

# ENROLMENT FORM

*An enrolment form needs to be completed for each child you are wanting to attend*



## ENROLMENT FORM

### Childs Details

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Customer reference number (CRN# Centrelink): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male/Female (Circle)

Country of Birth: \_\_\_\_\_ Language/s spoken: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Parent/Guardians Details

#### Parent/Guardian (1)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ CRN# \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Work No: \_\_\_\_\_ Ext \_\_\_\_\_

Mobile: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Work/Study: \_\_\_\_\_

Work/Study Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Language/s spoken: \_\_\_\_\_

#### Parent/Guardian (2)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ CRN# \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Work No: \_\_\_\_\_ Ext \_\_\_\_\_

Mobile: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Work/Study: \_\_\_\_\_

Work/Study Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Language/s spoken: \_\_\_\_\_

## Custody of Child

Have any orders been made by any court regarding your child/ren? YES / NO (circle)

If NO, are there any disputes concerning custody of the child/ren?

Please provide details:

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If YES, please provide the following:

Details of Guardianship and Custody, and terms of any specific Custody or Access provision (if applicable)

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Enrolling Parents initials: \_\_\_\_\_

**Please attach copies of relevant court forms and documentation.**

## Are you eligible?

Before you attend our centre it is advisable that you contact Centrelink to apply or see if you are eligible for the below. It can assist in reducing your fees greatly!

- GCB: Grandparents benefit. For grandparents that care for their grandchildren where Centrelink pays the parent portion of fees.
- 60 HOURS CCB: For parents who work / travel / study for long hours will increase their Centrelink portion therefore reducing the parent portion.
- JET: For parents that are studying or seeking work. This reduces parent fees to make it affordable from \$1.20 a day. Great for students etc.
- AMES: Apply at your TAFE. Suitable for non-permanent residents.

## Priority of Access:

1<sup>st</sup> Priority: A child at risk of serious abuse or neglect.

2<sup>nd</sup> Priority: A child of a single parent who satisfies, or parents who both satisfy the work/training/study test under section 14 of the Family Assistance Act.

3<sup>rd</sup> Priority: Any other child.

(To Confirm Priority of access, please circle)

## Preferred Days and Start Date

Date Care to Commence: \_\_\_\_\_

Circle Day/s:

Monday

Tuesday

Wednesday

Thursday

Friday



## EMERGENCY CONTACT (1), ID will be required

AUTHORISED TO TAKE CHILD FROM PREMISES

Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work or Study Address: \_\_\_\_\_ Postcodes: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## EMERGENCY CONTACT (2), ID will be required

AUTHORISED TO TAKE CHILD FROM PREMISES

Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work or Study Address: \_\_\_\_\_ Postcodes: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**In the event of an emergency, illness or accident I/we consent to hospital attention being sought for the child, I/we agree to pay any expenses incurred for medical treatment and transport.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Failure to provide the information above will unfortunately result in Non-acceptance the enrolment of your child/ren.**

## FAMILY DOCTORS NAME

Dr Name/Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Number/s: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Private Insurance No: \_\_\_\_\_

Please ensure your Doctor is advised that he/she attends Canning Bridge Early Learning Centre and may be consulted, and has your permission to treat the child.

**Please provide copy of your child's immunisation status:**

Received: Yes / No

**Please provide a copy certificate of your child's birth or extract:**

Received: Yes / No

### Health of the Child:

Does your child require REGULAR MEDICAL ATTENTION: Yes / No (circle)

If YES, please provide details:

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Does your child suffer from?

Allergies	YES /NO	Details
Hearing or speech problems		
Asthma or recurrent chest		
infections		
Diabetes		
Seizures or epilepsy		
Eczema		

Does your child have a disability? YES / NO

If YES, what type of disability? \_\_\_\_\_

If YES, which agency is your child registered with? \_\_\_\_\_

### Special considerations:

Does your child have a special need (e.g. Dietary requirements, religious customs, requirements etc.)?

YES / NO

If YES, please comment:

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### Programmed activities

I am willing for my child/ren to participate in all activities offered at Canning Bridge Early Learning Centre. I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child/ren to participate in particular activities. *For all programmed excursions Permission slips will be provided before your child/ren may attend.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



### Head Lice

I authorise staff at Canning Bridge Early Learning Centre to check my child's hair for head lice and nit (eggs).

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo and Video permission

I give permission for Canning Bridge Early Learning Centre staff to take photographs of my child; for use in my child's portfolio (both electronic and hard copy), for displays within the centre and for use in the centre newsletter. I am aware that photos of my child may be included in group photos and in other children's portfolio (both electronic and hard copy).

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Transition permission

I give permission for Canning Bridge Early Learning Centre staff to transition my child into the next age group (room) when the qualified staff member deems my child is developmentally ready and he/she is six months away from being placed with the next age group.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Excursion for soft fall permission

I give permission for my child to participate in the use of the Church soft fall area, accessed through a gate in the centre's western courtyard that opens onto the ELC.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Excursion for grassed area permission

I give permission for my child to participate in the use of the Church enclosed grass area, accessed via the church soft fall area, following the perimeter of the church building.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Any other comments:**

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## PARENT/GUARDIANS REGISTRATION AGREEMENT

- We have viewed the Centre and consent to the enrolment of our child.
- We acknowledge having received and read the Parent Handbook and understand any changes to such will be displayed in the Centre's Policies and Procedures Manual available on request from the office.
- We agree to comply with all Government Requirements in relation to the Centre and its service.
- We agree that in the event of an accident or injury to my child which requires medical care, the centre will attempt to contact us. In the event of an emergency where we are not contactable we authorise the centre to arrange an Ambulance transport our child to hospital and agree to pay any expenses incurred including Ambulance costs.
- We agree to pay the weekly fee on the due date as determined by the centre.
- We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.
- We understand that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.
- In the event that we overlook to sign the attendance record we authorise staff at the centre to sign on our behalf for normal attendances, absent days and or holidays.
- We are aware that fourteen (14) days paid notice in writing of cancellation of care or reduction of days must be given in advance, otherwise full fees apply.
  - a. We are aware that the centre closes for Public Holidays & weekends.
  - b. We are aware that fees for Public Holidays are payable if the day is a usual day of attendance and is not transferable.
  - c. We are aware that fees are payable for days where allowable absences are taken.
- We understand that late fees apply if a child is collected after the 6:30pm closing time.
- We are aware that any failure to pay fees within 7 days may result in cancellation of care at the centre.
- Fees may be adjusted from time to time with due notice given to parents.
- We are aware that the child will be excluded from care at the centre if he/she is unwell or has contracted a contagious disease or condition. I/We understand that the child may return to the centre upon provision of a 'Clearance Certificate' from a medical practitioner.
- We are aware that if the child is not immunised he/she/ will be excluded from the centre if there is an outbreak of measles. I/We understand that the centre will accept the child for further care after the receipt of medical programs in the centre.
- We give permission for the child to receive individual observation by students on accredited training programs at the centre.

- We are aware that the centre may occasionally have visitors and/or volunteers, with the Centre's appropriate supervision.
- We agree to provide the centre with all information regarding the Health of the child.
- We are aware that if we fail to provide information correctly as required by Canning Bridge Early Learning Centre, the Centre will be able to terminate its services forthwith.

I/We have read this agreement, and received relevant information about the service offered by this Centre.

I/We are aware that the person/s nominated here as parent/guardian are the authorised parties to enrol, cancel enrolment, pay fees, release and have Canning Bridge Early Learning Centre release the Child to.

We agree to abide by the conditions of use of Canning Bridge Early Learning Centre and this Agreement.

**Parent/Guardian**

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Dear Families,

We would really like to provide continuity of care for you child/ren in our centre and one way we can do this is by knowing more about you and your family.

If you are happy to, please fill out the following (where applicable):

Name of Child: \_\_\_\_\_

**Childs Routine**

	Time				
Bottle Feeds					
Food/Meals					
Sleep					
Other?					

What do you do at home to help your child settle to sleep?

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Does your child have any comforters (i.e. dummy, blanket etc)?

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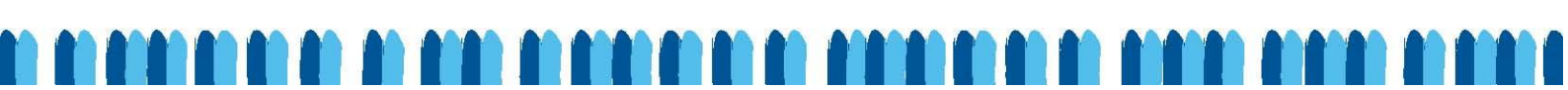
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What language/s are spoken at home?

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Does your child have a preferred name or nickname? If so what is it?

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Dear Families,

We would really like to provide continuity of care for your child/ren in our centre and one way we can do this is by knowing more about you and your family.

If you are happy to, please fill out the following (where applicable):

Name of Child: \_\_\_\_\_

	Your responses
How many siblings do they have? Name and age of siblings	
Do they have grandparents? What do you call them?	
What do you enjoy doing as a family?	
What things does your child enjoy doing?	
Does your child have a special toy? Name?	
Does your child have a favourite book? What is it?	
Does your child have a favourite song? What is it?	
Does your child play on any electronic devices? If yes, what?	
What special events do you celebrate or attend through the year? (e.g. Chinese New Year, Music, Art, Fun Runs, Football etc.)	
Does your child do any sport, music, dance, gymnastics?	
Anything else you think would be great for us to know?	
Weekend sheets -see info below	

### What did you do on the weekend?

Please let us know what you did on the weekend or anything that your child did new or showed an interest in. We will use this information to extend that experience in our centre. We have a Weekend Information sheet for you to fill out at the beginning of each week or you can send this information in an email, [office@canningbridgeelc.org.au](mailto:office@canningbridgeelc.org.au).

We look forward to working together to make your child's experience at our centre both valuable and enjoyable.



