, an appropriate form must be completed and will be submitted to the Management Committee who reserve the right to impose a late fee of \$60 for the first 15 minutes and \$2.00 per minute thereafter.

INITIALS: _____

2. EMERGENCY

In the event of an emergency, illness or accident involving my child and where the authorised supervisor is unable to contact me (or my listed emergency contact persons), I consent to the staff of Mountain Community Children's Centre seeking medical, dental or hospital treatment and/or an ambulance for my child. In the event that an ambulance is called for my child, I authorise for my child to be transported to hospital if deemed necessary by paramedical staff. I accept liability for any expenses incurred.

In the event my child displays a fever of 38.5 degrees Celsius or over by thermo scan (ear), I understand that I/emergency contacts will be required to collect my child.

In the event of a nearby fire, I understand that I/ emergency contacts will be required to collect my child immediately.

INITIALS: _____

3. EXCURSIONS / BOUNDARIES

I understand that I will be fully notified & must give consent prior to formal excursions outside the Centre that are planned to complement learning experiences for my child. I do however, give staff permission to leave the boundaries of the Centre with my child for the purpose of general community studies (e.g. fire brigade visit and book bus visits) and during fire drills where staff & children are required to evacuate the premises.

INITIALS: _____

4. RECORDS

I understand that developmental records will be kept on my child and this information is a shared portfolio with me to enhance the ongoing development of my child.

INITIALS: _____

5. YOGA LESSONS

I give permission for my child to participate in weekly Yoga lessons. These lessons are held for children in the Lizard and Snake rooms on alternate days each week and the instructor holds a valid and current working with children check.

INITIALS: _____

6. PHOTOGRAPHS

I give permission for the staff at Mountain Community Children's Centre to take photographs/audio recordings and /or written records of my child for the purpose of recording developmental progress, display within their portfolio and within the Centre. I also acknowledge that students in Early Childhood Education may attend the Centre to complete assessment tasks & may be required to take photographs/audio recordings and/or written records of my child and I give consent for my child to be part of this training process.

INITIALS: _____

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PRIORITY OF ACCESS

The Australian Government funds child care with a major purpose of meeting the child care needs of Australian families. When demand exceeds the positions in the Centre, the Government has set out three levels of priority which child care services must follow when filling vacant positions.

Please tick the relevant box according to your family circumstances:

PRIORITY 1

A child is at risk of serious abuse or neglect

PRIORITY 2

A child of a single parent or parents, who satisfy the work/training/study test under Section 13 of the Family Assistance Act:

(a) Sole parent / guardian

Employed full time or part time; or unemployed & actively seeking employment; or studying/training for employment.

(b) Sole parent / guardian not in Option (a).

(c) Both parents employed full or part time; or unemployed & actively seeking employment; or studying/training for employment.

(d) One parent disabled & not working, the other parent work related.

PRIORITY 3

Any other child

OFFICE USE ONLY

Monday

Tuesday

Wednesday

Thursday

Friday

ROOM

J

L

S

Date Commencing:

Hat: yes / no

Sheet Bag: yes / no

Bond: _____

Maintenance: _____

Membership: _____

Enrolment: formal informal

Email address to contacts: yes