Boondall Early Childhood Centre
73 Zillmere Rd, Boondall QLD 4034
Phone: 07 3865 1492 Email: director@boondallchildcarecentre.com.au

ENROLMENT FORM

Please note: Prior to your child's position beginning at Boondall Early Childhood Centre, it is essential that the following information is complete and kept up to date. This information must be completed by each known parent who has lawful authority in relation to the child. Please notify the service of any changes to details on this form as soon as possible. We thank you for your understanding and cooperation.

Date: _____

Child's Details
Child's Surname:
Child's Given Name(s):
Name Usually Called:
Child's CRN for CCS:
Child's Home Address/Addresses:
Child's Date of Birth:
Child's Sex: **Male / Female**
Language(s) used in the Child's home:
Is the Child of Aboriginal or Torres Strait Islander Descent? **Yes / No**
Child's birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied **Yes / No**

Days of Attendance

Monday Tuesday Wednesday Thursday Friday

Approximate hours of attendance: Drop off_____ (am) Pick up _____ (pm)

Starting date for child's first attendance: _____

Considerations for the Child
Cultural Considerations

Please outline the Child's cultural background and if relevant any cultural practices you would like followed:

Religious Considerations
Please outline the Child's religious background and if relevant any religious practices you would like followed:

Dietary Considerations
Please outline any dietary restrictions or considerations the Child may have (e.g., likes and dislikes. Details of allergies etc will be expanded on in the medical section of the form):

Special/Additional Needs Considerations
Please outline any special/additional needs the Child may have (e.g., sleep patterns, toileting requirements, fears, interests, discipline)

Medical Requirements	
Child's Registered Medical Practitioner or Service Details: **Service Name:** **Practitioner's Name:** **Contact Numbers:** **Address:** **Medicare Number:**	
Does the Child have any specific health care needs or conditions?	**Yes/No** **Please List:** **If yes, please attach relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan.**
Does the Child have any allergies?	**Yes/No** **Please List:** **If yes, please attach relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan.**
Has the Child been diagnosed as someone who is at risk of anaphylaxis?	**Yes/No** **If yes, please attach relevant details. This includes a management plan, anaphylaxis medical management plan or risk minimisation plan.**

Is your child under any medical treatment, or on any long term medication?	**Yes/No** **Please List:** **If yes, please attach relevant details. All medications musty be accompanied by a doctor's authorisation and be correctly labelled.**
Has your child ever been unconscious, fainted or had convulsions?	**Yes/No**
Does the Child have any dietary restrictions? **Any food you wish your Child/ren not to have.** **Example: Gelatine or eggs in baked goods.**	**Yes/No** **Please List:** **If yes, please attach relevant details.**
Please provide the immunisation status of the child. Alternatively, please provide a copy of the Child's health record so that it can be sighted by the Nominated Supervisor.	**Details of Immunisation Status (please attached files):** **Health Record Sighted by Approved Provider** **Yes/No** **Approved Providers' Signature: _____** **Date: _____**

Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date, from its original container, bearing the original label and instructions and before the expiry or use by date; and the medication must be administered in accordance with any instructions attached to the medication; or any written or verbal instructions provided by a registered medical practitioner. – *Education and Care Services National Regulations. Part 4.2, Regulation 9*

Parent/Guardian Signature 1: _____

Parent/Guardian Signature 2: _____

Further Information about Child
Does the child have any siblings? If so, please provide their names and ages.
Does the child have any other close relations attending the centre? E.g., cousins. If so, please provide their names and ages.

Parent/Guardian 1	
Relationship to Child:	
Full Name:	
Other Names Known By:	
Parent/Guardian's CRN for CCS:	
Parent/Guardian 's Date of Birth	
Country of Birth:	
Please provide any relevant cultural background details:	
Home Address:	
Telephone: **(H)**	**(W)** **(M)**
Does the child live with you?	**Yes/ No**
Occupation:	
Place of Employment:	
Hours of work:	
Email: **Please email my childcare statements to the above email address: Yes/No**	
Please provide us with any other information we should know about your child (For example, favourite activities, fears, routines, special words (please translate if applicable), toileting and sleeping practices etc)	

Parent/Guardian 2
Relationship to Child:
Full Name:
Other Names Known By:
Parent/Guardian's CRN for CCS:
Parent/Guardian's Date of Birth:

Country of Birth:	
Please provide any relevant cultural background details:	
Home Address:	
Telephone: **(H)**	**(W)** **(M)**
Does the Child live with you? (Please Circle)	**Yes/ No**
Occupation:	
Place of Employment:	
Hours of work:	
Email: **Please email my childcare statements to the above email address: Yes/No**	
Transition to School	
Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child's transition to school? **Name of School:**	**Yes / No**
Medical Authorisation	
Do you authorise for the Nominated Supervisor or other educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service? **Do you authorise for the administration of life saving medication (Eg: Epipen or Ventolin) in the event it is deemed necessary?**	**Yes/No** **Yes / No**
Do you authorise for the Nominated Supervisor or other educator to seek to transport the Child in an ambulance?	**Yes/No**
Do you authorise for the Nominated Supervisor or other educator at the service to administer paracetamol (Panadol) as per the manufacturer's recommendations that suit the Child (e.g., age, weight etc). **A Nominated Person will be contacted each time the Child may require this.** **I understand the potential risks and side effects of this medication for my child.**	**Yes/No**

In the event of an emergency, I agree to collect my child as soon as possible.	
In order to prevent a double dosage of medication being given to your child, please be advised that you must inform us if you have or haven't given your child their morning dosage before they arrive at the service. If you have not advised us, we will make contact before giving your child medication.	
Do you authorise for the Nominated Supervisor or other educator at the service to administer general first aid products as per the manufacturer's recommendations (e.g., paw paw creams or nappy creams, antiseptic sprays and creams, band aids)	**Yes/No**
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, Part 4.2, Regulation 94.***	
Authorisation for Child to Participate in Excursions and Incursions	
In the event that an emergency occurs while on these excursions, do you authorise the Child to follow the emergency procedures that have been planned?	**Yes/No**
Do you authorise for the Child to participate in any incursions the service may organise. For example, an incursion on fire safety presented by someone from the local fire station. Further details will be given when these events are planned, either by verbal or written notification.	**Yes/No**
Parent/Guardian Signature 1: _____ **Parent/Guardian Signature 2: _____**	

Court Orders Relating to the Child
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? No/Yes **If yes, please provide all relevant documentation and paperwork** **2) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? No/Yes** **If yes, please provide all relevant documentation and paperwork.** ***Please note that without this documentation we cannot legally enforce the Order/s.***

Child Care Subsidy (CCS)
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: **You and your partner must care for the child at least 2 nights per fortnight or have 14% care? Yes/No**

Are you liable for fees for care provided at an approved child care service?	**Yes/No**
Do you meet residency requirements?	**Yes/No**
Does your child meet immunisation requirements?	**Yes/No**
Have you completed the Child Care Subsidy assessment on the myGov website?	**Yes/No**
Have you received confirmation about your Child Care Subsidy?	**Yes/No**

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

This Written Arrangement between _____ and Boondall Early Childhood Centre is an ongoing agreement between the ECEC Service provider and the 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.

Arrangement Type:	**CWA**	**RA**	**ACCS**	**Arrangement with an organisation**
Name of Service:	**Boondall Early Childhood Centre**			
Service ID:				
Parent/Guardian Full Name:				
Parent/Guardian Contact Details:				
Parent CRN:				
Date the arrangement was entered:				
Full Name of Child attending care:				
Child's Date of Birth:				
Child CRN:				

Expected Session of Care:	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**
Start time for Session:					
End time for Sessions:					

Care Arrangement:	**Routine Care**	**Casual Care**	**Flexible Care**
Fees to be charged to the individual for the sessions of care provided	**As per Fee Schedule**		

A copy will be provided to Families for confirmation and signature after their start date.

Signed: _____ Name: _____ Date: ___ / ___ / _____

Credit Policy and Payment Options
At Boondall Early Childhood Centre our Credit Policy states that all fees are to paid one week in advance at all times. Failure to do so will result in late fees being applied to your account and your child's spot at the Centre will be suspended. **Do you agree to these terms and conditions? Yes/No** **To adhere to this we recommend payment to be made via Ezi Debit. This is a direct debit service which automatically deducts payment from your nominated account each week. If you wish to use this option please fill out the attached form and return it with your enrolment form prior to commencement. If this doesn't suit your circumstances please organise another method of payment.** **I wish to pay my account via (Please Circle)** **Ezi Debit BPay Eftpos Direct Deposit**

Emergency Contacts
Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – Part 4.7, Regulation 161* **There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.**

Emergency Contact 1	
Name of Individual:	
Relationship to Child:	
Address:	
Telephone:	**(H)** **(W)** **(M)**

Declaration of Consent for Being an Emergency Contact Person for the Child
I _____ **PRINT FULL NAME** **Agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency involving this child.** **Signature of Emergency Contact Person: _____ _____ Date: _____**

Medical Authorisation for Child: Emergency Contact Person 1	
Can this person be contacted to give consent for medical treatment or to authorise for a nominated	**Yes/No**

supervisor or educator to administer medication to the Child in the event that you cannot be contacted?	**Parent/Guardian Signature 1: _____** **Parent/Guardian Signature 2: _____**

Emergency Contact 2	
Name of Individual:	
Relationship to Child:	
Address:	
Telephone:	**(H)** **(W)** **(M)**

Declaration of Consent for Being an Emergency Contact Person for the Child

I _____

PRINT FULL NAME

agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person: _____ _____ Date:_____

Medical Authorisation for Child: Emergency Contact Person 2	
Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the Child in the event that you cannot be contacted?	**Yes/No** **Parent/Guardian Signature 1: _____** **Parent/Guardian Signature 2: _____**

Details of Other People who can Collect the Child

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service. Authorised nominee is also any person who is authorised to authorise an educator to take the child outside the education and care service premises.
Education and Care Services National Regulations – Part 4.7, Regulation 161

In the event that you or your nominated emergency contact cannot collect the Child, educator will use this list to arrange someone to collect the Child. This list may be added to throughout the year.

Please list people in the preference you would like them to be contacted. Individuals must be able to produce identification when collecting the Child.

Person 1
Name:
Relationship to Child:
Address:

Telephone:	**(H)** **(W)** **(M)**
Person 2	
Name:	
Relationship to Child:	
Address:	
Telephone:	**(H)** **(W)** **(M)**
Sunscreen Protection	
As per our Sun Protection Policy we suggest all children to be protected against the sun with SPF 30+ sunscreen when exposed to sunlight. Our service applies sunscreen to all children 20 minutes prior to going outside each day. We ask that each family apply SPF 30+ sunscreen to their child prior to their arrival at the service each morning and provide us with a bottle of sunscreen that is kept at the centre at all times. Copies of our Sun Protection Policy are available for families to view. Please ask our educators to supply you with one. **Please Circle which boxes are applicable to you.**	
Parent	
YES – I will apply SPF 30+ sunscreen to my child before coming to the service.	
YES – Reapply SPF 30+ sunscreen to my child throughout the day to my child as required.	
NO – I will not apply SPF 30+ sunscreen to my child before coming to the service.	
NO – Do not reapply SPF 30+ sunscreen to my child throughout the day.	
Printed Name:	
Parent/Guardian Signature:	**Date:**
Photography Policy	
I consent to my Child being photographed during their time at Boondall Early Childhood Centre. These photos may be displayed at the service and used throughout the enrolled children's portfolio documentation or may be used to promote the service within the community. No outside agency or individual will be allowed to photograph the children without parental consent. **If the Child has a specific medical requirement, the Child's photo will be displayed on a sheet that details how to respond to the Child's medical requirements. This will be displayed in the service's kitchen. Please consent to your child's photo being displayed for this purpose.** **Please Circle which boxes are applicable to you.**	
Parent	
YES – I consent to my child being photographed while at the service and the photos being displayed and used for promotional purposes.	
YES – I consent to my child being photographed and the photos being displayed at the service and in other enrolled children's learning portfolios, but these photos cannot be used for promotional purposes.	
NO – I do not consent to my child being photographed.	
YES – I give permission for my child's photo to be displayed on a Respond to Medical Condition sheet within	

the service
NO – I do not give permission for my child's photo to be displayed on a Respond to Medical Condition Sheet within the service.
Printed Name:
Parent/Guardian Signature: **Date:**

Parent Declaration

I/We_____,

PRINT FULL NAMES

As a person who has lawful authority of the child referred to in this enrolment form for Boondall Early Childhood Centre:

- **Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the service in the event of any change to this information.**
- **Understand that the days nominated for my child are the only days he/she is allowed to attend, unles arrangements have been made by the director.**
- **Ensure that my child is brought to the centre and collected from the centre by a responsible adult.**
- **Agree to notify the centre promptly of any absences and the reason for such absences.**
- **Agree to keep my child at home while he/she is suffering from infectious or contagious illnesses'.**
- **Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.**
- **Consent to the educators at the service seeking or where appropriate administering any medical treatment that is reasonably required.**
- **Declare that I have read and understood the policies of Boondall Early Childhood Centre and will abide by those policies**
- **Consent to the educators administering medication if so, requested by me or those I have nominated to do so on my behalf.**
- **Have read and agree with the fees, payment structure and policies of Boondall Early Childhood Centre and agree to pay fees one week in advance**
- **I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form.**
- **I agree that the Child's place at the service is subject to the Priority of Access scheme as outlined by the Child Care Management System.**
- **I agree to the Child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.**
- **I agree that I will assist with my child's learning and the service's documentation methods by completing Family Input documentation.**
- **Understand that 2 weeks' notice of termination must be supplied to the centre in writing.**
- **Understand that any absences due to sick days or public holidays still require payment of normal fees.**
- **Understand that the centre reserves the right of expulsion at the licensee's discretion.**
- **Understand that it is the responsibility of the parent/guardian to sign children in and out each daily.**

Parent/Guardian Signature 1: _____ Date: _____

Parent/ Guardian Signature 2: _____ Date: _____

Privacy Disclaimer
Boondall Early Childhood Centre acknowledges and respects the privacy of its clients. The information that is being collected by Boondall Early Childhood Centre is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipient of this information is Boondall Early Childhood Centre, its authorised educators and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the service's Confidentiality Policy.

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission

Child's birth certificate/identity documents		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth		Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan	
Copies of any family law or other relevant court Orders and/or legal documents		Photo identification of all emergency contacts	