



## Child Details

First name			
Middle name		Surname	
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non Specified
Address			
Phone Number		Nationality	
Religion		Language/s spoken	
Is your child	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither		

## Booking Details

Please TICK the days on which you require care	Start Date
<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY	
Please refer to the attached Fee Schedule and Sessional Terms and Conditions document for further information.	

## Parent/Guardian Details

<b>PRIMARY PARENT/GUARDIAN</b> <input type="checkbox"/> CCS HOLDER		Email Address	
Title		Marital Status	
Full Name		Relationship to child	
Address		Nationality	
Home No		<b>AUTHORISATION</b>	
Mobile No		Collection <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency <input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers Licence No		Excursion <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SECONDARY PARENT/GUARDIAN</b> <input type="checkbox"/> CCS HOLDER		Email Address	
Title		Marital Status	
Full Name		Relationship to child	
Address		Nationality	
Home No		<b>AUTHORISATION</b>	
Mobile No		Collection <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency <input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers Licence No		Excursion <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical <input type="checkbox"/> Yes <input type="checkbox"/> No





## Authorised Persons/Emergency Contacts

Normanton Child Care Centre is only able to release a child into the care of an authorised person. If we cannot get in touch with a child's parents in an emergency situation, the people below will be contacted in the order they are listed. An Authorised Person/Emergency Contact may sign a child out of the centre without additional written permission. The contact should be someone aged at least 18 years of age, easily contactable and capable of dealing with emergency situations. Please note the Authorised Person/Emergency Contact may be asked to show photo identification to prove they are the authorised person.

CONTACT 1		CONTACT 2	
Name		Name	
Relationship to child		Relationship to child	
Mobile Phone		Mobile Phone	
Phone		Phone	
Email		Email	
Address		Address	
Not parent or guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Not parent or guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this person authorised to consent to medical treatment or administration of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this person authorised to consent to medical treatment or administration of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In the case of an emergency i.e. ambulance transport – Is this person authorised to give permission to an educator to remove the child from service premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		In the case of an emergency i.e. ambulance transport – Is this person authorised to give permission to an educator to remove the child from service premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	

  

CONTACT 3		CONTACT 4	
Name		Name	
Relationship to child		Relationship to child	
Mobile Phone		Mobile Phone	
Phone		Phone	
Email		Email	
Address		Address	
Not parent or guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Not parent or guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this person authorised to consent to medical treatment or administration of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this person authorised to consent to medical treatment or administration of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In the case of an emergency i.e. ambulance transport – Is this person authorised to give permission to an educator to remove the child from service premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		In the case of an emergency i.e. ambulance transport – Is this person authorised to give permission to an educator to remove the child from service premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	



## Health & Medical Information

Family Doctor		Doctor's Phone Number	
Name of Practice		Child's Medicare Number	
Name of Doctor		Ambulance Membership Number ( If applicable)	
Address		Private Health Insurer	
		Member Number	

Does your child have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES please complete the following
Has your child been diagnosed at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES please attach copy of action plan
Does your child have an auto injection (EPIPEN) device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a copy of the centre's Medical Conditions Procedure been provided to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Risk Minimisation Plan been completed by the centre in consultation with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answer YES to any of the questions below you must provide a supporting letter from your doctor.</b>	
Does your child have any ALLERGIES TO FOOD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify which foods and the signs/symptoms to be aware of	
Does your child have any ALLERGIES TO OTHER ITEMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please detail and the signs/symptoms to be aware of:	
Does your child have a history of illnesses or injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details:	
Does your child have any current medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details:	
Is your child currently on any prescribed medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details:	
Does your child have any dietary restrictions including religious requirements? Normanton Child Care Centre will do their very best to accommodate all requests however we must follow specific food safety practices and legislation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details:	
Does your child have any special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details;	



## Immunisation Details

Is your child currently immunised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>From 1 January 2016, an early childhood education and care service cannot confirm enrolment of a child unless the parent has provided documentation that shows that the child:</p> <ul style="list-style-type: none"> <li>- Is fully vaccinated for their age; or</li> <li>- Is on a recognised catch-up schedule; or</li> <li>- Has a medical reason not to be vaccinated</li> </ul>	
<p>An immunisation History Statement from the Australian Childhood Immunisation Register can be used as evidence of up to date vaccination. An Immunisation Status Certificate from a medical doctor or a local council immunisation service may also be used.</p> <p>Other immunisation records, such as 'homeopathis immunisations' or a statutory declaration from you are not acceptable.</p> <p>If you are experiencing difficulties accessing vaccinations or required related documents, please contact us for assistance as soon as you are able. In some cases children can commence at the service while the required documents are obtained.</p>	
<p>Immunisation History Statements are available on request at any time by contacting Medicare:</p> <ul style="list-style-type: none"> <li>- By telephone on 1800 653 809</li> <li>- By email on <a href="mailto:acir@medicareaustralia.gov.au">acir@medicareaustralia.gov.au</a></li> <li>- Online at <a href="http://www.humanservices.gov.au/customer/services/medicare/medicare-online-accounts">www.humanservices.gov.au/customer/services/medicare/medicare-online-accounts</a></li> <li>- In person at your local Medicare Service Centre.</li> </ul>	

### OFFICE USE ONLY

☐ Immunisation Records Received

Checked by



## Child Care Subsidy (CCS) Information

To ensure that you are linked to our centre through the Child Care Management System (CCMS) and to have Child Care Subsidy (CCS) applied to your child care fees, you must contact Centrelink to confirm that they have the correct name and date of birth for the Primary Parent/Contact and child who are registered for CCS.	
<b>Person Registered for CCS with Centrelink (details must be exactly as per Centrelink Records)</b>	
Full Name	
Date of Birth	
CRN	
<b>Child Registered for CCS with Centrelink (details must be exactly as per Centrelink Records)</b>	
Full Name	
Date of Birth	
CRN	
Has the child attended another child care centre this financial year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this child attending multiple child care centres?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>VERIFICATION OF DETAILS HELD BY CENTRELINK</b>	
I confirm that:	
1. The information I have provided above is true and correct and that I have provided Centerlink with the same information.	
2. I am responsible for communicating this information to Centerlink.	
3. I understand that I am responsible for all fees charged by the centre in relation to this enrolment.	
4. I understand that if any details are incorrect, full child care fees are payable by me directly to the centre until the details are corrected with Centrelink.	
<b>NAME:</b>	<b>SIGNATURE:</b> <b>DATE:</b> /     /

## Additional Documents

<input type="checkbox"/> A Birth Certificate	<input type="checkbox"/> Medical Action plan (if required)
<input type="checkbox"/> Proof of Address	<input type="checkbox"/> Risk minimisation plan (if required)
<input type="checkbox"/> Copy of Immunisation record	<input type="checkbox"/> Photo ID of all parents/guardians
<input type="checkbox"/> Debit Success Form	<input type="checkbox"/> Media Release Form Additional
<input type="checkbox"/> Court Orders (if applicable)	<input type="checkbox"/> Information Form



## Agreement & Consent to Terms

Child's Name	Date of Birth																														
<p><b>1. Emergency or Accidents</b> In the event of an emergency, illness or accident (when the Centre is unable to contact the Parent/ Guardian or the Authorised Contact/s), I/ We give the Approved Provider, Nominated Supervisor or an Educator permission to seek medical treatment for the child and/or ambulance transportation. I/ We agree to pay any expenses incurred for Medical treatment and Transport.</p> <p><b>2. Special need, Allergy or Medical Condition</b> We give the staff at the centre consent for the medical management plan for our child to be followed with respect to a special need, allergy or medical condition, if necessary.</p> <p><b>3. I/we give permission for our child's photo to be displayed alongside their medical management plan in locations within the centre for ease of viewing and access by educators.</b></p> <p><b>4. Risk of Anaphylaxis</b> Where our child is diagnosed with or at risk of anaphylaxis, we give the staff at the centre consent to manage the current medical plan for the child.</p> <p><b>Please provide contact details below of any other person with parental responsibility to consent to the four statements above.</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 25%; padding: 5px;">Full Name</td> <td style="width: 25%;"></td> <td style="width: 5%;"></td> <td style="width: 25%; padding: 5px;">Full Name</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 5px;">Address</td> <td></td> <td></td> <td style="padding: 5px;">Address</td> <td></td> </tr> <tr> <td style="padding: 5px;"></td> <td></td> <td></td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">Home Phone</td> <td></td> <td></td> <td style="padding: 5px;">Home Phone</td> <td></td> </tr> <tr> <td style="padding: 5px;">Work Phone</td> <td></td> <td></td> <td style="padding: 5px;">Work Phone</td> <td></td> </tr> <tr> <td style="padding: 5px;">Relationship to Child</td> <td></td> <td></td> <td style="padding: 5px;">Relationship to Child</td> <td></td> </tr> </table>		Full Name			Full Name		Address			Address							Home Phone			Home Phone		Work Phone			Work Phone		Relationship to Child			Relationship to Child	
Full Name			Full Name																												
Address			Address																												
Home Phone			Home Phone																												
Work Phone			Work Phone																												
Relationship to Child			Relationship to Child																												
<p><b>5. Administering of Paracetamol</b> I/We agree for centre staff to administer ONE dosage of Paracetamol in the event of our child's body temperature reaches 38 degrees Celsius (add symbols) or above. I/We understand that the staff will make contact with either the Parents/Guardians or the Emergency Contacts to inform us that Paracetamol is being administered and I/we will be required to organise for the child to be collected from the service. I/we understand that our child will be required to stay away from the centre until a minimum of 24 hours has passed from the child's temperature registering at 38 degrees or higher.</p> <p><b>6. Permission for Publication</b> I/ We give permission for our child to be observed by staff and /or , students. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers. If photography of your child, questioning or testing is to be carried out I/ we will be asked for further written permission.</p> <p><b>7. Permission for Observation</b> 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 caregivers. If questioning or testing is to be carried out I/ we will be asked for further permission.</p> <p><b>8. Payment of Fees</b> I/We agree to maintain our fees as per the centre's fee procedure. I/we understand that we have been provided a copy of this procedure and are aware of our responsibilities. We will ensure our fees are kept up to date by making payments on the required day via DebitSuccess. I/ We are aware that failure to pay due fees within 7 days may result in the cancellation of care at the Centre's option. Where a Debit Success (direct debit) arrangement has been entered into, I/we authorise the centre to make withdrawals from my/our nominated account as specified in the Direct Debit Request Form, as determined by the centre in accordance with the terms and conditions herein and in any subsequent agreement with the centre. I/we acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us. I/ We understand that any costs incurred by the centre in collecting any arrears owed may be charged to my/our account.</p>																															



## Agreement & Consent to Terms

### 9. Permission for Evacuations

I/We hereby give permission for our child to participate in regular evacuation drills. I/ We understand that our child will be relocated from the Centre under the supervision of their caregivers and centre staff to a safety zone for evacuation purposes. (Please refer to the Centres Evacuation Plans and Procedures for information.)

### 10. Sunscreen Application

I/ We agree for the Centre Staff to apply sunscreen regularly to our child for outdoor play purposes. I/ We understand that the Centre may use a variety of sunscreen brands from time to time, and this information will be advised to us on Communication Boards in the Centre foyer and rooms. If my child requires special sunscreen I/we agree to supply this product to the centre.

### 11. Child Care Subsidy (Lump Sum Claims)

I/We understand that it is our responsibility to notify the Centre of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Subsidy as reduced fees on a weekly basis.

### 12. Family Handbook

I/We acknowledge that we have received and read the Centre's Family Handbook. I/ We understand any changes to this Handbook will be displayed on the Communication Boards in the Centre foyer and rooms, or via electronic communication.

### 13. Centre Policies

I/We acknowledge that the Centre Policies are available in the Centre's foyer at all times to view. I/ We understand that any changes to these policies will be carried out where appropriate in consultation with us as Parents/ Guardians and any changes to these policies will be displayed on the Communication Boards, or via electronic communication.

### 14. Cancellation of Care

I/We understand that four week's written notification is required in advance when cancelling care.

### 15. Fees for Public Holidays and Sick Days

I/We understand that Public Holidays and Sick Days are charged at the normal fee rate and that complimentary make up days will not be available.

### 16. Late Fees

I/We understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Subsidy can be claimed in this fee.

### 17. Priority of Access

I/We understand that if our family falls under a specific category in relation to Priority Access we may be required to alter our days or give up our place in the Centre in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Centre Policy: First Priority – children at risk or serious abuse neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government; and Third Priority – all other children

### 18. Infectious Diseases/Clearance Certificates

I/We understand that our child will be excluded from the Centre if they contract a contagious disease or condition. I/We understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to our Centre Policies for further information.





## Agreement & Consent to Terms

### 19. Non-Immunisation

I/We understand that if our child is NOT immunised in accordance to the Government requirements (refer to our immunisation details page) our child will be excluded from the centre until the infectious period of the vaccine preventable disease or condition has passed. (Please refer to our Centre Policies for further information).

### 20. Presence of Visitors and Volunteers

I/We understand that occasionally the Centre may have visitors and/or volunteers assisting in the Centre. I/We consent to our child being in the presence of visitors and/or volunteers under the Centre Staff supervision and in accordance with our related procedures

### 21. Child Protection

I/We acknowledge that the Approved Provider, Nominated Supervisor and all educators are obliged under state and territory laws to report any child safety or child protection concerns that they may have about any child that is enrolled within our service.

### 22. Confidentiality of Enrolment Records

I/We understand that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent/guardian or prescribed in the Educational and Care Services National Regulations 2011.

### 23. Cessation of Care

I/We understand that a notice period of four weeks is required in advance to cancel our enrolment. Any absences occurring during the four week notice period will be charged at full fees (As per Family Assistance Law).

### 24. Parental/Guardian Responsibility

All parents/guardians have powers and responsibilities in relation to their children that can only be changed by a court order. The Educational and Care Services National Regulations 2011 refer to these powers and responsibilities as "Parental Responsibility". It is not affected by the relationship between parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

### 25. Sleep, Rest and Relaxation Procedure

I acknowledge that I have received the Sleep, Rest and Relaxation Procedure and have discussed my child's needs with the Centre Team.

### By signing this form I/We declare and confirm:

- I/We have parental responsibility in relation to the child referred to in this Enrolment Form - All information provided in this Enrolment Form is true and correct; and - I/We have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 25 above, and any other policies and procedures advised by the centre directly or by making them available for perusal at the Centre.

### Child Care Subsidy (CCS) Enrolment Agreement

As a part of your enrolment at our service we require you to confirm acceptance of the following items in order to be eligible to receive Government funding if available. Acceptance of these items as well as some of the other information in the enrolment form can be used as your Complying Written Arrangement. Please read these items and confirm via the check box your acceptance of these items:

- I confirm that my details in this enrolment form as well as the details of the child I am enrolling are correct
- I confirm that I have agreed to days of care with this service(s) and understand the start and end times of the care provided
- I confirm that care may be provided on a casual or flexible basis where available at my service/s at my request
- I confirm I understand the usual fees associated with the care of my child which may vary from time to time.

☐ Please check here to indicate that you have read and confirmed the CCS Enrolment Agreement with the service.

NAME OF PRIMARY PARENT/GUARDIAN	SIGNATURE	DATE
NAME OF SECONDARY PARENT/GUARDIAN	SIGNATURE	DATE
DIRECTOR/COORDINATOR	SIGNATURE	DATE