



Love Kids Early Learning Centre - Mulgrave
52 Wanda Street
Mulgrave 3170
Ph. 03 9560 9077

Enrolment Form

Parent/Guardian Details

Primary Parent/Guardian

Title (please mark with X): Mrs Mr Ms Miss Other _____

First Name: _____ Surname: _____

Phone Numbers: Work _____ Home _____ Mobile _____

Address: _____ Postcode: _____

Email Address: (Private) _____ Authorised Pick Up (please circle) Yes / No

Drivers License Number: _____ CRN: _____

Date of Birth: (For CCB Purposes) _____

Relationship to the Child: _____ Marital Status: _____

How did you hear about the Centre: _____

What is the best way to contact you when your child is in our care? _____

Employment Information

Place of Work: _____ Occupation: _____

Address: _____ Postcode: _____

Phone: _____ Email (Work): _____

Department: _____ Roster: _____

Secondary Parent/Guardian

Title (please mark with X): Mrs Mr Ms Miss Other _____

First Name: _____ Surname: _____

Phone Numbers: Work _____ Home _____ Mobile _____

Address: _____ Postcode: _____

Email Address: (Private) _____ Authorised Pick Up (please circle) Yes / No

Drivers License Number: _____ CRN: _____

Date of Birth: (For CCB Purposes) _____

Relationship to the Child: _____ Marital Status: _____

Employment Information

Place of Work: _____ Occupation: _____

Address: _____ Postcode: _____

Phone: _____ Email (Work): _____

Department: _____ Roster: _____

Emergency Contact / Authorised Pick Up Details

The following people will be contacted in the case of an emergency (other than the parent/guardian). Personal identification is required from the people listed below to collect your child on your behalf.

Contact One

Title (please mark with X): Mrs Mr Ms Miss Other_____

First Name: _____ Surname: _____

Phone Numbers Work: _____ Home _____ Mobile _____

Address: _____ Postcode: _____

Relationship to the Child: _____ Authorised to Pick Up Child (please circle) Yes / No

Contact Two

Title (please mark with X): Mrs Mr Ms Miss Other_____

First Name: _____ Surname: _____

Phone Numbers Work: _____ Home _____ Mobile _____

Address: _____ Postcode: _____

Relationship to the Child: _____ Authorised to Pick Up Child (please circle) Yes / No

Contact Three

Title (please mark with X): Mrs Mr Ms Miss Other_____

First Name: _____ Surname: _____

Phone Numbers Work: _____ Home _____ Mobile _____

Address: _____ Postcode: _____

Relationship to the Child: _____ Authorised to Pick Up Child (please circle) Yes / No

Contact Four

Title (please mark with X): Mrs Mr Ms Miss Other_____

First Name: _____ Surname: _____

Phone Numbers Work: _____ Home _____ Mobile _____

Address: _____ Postcode: _____

Relationship to the Child: _____ Authorised to Pick Up Child (please circle) Yes / No

Home Environment

Please indicate 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: _____
6. Name: _____	Relationship: _____	DOB: _____

Child Details

General Information

First Name: _____ Middle Name: _____ Surname: _____

Preferred Name / Nickname: _____

Date of Birth: ____/____/____ Age: ____ Years ____ Months Gender (please mark with X): Male Female

Address: _____ Postcode: _____

Telephone Number: _____ CRN: _____

Child Custody Information

If parents are separated/divorced, is there a legal document outlining who has custody of the child? Yes / No

If yes, name 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 did or when will this child be enrolled at school? _____

CCB Information

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

Is the child attending multiple child care centres? Yes / No

Have you submitted a CCB Assessment to the FAO? Yes / No If yes, what date was it submitted? _____

Health/Medical Information

Family Doctor's Name: _____

Family Doctor's Address: _____ Postcode: _____

Family Doctor's Telephone Number: _____ Medicare Number _____

Hospital (note which Hospital you would use in an Emergency): _____

Does your Child have any allergies? Yes / No If yes, please list details below.

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 specify and note the signs/symptoms to be aware of, if any) _____

Does your child have history of illnesses or injuries? Yes / No (if yes, please specify) _____

Does your child have any current medical conditions? Yes / No (if yes, please specify) _____

Is your child currently on any prescribed medications? Yes / No (if yes, please specify) _____

Child Bookings

First Day of Attendance: ____/____/____ Group / Room Name: _____

Days Required:	<input type="checkbox"/>	Monday	Approx. Hrs in Care: _____ am to _____ pm
	<input type="checkbox"/>	Tuesday	Approx. Hrs in Care: _____ am to _____ pm
	<input type="checkbox"/>	Wednesday	Approx. Hrs in Care: _____ am to _____ pm
	<input type="checkbox"/>	Thursday	Approx. Hrs in Care: _____ am to _____ pm
	<input type="checkbox"/>	Friday	Approx. Hrs in Care: _____ am to _____ pm

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 is 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,
- immunising your child with a particular vaccine is medically contraindicated,
- the child has a natural immunity to a disease or a vaccine is temporarily unavailable,
- 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 make note for our Centre records your child's immunisation details. 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 immunisations are carried out.

The National Immunisation Program 2005 (0-4 Years)

Age	Disease immunised against	Date immunised	Comments (if necessary)
Birth	Hepatitis B	___/___/___	
2 months	Diphtheria, tetanus and pertussis (DTP)	___/___/___	
	Hepatitis B	___/___/___	
	Hib	___/___/___	
	Polio (IPV)	___/___/___	
	Pneumococcal	___/___/___	
4 months	Diphtheria, tetanus and pertussis (DTP)	___/___/___	
	Hepatitis B	___/___/___	
	Hib	___/___/___	
	Polio (IPV)	___/___/___	
	Pneumococcal	___/___/___	
6 months	Diphtheria, tetanus and pertussis (DTP)	___/___/___	
	Hepatitis B – or at 12 months	___/___/___	
	Polio (IPV)	___/___/___	
	Pneumococcal	___/___/___	
12 months	Measles, mumps and rubella (MMR)	___/___/___	
	Hepatitis B – or at 6 months	___/___/___	
	Hib	___/___/___	
	Meningococcal C	___/___/___	
4 years	Diphtheria, tetanus and pertussis (DTP)	___/___/___	
	Polio (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.

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: _____

Routines at Home

Usual getting up time: _____ Usual evening bedtime: _____

Day sleep (approx. time from & length): _____

What does the 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) Yes / No _____

Does your child get upset when left with other people? Yes / No _____

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) Yes / No (please specify) _____

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 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? (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? _____

For a child under 3 years of age (please tick where appropriate and note 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 _____

Agreement Form

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 seek 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 37.5°C. I / We understand that the staff will make contact with either of us as Parents / Guardians or the Authorised 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 sought for further permission.

5. **Payment of Fees**

I / We agree to maintain our fees as per the centres fee policy. We will ensure our fees are kept up to date by making payments on the required day as agreed with the Centre. All families are to utilize EZIDEBIT as the preferred payment method unless other arrangements are made in writing 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 Centres 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.

6. **Permission for Excursion (Evacuation purposes)**

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 your child requires special sunscreen you 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 your child requires special sunscreen you 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 (CRN) 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 Centres foyer at all times to view. I / We understand that any changes to Policies will be carried out in consultation with us as Parents / Guardians and any changes to the 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 6.30pm. These fees are required to be paid in cash to the Centre Manager as this fee is paid out to the Staff. No Child Care Benefit can be claimed for this fee. Late fees charged are as follows – up to 15 minutes late (\$15.00 late fee) up to 30 minutes (\$30.00 late fee).

15. Priority of Access

I / We understand that if our family falls under Priority Access (3) 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 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.

I have read and fully understand all of the above and agree to adhere to all as set out on this agreement form.

Signature of Parent/Guardian (1): _____ Signature of Parent/Guardian (2): _____ Date: _____

OFFICE USE ONLY

Enrolment Details entered: NO YES

Photographs for Computer Identification: Child - NO YES Parent - NO YES

Child CRN Details: _____ Parent CRN Details: _____

EZiDEBIT Authority Signed: NO YES

Enrolment Deposit Paid: NO YES Received on: _____