



Enrolment Form
EAST IVANHOE EARLY LEARNING CENTRE
71 Lower Heidelberg Road
Ivanhoe VIC 3079
Ph: 03 9499 7690
ABN 83 116 020 887

Child Details

Surname: _____ Given Names: _____

Preferred Name/Nickname: _____ Date of Birth: _____ Sex: M F

Address: _____ State: _____ P/C: _____

Is the child of Aboriginal and/or Torres Strait Island Origin? (please tick)

No, not Aboriginal or Torres Strait Islander

Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander

Yes, Torres Strait Islander

Booking Information

Proposed Start Date: _____

Days Required: (please tick) Monday Tuesday Wednesday Thursday Friday

Contact Details for the Child's Parents or Guardians

Contact Details - Primary Guardian

Miss Ms Mrs Mr Other _____

Name

Address

Telephone (H)

Telephone (M)

Email Address

Marital Status

Driver's License Number

Relationship to the Child

Authorised to Collect the Child? Yes No

Contact Details - Secondary Guardian

Miss Ms Mrs Mr Other _____

Name

Address

Telephone (H)

Telephone (M)

Email Address

Marital Status

Driver's License Number

Relationship to the Child

Authorised to Collect the Child? Yes No

Employment Details for the Child's Parents or Guardians

Primary Guardian

Employer Name

Address

Telephone (W)

Email (W)

Occupation

Department (if applicable)

Secondary Guardian

Employer Name

Address

Telephone (W)

Email (W)

Occupation

Department (if applicable)

Other Persons to be notified in an Emergency

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 parents or guardians cannot be contacted. If this situation should arise, a staff member will need to contact an alternate person who is authorised to collect and care for the child. Personal identification will be required from these people in order to collect your child on your behalf.

Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Email

Relationship to the child

Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Email

Relationship to the child

Other Persons Authorised to Collect your Child

The following people are authorised to pick up your child on your behalf. Personal identification will be required from these people in order to collect your child. This list can be added to or changed throughout your child's enrolment. Any one not detailed below will not be permitted to collect your child without prior permission.

Person One

Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Relationship to the child

Person Three

Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Relationship to the child

Person Two

Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Relationship to the child

Person Four

Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Relationship to the child

Family Details

Please provide details of any siblings or other family members that live in your household.

1. Name: _____ Relationship: _____ DOB: _____
2. Name: _____ Relationship: _____ DOB: _____
3. Name: _____ Relationship: _____ DOB: _____
4. Name: _____ Relationship: _____ DOB: _____
5. Name: _____ Relationship: _____ DOB: _____

Child Custody Information

If parents are separated/divorced, is there a legal document specifying who has custody of or access to the child?

- No (go to the next section) Yes (**please complete the following**)

Name of the custodial parent: _____

Any additional information about access arrangements: _____

Please supply the Centre with copies of Custody Orders or Access Arrangements that are in place for your child.

School Information

Does this child usually attend school? Yes No

When was, or when will this child be enrolled at school? _____

Health/Medical Information

Family Doctor's Name: _____

Family Doctor's Address: _____

Family Doctor's Telephone: _____ Child's Medicare Number _____

Preferred Hospital in Emergency: _____

Does your Child have any allergies? No (go to the next question) Yes (**please complete the following**)

Has your child been diagnosed at risk of anaphylaxis? No (go to the next question) Yes (**please attach action plan**)

Does your child have an auto injection (epipen) device?

Has the anaphylaxis management policy for the centre been provided to you?

Has the risk minimisation plan been completed by the centre in consultation with you?

If you answer yes to any of the questions below you must provide a supporting letter from your local doctor.

Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any): _____

Other Allergies (please detail and specify the signs/symptoms to be aware of, if any): _____

Does your child have a history of illnesses or injuries? No (go to the next question) Yes (**please provide details**)

Does your child have any current medical conditions? No (go to the next question) Yes (**please provide details**)

Is your child currently on any prescribed medications? No (go to the next question) Yes (**please provide details**)

Does your child have any special needs? No (go to the next question) Yes (**please provide details of management below**)

Information about your Child

The following information pages will be shared with your child's caregivers. Confidential copies will be kept with your child's developmental profile in their room as well as on the main file for office use.

Childs Name: _____ Date of Birth: _____

Usual time awake: _____ Usual evening bedtime: _____

Daytime sleep (approximate time of day and length): _____

What does your child take to bed? _____

Any special bedtime routines: (ways in which they are put to bed or positions they like to lie in): _____

Are there any foods your child particularly likes? _____

Does your child have any fears? (e.g. noise, animals): _____

Does your child get upset when left with other people? _____

Languages spoken by the child: _____

Languages spoken at Home: _____

Cultural Background: _____

Does your child have any disabilities or special needs (please detail): _____

Are there any words that we may need to know that have special meaning to your child (translate where necessary): _____

Has your child been in care before (at another centre or at home with family)? No Yes (**please provide details**)

What do you love about your child that you would like to share with us? _____

How can we assist your child this year? What would you most want for your child at our centre? Are there any particular areas of concern that you feel we need to know about? _____

What information do you consider important for you to know each day and what is the best means of communicating this with you? _____

Is there any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child? (e.g. recent significant events, family situation, religious beliefs etc): _____

Are there any skills that you or family members have that you would like to contribute to the Centre's program? _____

Information Required for Children under 3 years of age

Please tick where appropriate and provide comments where necessary.

Eating Routines

- Feeds Self _____
- Uses spoon or utensils _____
- Uses cup _____
- Uses bottle _____

Toileting Routines

- Nappies _____
- Being toilet trained _____
- Toilet Trained _____

Sleeping Routines

- Sleeps in cot _____
- Sleeps in bed with safety guard _____
- Sleeps in bed without safety guard _____

Immunisation Details

To be eligible for Child Care Benefit, your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements, your child must be:

- fully immunised or up-to-date according to the Australian Standard Vaccination Schedule; or
- on a catch-up vaccination schedule; or
- you have an approved exemption for your child (see below).

Your child is exempt from the immunisation requirements in the following circumstances:

- you have been told by your doctor about the benefits and risks of immunising your child and you have a conscientious objection to immunising your child – your child's doctor or a recognised immunisation provider will need to complete a 'Medical Contraindication' form; or
- immunising your child with a particular vaccine is medically contraindicated; or
- the child has a natural immunity to a disease or a vaccine is temporarily unavailable; or
- you or your partner are a member of the Church of Christ Scientist and you have a letter from an official of the Church advising that you are a practicing member of the Church.

Please detail your child's immunisations to date in the table below. The Centre will review these details on a regular basis to ensure our records are up to date. Where your child is in the Nursery Room please keep these records updated as your child's immunisations are carried out.

The National Immunisation Program Valid From July 2007

Age	Disease immunised against	Date immunised	Comments (if necessary)
Birth	Hepatitis B	___/___/___	
2 months	Diphtheria, tetanus and acellular pertussis (DTPa)	___/___/___	
	Hepatitis B	___/___/___	
	Haemophilus influenzae type b (Hib)	___/___/___	
	Inactivated poliomyelitis (IPV)	___/___/___	
	Pneumococcal conjugate (7vPCV)	___/___/___	
4 months	Rotavirus	___/___/___	
	Diphtheria, tetanus and acellular pertussis (DTPa)	___/___/___	
	Hepatitis B	___/___/___	
	Haemophilus influenzae type b (Hib)	___/___/___	
	Inactivated poliomyelitis (IPV)	___/___/___	
6 months	Pneumococcal conjugate (7vPCV)	___/___/___	
	Rotavirus	___/___/___	
	Diphtheria, tetanus and acellular pertussis (DTPa)	___/___/___	
	Hepatitis B – or at 12 months	___/___/___	
	Haemophilus influenzae type b (Hib)	___/___/___	
12 months	Inactivated poliomyelitis (IPV)	___/___/___	
	Pneumococcal conjugate (7vPCV)	___/___/___	
	Rotavirus	___/___/___	
	Measles, mumps and rubella (MMR)	___/___/___	
18 months	Hepatitis B – or at 6 months	___/___/___	
	Haemophilus influenzae type b (Hib)	___/___/___	
	Meningococcal C (MenCCV)	___/___/___	
	Varicella (VZV)	___/___/___	
4 years	Diphtheria, tetanus and acellular pertussis (DTPa)	___/___/___	
	Inactivated poliomyelitis (IPV)	___/___/___	
	Measles, mumps and rubella (MMR)	___/___/___	

Please note:

- Hepatitis B vaccine should be given to all infants at birth and should not be delayed beyond 7 days.
- Wherever possible, the same brand of DTPa should be used at 2, 4 and 6 months.

Children born up to 31st December 2004 – NOTE - Your child may also be eligible for free pneumococcal vaccine under the National Childhood Pneumococcal Vaccination Program. Our Centre Health Folio has further information where required.

CCB & CCMS Information

To ensure that you are linked to our centre through the Child Care Management System ('CCMS') and to have Child Care Benefit ('CCB') applied to your child care fees, you must contact Centrelink to confirm that they have the correct name and date of birth for both the parent & child who are registered for CCB.

Please complete the following information accurately to ensure that your CRN is linked to our centre and to enable you to receive CCB:

Person Registered for CCB with Centrelink (details must be EXACTLY as per Centrelinks Records)

Full Name: _____

Date of Birth: _____ CRN: _____

Child Registered for CCB with Centrelink (details must be EXACTLY as per Centrelinks Records)

Full Name: _____

Date of Birth: _____ CRN: _____

Has this child attended another child care centre this financial year? Yes No

Is the child attending multiple child care centres? Yes No

Verification of Details held by Centrelink

I confirm that:

1. The information I have provided above is true and correct and that I have provided Centrelink with this same information.
2. I am responsible for communicating this information to Centrelink.
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 then full child care fees are payable by me directly to the centre until the details are corrected with Centrelink.

Name: _____ Signature: _____ Date: _____

Other Children in Care/Multiple Child CCB Percentage

If you have other children who are registered for CCB at another service, please complete the following information to ensure that you have the Multiple Child CCB Percentage applied to your account. As this information may change, we will ask you for updates periodically throughout the year to ensure the correct CCB percentage is applied.

Details of Other Children in Care

1. Full Name: _____ DOB: _____

2. Full Name: _____ DOB: _____

3. Full Name: _____ DOB: _____

4. Full Name: _____ DOB: _____

5. Full Name: _____ DOB: _____

Agreement & Consent to Terms

Child's Name: _____ Date of Birth: _____

1. Emergency or Accidents

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 staff at the centre consent to provide Medical or Hospital attention for our child. I / We agree to pay any expenses incurred for Medical treatment and Transport.

2. Administering of Paracetamol

I / We agree for centre staff to administer ONE dosage of Paracetamol in the event of our child's body temperature rising above 38°C. 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 discuss at the time further actions to take in the event that the temperature does not subside within an appropriate time frame.

3. Permission for Publication

I / We hereby give consent for our child's photograph, name and age to be used for the room programming, Centre displays and/or publications (e.g. Newsletters). Where this information may be utilized outside of the Centre, further permission will be sought.

4. 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 caregivers. If questioning or testing is to be carried out I / we will be asked for further permission.

5. Payment of Fees

I / We agree to maintain our fees as per the centre's fee policy. We will ensure our fees are kept up to date by making payments on the required day via Ezi Debit or as agreed with the Centre. I / We are aware that failure to pay due fees within 14 days may result in the cancellation of care at the Centre's option. Where an Ezi Debit (direct debit) arrangement has been entered into, I/we authorize 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.

6. 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.)

7. 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 Parent Communication Boards in the Centre foyer and rooms. If my child requires special sunscreen I/we agree to supply this product to the centre.

8. Insect Repellant Applications

I / We agree for Centre Staff to apply Insect Repellant to our child where necessary for indoor or outdoor purposes. I / We understand that the Centre may use a variety of insect repellant brands from time to time, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special repellant I/we agree to supply this product to the centre.

9. Child Care Benefit (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 Benefit as reduced fees on a weekly basis.

10. Parent Handbook

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

11. 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 Parent Communication Boards in the Centre foyer.

12. Cancellation of Care

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

13. Fees for Public Holidays

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

14. 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 Benefit can be claimed for this fee. Late fees charged are as follows: \$1 per minute for each minute that your child has not been collected after closing time (minimum late fee: \$20.00).

15. Priority of Access

I / We understand that if our family falls under 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 or neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government ; and Third Priority – all other children.

16. 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.

17. 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 disease or condition has passed. (Please refer to our Centre Policies for further information).

18. 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.

19. 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 or prescribed in the Children' Services.

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 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 19 above, and any other policies and procedures advised by the centre either directly or by making them available for perusal at the Centre.

Signature of Primary Parent/Guardian: _____ Date: _____

Signature of Secondary Parent/Guardian): _____ Date: _____

OFFICE USE ONLY

Enrolment Details entered: Yes No

Child health record sighted Yes No Sighted by.....

Photographs for Computer Identification: Child Yes No Parent Yes No

Ezi Debit Authority Signed: Yes No

Enrolment Deposit Paid: Yes No Receipted Date: _____

Child CRN Details: _____ Parent CRN Details: _____