**Little.ly Early Learning Centre Enrolment Form**

1. Welcome to our family!

|  |  |
| --- | --- |
| 1. Child’s Full Name: | Please add a headshot photo of your child. |
| 1. Application Date: |
| 1. Proposed start date: |

1. **Attached Documents**
2. Please ensure ALL of the following documents are attached to this application before submission:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Birth Certificate |  | 1. Child and Parent Subsidy/CRN |  |
| 1. Immunisation record |  | 1. Court Orders |  |
| 1. Medical documentation/management plans |  | 1. Photo identification of emergency contacts |  |
| 1. Office use – Date entered system: | | | |

1. **Enrolment Details**
2. A parent or guardian who has parental responsibilities in relation to the child must complete this form. A brief explanation of parental responsibilities is found at the end of this form. The Education and Care Services National Regulations 2011 requires an approved provider to keep an enrolment record for each child containing the prescribed information in Regulation 160 to 162.

|  |  |
| --- | --- |
| 1. Given Names |  |
| 1. Surname |  |
| 1. Date of Birth |  |
| 1. Gender | 1. M / F |
| 1. Centrelink Reference Number (CRN)   Please note: Parent and child have their own individual CRN number. |  |
| 1. Child’s Home Address |  |
| 1. Child Lives With |  |
| 1. Child’s birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied | 1. Y / N |
| 1. Days of attendance (Mon–Fri) |  |

**Parent Details**

**Parent 1**

|  |  |
| --- | --- |
| 1. **First name** |  |
| 1. **Surname** |  |
| 1. **Gender** | 1. M / F |
| 1. **Address** |  |
| 1. **Drivers licence number** |  |
| 1. **Phone numbers** | 1. H: |
| 1. W: |
| 1. Mobile: |
| 1. **Occupation and place of employment** |  |
| 1. **Email** |  |
| 1. **Parent date of birth** |  |
| 1. **Relationship to child** |  |
| 1. **Country of birth** |  |
| 1. **Language spoken** |  |
| 1. **Parent CRN** |  |
| 1. **Does child live with parent?** | 1. Y / N |

**Parent 2**

|  |  |
| --- | --- |
| 1. **First name** |  |
| 1. **Surname** |  |
| 1. **Gender** | 1. M / F |
| 1. **Address** |  |
| 1. **Drivers licence number** |  |
| 1. **Phone numbers** | 1. H: |
| 1. W: |
| 1. Mobile: |
| 1. **Occupation and place of employment** |  |
| 1. **Email** |  |
| 1. **Parent date of birth** |  |
| 1. **Relationship to child** |  |
| 1. **Country of birth** |  |
| 1. **Language spoken** |  |
| 1. **Parent CRN** |  |
| 1. **Does child live with parent?** | 1. Y / N |

**Cultural Information**

|  |  |
| --- | --- |
| 1. **Home language** |  |
| 1. **Country of birth** |  |
| 1. **Is the child of Aboriginal or Torres Strait Islander Descent?** |  |
| 1. **Cultural or religious background.** 2. **If relevant insert cultural practice.** |  |
| 1. **Cultural or religious celebrations** |  |

**Medical Information**

|  |  |
| --- | --- |
| 1. **Medicare Number** |  |
| 1. **Medicare expiry date** |  |
| 1. **Number of child on card** |  |
| 1. **Please outline any dietary restrictions or considerations e.g., like and dislikes.** |  |
| 1. **Private health care** | 1. Y / N |
| 1. **Private health fund name and membership number** |  |
| 1. **Ambulance cover** | 1. Y / N |

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**Child’s Registered Medical Practitioner or Service Details:**

|  |  |
| --- | --- |
| 1. **Service name** |  |
| 1. **Practitioner name** |  |
| 1. **Contact number** |  |
| 1. **Address** |  |

**Child’s Registered Medical Practitioner or Service Details:**

|  |  |
| --- | --- |
| 1. **Service name** |  |
| 1. **Practitioner name** |  |
| 1. **Contact number** |  |
| 1. **Address** |  |

|  |  |
| --- | --- |
| 1. **Does the child have any specific health care needs or conditions, including allergies or anaphylaxis?** | 1. Yes / No 2. If yes, please provide details below and attach a medical management plan. |
| 1. **Does the child have any dietary restrictions?** | 1. Yes / No 2. If yes, please provide details below and attach any relevant documentation. |

**Medical authorisations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date.** 2. **Additionally, the medication must have been prescribed by a medical practitioner:**  * **The label must contain the child’s name** * **Parents must provide any verbal or written instructions provided by the medical practitioner.**  1. **Education and Care Services National Regulations Regulation 95 Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee either on our ‘Over the Counter Medication form’ or on our ‘Medication Record’ form. Education and Care Services National Regulations Regulation 93.** | 1. Parent 1 Signature | | 1. Parent 2 Signature | |
| 1. **Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?** | 1. Y / N | 1. Parent 1 Signature | | 1. Parent 2 Signature |
| 1. **Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?** | 1. Y / N | 1. Parent 1 Signature | | 1. Parent 2 Signature |
| 1. **Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency?** | 1. Y / N | 1. Parent 1 Signature | | 1. Parent 2 Signature |
| 1. **Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible. Education and Care Services National Regulations – Regulation 94.** | 1. Y / N | 1. Parent 1 Signature | | 1. Parent 2 Signature |

**Immunisation Details**

|  |  |
| --- | --- |
| 1. **My child is immunised** | 1. Y / N 2. Please attach immunisation record provided by Medicare or exemption letter. |

1. Signature of the person with parental responsibility of the child:
2. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

**Emergency Contact and Collection From Service Information**

Authorised Nominees

1. There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted or are unable to collect the child. To deal with these situations the children’s service should notify one of the authorised nominees (over the age of 18 years).
2. An authorised nominee is an acknowledged person who, with the parents/guardian’s authorisation, is allowed to give permission for the following:

* Authorise the taking of the child outside the service by an educator of the service.
* Consent to the medical treatment to the child.
* Request or permit the administration of medication to the child.
* Collect the child if necessary.

**Authorised Nominee 1**

|  |  |
| --- | --- |
| 1. **Full Name** |  |
| 1. **Address** |  |
| 1. **Telephone Number** |  |
| 1. **Relationship to child** |  |
| 1. **Attached photo ID** | 1. Y / N |

**Authorised nominee 2**

|  |  |
| --- | --- |
| 1. **Full Name** |  |
| 1. **Address** |  |
| 1. **Telephone Number** |  |
| 1. **Relationship to child** |  |
| 1. **Attached photo ID** | 1. Y / N |

**Authorised nominee 3**

|  |  |
| --- | --- |
| 1. **Full Name** |  |
| 1. **Address** |  |
| 1. **Telephone Number** |  |
| 1. **Relationship to child** |  |
| 1. **Attached photo ID** | 1. Y / N |

Signature of the person with parental responsibility of the child:

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

**Court Orders**

|  |  |
| --- | --- |
| 1. **Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?** | 1. Y / N 2. If yes, please attach documentation. |
| 1. **Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person?** | 1. Y / N 2. If yes, please attach documentation. |

1. Please note that without this documentation we cannot legally enforce the Order/s. In the case of custody arrangements and restraining orders, staff are unable to follow personal requests unless legal documents are provided

**Family and Developmental Notes**

|  |  |
| --- | --- |
| 1. **Does the child have any siblings? If so, please provide their names and ages.** |  |
| 1. **Does the child have any other close relations attending the service?** |  |
| 1. **Please provide us with any other information we should know about your child.** 2. **Such as:**  * **What your child is currently learning** * **Any areas of development you would like us to focus on** * **Child’s likes/dislikes** * **Play interest** * **Self help skills** * **Ability to communicate** * **Any other information you would like to provide** |  |

1. **Your Child’s Current Routine**
2. If required. (Recommended for children under 3-years-old.)

|  |  |
| --- | --- |
| 1. **Time (flexible)** | 1. **Routine/Rituals** |
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1. **Enrolment Agreements and Permissions**
2. Please read the following. Tick and sign upon agreement. Please direct any questions or queries to the Director before signing and returning.

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| --- | --- | --- |
| Health requirements | | |
| 1. I/We give permission for this child to: | 1. Yes | 1. No |
| 1. Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service). |  |  |
| 1. I agree to ensure that my child will attend the centre already with sunscreen provided but in the case this is has not been done then I will let the educators know and I agree that SPF30+ sunscreen can be applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability). |  |  |
| 1. Have Band-Aids or sticking plasters applied when necessary. |  |  |
| 1. I allow staff to check my child for headlice when required. |  |  |
| 1. Have staff apply Nappy Cream/Paste (preferably supplied by parents). |  |  |
| 1. I have completed the over-the-counter medications form for other information. |  |  |
| 1. I have attached all required medical information and documentation. |  |  |

|  |  |  |
| --- | --- | --- |
| Photo and video use | | |
| 1. I/We give permission for this child to: | 1. Yes | 1. No |
| 1. For photos and video footage to be taken of my/our child for Service use and staff training purposes. |  |  |
| 1. For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service. |  |  |
| 1. For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation’s resources. |  |  |
| 1. Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies. |  |  |
| 1. Do you give permission to have photos and images used on story park. |  |  |

Fees and Payment

Child Care Subsidy (CCS)

1. Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:
2. You and your partner must care for your child at least two nights per fortnight or have 14% care.
3. Are you liable for fees for care provided at an approved childcare service?
4. Do you meet residency requirements?
5. Does your child meet immunisation requirements?
6. Have you completed the Child Care Subsidy assessment on the myGov website?
7. Have you received confirmation about your Child Care Subsidy?
8. Please Note:
9. If you need assistance with filling out this form please speak to the Director who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

**Written Arrangements**

1. A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

|  |  |  |
| --- | --- | --- |
| 1. **Complying Written Arrangement** | 1. CWA | 1. A CWA is an enrolment type used for families wishing to claim CCS now or in the future. |
| 1. **Relevant Arrangement** | 1. RA | 1. An RA is an enrolment type used for families not wishing to claim CCS. |
| 1. **Additional Child Care Subsidy** | 1. ACCS | 1. ACCS is used when a childcare provider identifies that a child is at risk of serious abuse or neglect but there is no individual identified to pay the childcare fees. |
| 1. **Arrangement with an organisation** |  | 1. Arrangement with an organisation is when an organisation is liable for the fees for the care of the child. |

1. This written Arrangement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent name)
2. and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Service Provider)
3. is an ongoing agreement between the ECEC Service provider and Parent/Guardian, to provide care in return for fees. The written Arrangement must contain a minimum amount of information set out in subsection 200B (3) of the Family Assistance Administration Act.

PAYMENT REQUIREMENTS

|  |
| --- |
| 1. I/We understand that:  * Fees are payable two weeks in advance. * If my fees are in arrears for more than two weeks and no arrangement has been made with the Centre Manager, my child’s place will be withdrawn. * Fees will be charged for booked days that my child does not attend due to illness, public holidays, RDO days. * I need to provide four week’s notice in writing prior to withdrawing from the centre and will agree to pay all outstanding fees prior to my departure. * Should I fail to pay my fees and my place is withdrawn or when I leave the centre, I will be liable for all additional costs incurred by the centre in collecting any outstanding fees. * Full fees are payable until Child Care Subsidy confirmation is received by the centre. * In case of cancellation parent will only be eligible for Child Care Subsidy if the child attends care within the 4-week notice period. Therefore, to avoid full fee child must attend last day of the notice period. * My Debit Success payment will be altered to reflect any Child Care Subsidy changes. * In case of default, the Parent/Guardian acknowledges that information obtained in this enrolment form will be forwarded for legal recovery action. All recovery charges will be paid by the defaulted parent/guardian. |
| 1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ |

SESSION AND FEE DETAILS

1. As part of your enrolment at our service we require you to confirm acceptance of the following items in order to be able to receive Government funding on your behalf. Acceptance of these items as well as some of the other information in this enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy purposes.

|  |  |
| --- | --- |
| 1. **Arrangement type** | * CWA * RA * ACCS * Arrangements with a organisation |
| 1. **Name of Service** |  |
| 1. **Parent/Guardian full name** |  |
| 1. **Full name of child attending care** |  |
| 1. **Date the arrangement started** |  |
| 1. **Expected sessions of care** | * Monday * Tuesday * Wednesday * Thursday * Friday |
| 1. **Usual session fee** |  |
| 1. **Care arrangement** | 1. Flexible Care (Please Note: it is recommended that you select Flexible care to ensure CCS is still paid in the event that you ever change your permanently booked day.) 2. Routine Care (Please Note: by selecting Routine Care, if you ever change your permanent days you will be required to pay full fee for those days.)   Casual Care (Please Note: Casual care is only available when a minimum of one permanent day is booked, please speak to your Centre Manager for more information.) |
| 1. I Confirm:  * That my details in the enrolment form, as well as the details of the child I am enrolling are correct * I have agreed to days of care within the service and understand the start and end times of these sessions of care. * I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a fee schedule or parent handbook) which are subject to change over time based on advice from the provider and accepted by me.  1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ | |

**Privacy and Confidentiality**

|  |
| --- |
| 1. Little.ly Early Learning centre ensures all information within the enrolment form will remain confidential and filed safely. This information will only be shared with required educators in order to provide high quality care to your child . 2. The information collected from you about your child and family may be accessed by:  * Qualified and Unqualified educators working with your child to assist them in planning for your child’s health, care and educational needs, to make contact with you and to document their observations and development information. * The Department of Education and Training for auditing and compliance with the Children’s Services Regulations will look at completion of enrolment forms and observation and planning. * The Department of Human Services will be provided with non-identifying statistical information in order to meet funding and service agreement requirements. |
| 1. I understand this information and I give my permission to share as detailed above: 2. Parent/Guardian 1 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ |
| 1. I understand this information and I give my permission to share as detailed above: 2. Parent/Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ |