



Enrolment Form

Child's first name:

Child's Surname:

Gender: Male Female Date of birth:

Child's customer registration number (CRN):

Residential address:

Email:

Best contact number:

Siblings:

Booking Details

Monday Tuesday Wednesday Thursday Friday

Are these days flexible? Yes No

Proposed start date:

Age your child will be on the proposed start date:

Important Information About the Custody of Your Child

Who has legal custody of the child?

Is there a court determined parenting order or parenting plan in place for your child?

Yes No

(if 'yes' you must supply a copy to North Edge, this is the parent's responsibility to ensure these documents are updated and in writing at all times)

Is there any other information about the child's living arrangements that we need to know about?

Yes No

Please specify:

Parent / Legal Guardian of Enrolling Child

Mother Father Guardian Other (please specify):

Full name:

Relationship to the child:

Date of Birth:

Parent customer reference number (CRN):

Residential Address:

Home Ph:

Work Ph:

Mobile:

Email:

Occupation:

Nationality:

Language spoken:

Parent / Legal Guardian of Enrolling Child 2

Mother Father Guardian Other (please specify):

Full name:

Relationship to the child:

Date of Birth:

Parent customer reference number (CRN):

Residential Address:

Home Ph:

Work Ph:

Mobile:

Email:

Occupation:

Nationality:

Language spoken:

Immunisation Details

Birth 2 months 4 months 6 months 12 months 18 months 4 years

(a copy of your child's immunisation records must be provided to North Edge and be constantly updated)

Other immunisations:

Immunisation exempt: (please provide copy of form)

Other Person/s Authorisation's

Please list below the details of those people who you have authorised as an emergency contact for your child. This list any be amended at any time. In the events that the parents or guardians cannot be contacted the person/s listed below will be contacted regarding collecting the child, in event of an emergency involving the child or to consent to medical treatment or the administration of medication.

Drop off and collection

I give permission for the persons listed below to drop off and collect my child listed on this application. I further agree to keep the Centre updated in writing of any changes to the contacts. I understand that in keeping with the Education and Care Services National Regulations and centre policies, my child will not be released into the care of a person under the age of 16 years, any person not listed on this form as a parent, emergency contact or authorised collector. I understand that non custodial parents (determined by a current court order only) will not be given access to the child/ren:

Medical treatment

I give permission for the persons listed below to consent to medical treatment of the child or to authorise the administration of medication to the child and/or

- medical treatment from a registered medical practitioner, hospital or ambulance service
- transportation of the child by an ambulance service

<p>Name:</p> <p>Mobile/ Phone:</p> <p>Address:</p> <p>Relationship to child:</p> <p>Authorised to collect Notification in case of an emergency Authorised to consent to medical treatment Authorised for the administration of medication</p>	<p>Name:</p> <p>Mobile/ Phone:</p> <p>Address:</p> <p>Relationship to child:</p> <p>Authorised to collect Notification in case of an emergency Authorised to consent to medical treatment Authorised for the administration of medication</p>
<p>Name:</p> <p>Mobile/ Phone:</p> <p>Address:</p> <p>Relationship to child:</p> <p>Authorised to collect Notification in case of an emergency Authorised to consent to medical treatment Authorised for the administration of medication</p>	<p>Name:</p> <p>Mobile/ Phone:</p> <p>Address:</p> <p>Relationship to child:</p> <p>Authorised to collect Notification in case of an emergency Authorised to consent to medical treatment Authorised for the administration of medication</p>

Medical Information

Child's doctors name:

Surgery name:

Address:

Phone number:

Medicare number:

Important Information About Your Child

What is your child's cultural background/nationality?

Is the child of Aboriginal, Torres Strait Island descent? Yes No Both Neither

Primary language of the family?

Does your child have any religious, cultural or personal beliefs that require consideration from our Centre?
Yes No

Please specify:

Does/can your child participate in festivals/celebrations? Yes No

Please specify:

Does your child need an interpreter during the settling in stage? Yes No

Does your child have a special comforter? Yes No

Please specify:

Does your child have any fears? i.e. animals, thunder, etc? Yes No

Please specify:

Does your child have any special dietary needs? i.e. vegetarian Yes No

Please specify:

Childcare Benefit Information

Is your child eligible for childcare benefit? Yes No

Has your child attended another childcare facility this financial year? Yes No

Will your child continue to attend another childcare facility while attending North Edge?

Yes No

If yes, how many hours does the other facility bill you for?

Do you have other children receiving childcare benefit? Yes No

If yes, what are their names and date of birth?

Child Health Record

Does your child have?

Asthma Yes No

If yes please complete the Action Plan for asthma obtained from the Director:

Anaphylactic reactions Yes No

If yes please complete the Action Plan for anaphylaxis obtained from the Director:

Allergic reactions Yes No

If yes please complete the Action Plan for allergic reactions obtained from the Director;

If yes, to any of the above please specify details:

Does your child have any medical conditions other than the above mentioned? Yes No

If yes, please specify details:

Is your child at risk of a life threatening reaction? Yes No

If yes, we require your child's doctor/specialist to complete the relevant Action plan obtained from the Director. If there is not a relevant Action Plan for your child's medical condition, please ask your doctor/specialist to supply you with one.

If no, what first aid must be administered to your child in an emergency? Please specify:

Has your child ever suffered from a serious illness or injury or required hospitalisation?

Yes No

Please specify:

Is your child currently taking any long-term medication? Yes No

Please specify:

Child's present health status

Specific Needs

Does your child have any special needs in regarding their ability level that we should know about to provide them with the highest standard of care possible? Yes No

Please specify:

Does your child regularly visit a specialist? I.e. speech therapist, etc? Yes No

Please specify:

Name of specialist:

Contact number:

Details of any special requirements for your child:

Procedures staff may be required to perform to ensure your child receives appropriate, quality care:

NOTE: It is a requirement that if your child requires an Action Plan that an original copy is provided to the Director upon enrolment. This document must be certified by your doctor and constantly updated while your child attends North Edge. Only original Action plans will be displayed within the child's room.

I agree to keep North Edge regularly informed regarding my child's health and will notify the Centre as soon as any amendments have been made regarding any of the above emergency health action plans.

Parent/guardian signature:

Date:

Special Talents

Our program is boosted by the special skills and abilities that our parent/guardians have. Any skills (regardless of how inconsequential they seem to you) can complement the program that we offer our children.

I have a special talent to share, play a musical instrument, speak another language, artistic talent, draft, sew, cook etc:

Please specify:

Fee Payment Agreement

I _____ / (Parent/guardian names)

I/we understand that:

Fees are payable two weeks in advance

All fees are payable via direct debit from Ezidebit

If my fees are in arrears for more than two weeks and no arrangements have been made with the Centre Director, my child's place may be withdrawn

Fees will be charged for booked days that my child does not attend due to illness, holidays or public holidays

I need to provide two weeks written notice prior to cancelling days or withdrawing my child from the Centre and agree to pay all outstanding fees prior to my departure

For my child to receive childcare benefit they must attend the Centre on their last day of care or full fees will be charged for that day and any absent days they had prior to leaving

Should I fail to pay my fees and my place is withdrawn or there is an outstanding balance when I leave the Service I will be liable for any fees outstanding and all additional costs incurred by the Centre in collecting any outstanding balances

Full fees will be payable until childcare benefit is received by the Centre

No fees are charged for two weeks closure over Christmas

Parent name:

Signature:

Date:

Permission Agreement

I/We understand that the following statements are a necessary aspect of my child attending North Edge and give authority for the management/Centre personnel at North Edge to:

Use my child's name and or photos within the Service for displays, developmental profiles and allergy alert posters.

N.B – This will be for Centre use only and will not be posted on the internet

To use my child's name and or photos of my child for student educational training purposes

N.B – As part of our commitment to improving the childcare industry, the Service may, in the future, hosts students from TAFE who have been assigned to the Centre for practical placement. As part of their practicum they are asked to observe and plan activities for a selected group of children. Parents will be notified if your child has been selected and all records pertaining to your child will be available for you to peruse.

To display my name and contact details on medical alert posters

N.B – this information is displayed in staff areas only and used in the case of an emergency

Apply sunscreen your child for outside play

Apply insect repellent to my child for the purpose of insect protection when required

Take my child outside the grounds of the Centre for the purpose of a fire and emergency drill or evacuation

To observe my child for the purpose of developing individual and group educational programs

Parent name:

Signature:

Date:

Updating Contact Details and Child's Information

/

(parent names)

I/We understand that I am responsible for ensuring the Service is advised of any changes to our family circumstances, this can be done via email or at the reception.

I/We adhere to North Edge policies, procedures and family handbook whilst enrolled at the service.

Parent name 1:

Parent name 2:

Signature 1:

Signature 2:

Date:

Privacy Information

The information which you provide in this application will be subject to the National Privacy Principles under the Privacy Act 1988. Some of the personal information such as your date of birth and CRN is essential for us to accurately identify who is using the service and assist in processing parent claims for Childcare Benefit. All information collected is kept confidential and will only be available to relevant employees.

A full copy of our Privacy Policy is available from the Centre Director or in the front foyer.

Office Use Only

To be completed by the person compiling the enrolment package. This is a quality check to verify that all information has been included and is current.

Name of person who checked the Enrolment package:

Date package was received:

North Edge Child Care Centre

Dear Parent

We have recently launched a North Edge Child Care Centre Facebook page, where we will be promoting our service and what facilities we have to offer families.

A large part of this promotion will be by advertising weekly/daily what's been happening and up and coming events that will be taking place within the centre. From time to time photographs of the staff and children at play within their learning areas will be used so we are now asking for parental permission to do this.

Please sign the below form **ONLY** if you give North Edge Child Care Centre permission to use and publish photos of your child/children on our Facebook page and website.

I _____ give authority for the
management/centre personnel at North Edge Child Care Centre to use photographs of my child/children
(insert name) on the
centres website and Facebook page for promotional purposes only.

Signed _____ Date _____