



ENGADINE KINDY CASTLE

ENROLLMENT FORM 2017



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Address: 1 Kanandah Rd Engadine NSW 2233

A parent or guardian who has lawful authority in relation to the child must complete this form. The licensed children's services must collect the child's enrolment information in this form, as required by the Children's Services Regulation 2011 (NSW).

Information about the Child

Family Name: Date of Birth: Sex: M F (please tick)

Given Names: Other/former names:

Home Address:

Suburb:..... Post code

Child CRN*:.....

Nationality: Place of Birth:

Language(s) spoken in the home:

Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

- No, not Aboriginal or Torres Strait Islander Yes, Aboriginal
 Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander

Proposed Start Date:

DAYS OF ATTENDANCE: MON TUES WED THURS FRI (please tick)

*Copy of passport or certified copy of Birth Certificate to be provided within 6 weeks. Filed YES
(Centre Director Signature)

Information about the Child's Parents or Guardians

Mother/Guardian Full Name- <i>Please provide full name as provided to Family Assistance Office.</i> 	Father/Guardian Full Name - <i>Please provide full name as provided to Family Assistance Office.</i>
Home Number: Mobile Number:	Home Number: Mobile Number:

Mother/Guardian Section	Father/Guardian Section
Date of Birth: CRN Number*: Drivers Licence No:	Date of Birth: CRN Number*: Drivers Licence No:
Address – as per child or:	Address – as per child or:
Email Address:	Email Address:
Name of Employer/Training Provider: Occupation: Address: Phone Number:	Name of Employer/Training Provider: Occupation: Address: Phone Number:
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/>	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you claiming CCB/CCR for this child? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you claiming CCB/CCR for this child? Yes <input type="checkbox"/> No <input type="checkbox"/>

Note*:

A CRN is a Customer Reference Number that you can obtain from Centerlink.

If you are claiming a Childcare Benefit (CCB) and/or Childcare Rebate (CCR) please ensure that you have a CRN number for your child. This is different to the mother/ father's CRN. Please check that these details are correct when writing them on the form. To ensure the rebate will work for you we will need to have the correct CRN numbers for an adult and the child as well as correct DOB.

Priority Access Listing

Please specify the reason of why you require care for your child

- a child at risk of serious abuse or neglect
 - a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999'
 - are you Aboriginal and Torres Strait Islander?
 - Is there a disabled person in the family – who?
 - Do you have an individual whose adjusted taxable income does not exceed the lower income threshold of \$39 785 for 2011-2012, or who or whose partner are on income support
 - Is your family from a non-English speaking background - please specify
 - Are you a socially isolated family?
 - Single Parent
 - Working Parent
 - Child Development
 - School Readiness
-

Priority Access Listing Selection Criteria

- First Priority: a child at risk of serious abuse or neglect;
 - Second Priority: a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999' ;
 - Third Priority: any other child.
 - Within these main categories priority should also be given to the following children:
 - children in Aboriginal and Torres Strait Islander families;
 - children in families which include a disabled person;
 - children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$39 785 for 2011-2012, or who or whose partner are on income support;
 - children in families from a non-English speaking background;
 - children in socially isolated families; and
 - children of single parents.
-

I _____ (parent/ guardian name) understand that placements are given in accordance to the priority access listing (DEEWR) above.

Signature: _____

Date: _____

Court Orders relating to the Child

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

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

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form
2. If these orders:
 - a) change the powers of a parent/guardian to:
 - authorise the taking of the child outside the service by a staff member of the service;
 - consent to the medical treatment of the child;
 - request or permit the administration of medication to the child;
 - collect the child; AND/OR
 - b) give these powers to someone else,

please describe these changes and provide the contact details of any person given these powers:

.....

.....

.....

Other Persons to be Notified

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, trauma or illness and the parents or guardians cannot be contacted. To manage these situations a staff member should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Name:	Name:
Address:	Address:
Telephone: (H) (W) (Mobile)	Telephone: (H) (W) (Mobile)
Email Address:	Email Address:
Relationship to child:	Relationship to child:

Details of People who can Collect your Child

Your consent is required for other people to collect your child from the children's service on your behalf. This list may be added to or changed throughout your child's enrolment.

Name:	Name:
Address:	Address:
Telephone: (H) (W) (Mobile)	Telephone: (H) (W) (Mobile)
Relation to the child:	Relation to the child:
Name:	Name:
Address	Address:
Telephone: (H) (W) (Mobile)	Telephone: (H) (W) (Mobile)
Relation to the child:	Relation to the child:

Child's Medical & Health Information

Does your child have a developmental delay or disability including intellectual, sensory or physical impairment?

No Yes (please tick)

Does your child have any medical conditions and needs (eg epilepsy, asthma, anaphylaxis hearing loss, diabetes, etc) which are relevant to the children's service?

No Yes

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? No Yes

Does your child have an auto injection device (eg EpiPen)? No Yes

Has the anaphylaxis medical management plan been provided? No Yes

Has a risk management plan been completed by the service in consulted with you?
No Yes

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at www.education.nsw.gov.au/anaphylaxis.

If yes, the following management procedures are to be followed (or a copy of the management plan is attached).

Has your child previously been hospitalised? No Yes (please tick)

If yes, please provide details:

.....
.....
.....

Does your child have any dietary restrictions? No Yes (please tick)

If yes, the following restrictions apply:

.....
.....

Please list any other agencies currently involved with or supporting your child/family:

.....
.....

Medical Contacts

Name Doctor / Medical Service:Telephone:

Address Doctor/Medical Service:

Medicare No:

Private Health Fund? No Yes (please tick)

If yes, Name of Health FundHealth Care No.....

Ambulance membership number:

Does the child have any allergy or sensitivity? No Yes (please tick)

Does your child have any dietary restrictions?

Does your child have any medical conditions?

Is there any medical management plans in place? **If yes**, the following management procedures are to be followed (or a copy of the management plan is attached):

Do you allow the staff to apply sunscreen to your child on a daily basis?

No Yes (please tick)

Do you allow the staff to apply insect repellent to your child?

No Yes (please tick)

In the event of an accident or illness requiring emergency medical or dental treatment, every effort will be made to contact the parents before such treatment is sought. However, should this prove impossible, it will be necessary for the treatment to be undertaken. I understand that the service may be required to call for emergency services and in that I also will be liable for the costs that these services may incur.

Parents are asked to complete and sign the following:

I authorize the Staff of the Centre to seek emergency medical treatment for my child should this be considered necessary.

Date...../...../..... Signature..... (parent/guardian).....

Child's Immunisation Record

Has your child been immunised? No Yes (please tick)

If **yes**, provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record book

OR

- attaching a copy of the Immunisation Record printout from local government OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register OR
- completing the table below using the child's Immunisation Record to provide the dates of immunisations received. Please provide to the Centre Director for verification.

Immunization	2 months	4 months	6 months	12 months	18 months	4-5 years
DTP (Diphtheria/Tetanus/Pertussis)						
OPV (Oral Polio Vaccine – Sabin)						
MMR (Measles, Mumps, Rubella)						
Hib – TITER or Hib - PedvaxHIB						
Meningococcal C						

Immunisation book sighted by:

You may have also purchased additional immunisations for your child. If so, please provide the dates these have been given:

Hepatitis B (three injections)	1	2	3
Childhood Pneumococcal Vaccine			
Chicken Pox			

Other Information:

If there is anything else that the children’s service should know about your child (eg. Information pertaining to your child’s religious or cultural background or practices that need to be observed at the centre; excessive fears; favorite activities; attending other early childhood service; or intervention service; etc) this is as follows:-

.....
.....
.....

Declaration and Consent to Emergency Medical Treatment and Terms of Care

I,(Print full name)

a person with lawful authority of the child referred to in this enrolment form,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the centre in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service;
- understand the information provided in the Parent Handbook and agree to abide by that information;
- agree to abide by the Centre Policies and Procedures;
- consent to the staff seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred.
- I agree to give **four weeks** notice in writing when reducing my child’s booked days or canceling my child’s enrolment. I am aware that if my child does not attend care during the cancellation notice period that I will be ineligible for Child Care Benefit deductions, resulting in full fees being charged.
- I understand that my child care fees are required to be paid in advance and failure to do so will result in the cancellation of my child’s place within the service.
- In the event that my account becomes derelict, I give permission for the centre to on forward my personal details to their nominated debt collection agency to recover the debt owing. I understand that an additional 25% will be added onto the fees owing to offset the fees and charges incurred in the collection process.
- I understand that a late fee of \$2 per minute will apply if my child is collected after the closing time of the centre.
- I understand that fees are to be paid for all booked days regardless of holidays or illness.

Signature: Date:

Privacy Consent (please refer to the Parent Handbook for further information)

I AGREE/DO NOT AGREE (*please circle*) that my child's photograph and/or audiovisual recording may be taken and used (possibly including their name and age) for display in the centre.

I AGREE/DO NOT AGREE (*please circle*) that my child's photograph may be taken and used for publicity purposes such as brochures/flyers (in this instance, names will NOT be used).

I AGREE/DO NOT AGREE (*please circle*) that photographs of group activities including my child may be included in other children's individual portfolios.

I AGREE/DO NOT AGREE (*please circle*) that my child may take part in short walks/excursions planned as part of the centre's program. Parents will receive a separate form outlining details and requesting permission before any excursions within the local community.

I AGREE/DO NOT AGREE (*please circle*) that my child may take part in any incursions at the centre.

Parent/Guardian Signature:

Parent/Guardian Name: Date:

Proposed Information Uses and Disclosures

The information collected from you about your child and family may be accessed by:

- Qualified and Unqualified staff 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 developmental information.
- State Licensing bodies may review enrolment forms and observation and planning documentation for auditing of compliance with the relevant licensing regulations.

I understand this information and I give my permission for information to be shared as detailed above.

Parent/Guardian Signature:

Parent/Guardian Name: Date:

Please tell us how you found out about this centre?

- Internet Yellow Pages Flyer Word of mouth
- Other (please provide details)
-

Child Care Benefit Information:

Will you be claiming Child Care Benefit? No Yes (please tick)

Will this be as a Weekly Fee Reduction or Lump Sum Claim (please tick)

Has your child accrued any absences at any child care services in the current financial year?

No Yes (please tick) If yes, how many days? _____.

(Please provide a statement from the service as this will affect your absence entitlement).

Is your child also attending another approved child care service? No Yes (please tick)

If yes, for how many hours? _____.

Does your child have a sibling who is attending another approved child care service?

No Yes (please tick) If yes, how many siblings attend approved child care services?

_____.

Please note that all families are required to request Customer Reference Numbers (CRNs) directly from Family Assistance Office (FAO).

Consents and Acknowledgements?

1. Do you consent to your child being photographed and his/her photos appearing on display at the Centre? Yes No
2. Occasionally we have TAFE or University students work with us for practical training towards their qualifications. Do you consent to your child being the subject of observations by students under this type of arrangement? Yes No
3. Do you consent to our staff applying sunscreen (with a minimum protection factor of SPF30+) to all unprotected areas of your child's skin as required? Yes No
4. Do you understand you must complete the centres Allowable Absences Register for each day your child doesn't attend on an enrolled day. Yes No
5. If your child attends additional childcare services with CCB, you agree to provide details of any of those absences taken on our centres Allowable Absences Register? Yes No
6. Do you understand that full fees will be payable for any non approved absences exceeding the 32 days limit? Yes No
7. In the case of an emergency, do you give permission for our staff to seek urgent medical, dental or hospital treatment or ambulance service in the event that such action appears to be necessary because your child has been injured, or is ill, at the premises? Yes No
8. In the event that your child's temperature rises above 37.7o C, and IF we are unable to contact either Parent (or any other contact person listed on this form), do you give permission for our staff to administer in your absence one dose of a paracetamol-based medication in accordance with the manufacturer's instructions? Yes No
9. Do you understand and accept that in the event that our staff consider your child too ill, or too contagious, to attend (or remain at) the Centre that you will be required to collect your child promptly? Yes No
10. Do you agree that if your child is suffering from a contagious illness that you will not return your child to the Centre until cleared by a registered Medical Practitioner, and that you will also supply a medical certificate to confirm this? Yes No
11. Do you understand and accept that if there is an outbreak of a vaccine preventable disease at the Centre, AND if your child is not immunised against this disease, that your child may be excluded from attending the Centre by the order of the NSW Department of Health? Yes No

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12. Do you understand fees are payable during all attendance and absences (including public holidays) as per your child's enrolment. **Yes** **No**
13. Do you understand that in the event that your Direct Debit faults, that you may submit payment (either by EFTPOS or Credit card) within 7 days of the fault? **Yes** **No**
14. Do you acknowledge that in the event that you withdraw your child from the Centre that you will provide us with **four** (4) weeks written notice, and that the fees relating to this notice period is payable regardless of whether your child attends? **Yes** **No**
15. Do you understand and accept the fee policy relating to the late collection of your child and the policy relating to the late payment of fees? **Yes** **No**
16. Do you give permission for your child to leave the centre grounds as part of the centres written Emergency Evacuation Procedure? **Yes** **No**
17. Do you understand all of the information presented to you in the Parent Information Handbook. **Yes** **No**
-

Parent / Guardian Name: _____

Parent / Guardian Signature: _____



ENGADINE KINDY CASTLE



MEDICAL CONSENT AND PROCEDURE FORM

Childs Full Name:	
Date of Birth:	

Please state briefly any **MEDICATIONS, HEALTH ISSUES, MEDICAL ALERTS** or **SPECIAL NEEDS** of which staff need to be aware.

MEDICAL CONSENT

To: Engadine Kindy Castle Director or Staff

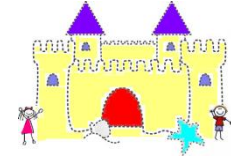
I/we: _____ (Parent/guardian please print names)
being the parent/guardian of _____ (please print name of child)
give consent to the administration of Panadol, in the event of injury or illness (a temperature above 37°C) of your child (guardian).

This consent shall remain valid unless withdrawn and notified by myself/us in writing to the School.

Signed (parent/guardian): _____ Date: _____

Signed (parent/guardian): _____ Date: _____

Child Profile



Full Name: _____ Date of Birth: _____

Does your child have any siblings? If yes please list their names and ages:

Who lives at your child's home? *(Please include any pets)*

Has your child been cared for outside the home before? If so, please provide details:

What does your child like to do, or show interest in:

Does your child have any dislikes or fears?

Does your child have any allergies or food intolerances, if so please provide details?

My expectations of this centre for my child are:

Whilst at this centre I would like my child to work towards? (*Skills you would like your child to achieve e.g. toileting, following directions, colour recognition*)

Does your child have any additional requirements that need to be catered for whilst in care at this centre? Please give details (*Language difficulties, physical problems or other health related difficulties etc.*)

Medication Record

Child's name: Date of birth:

Name of medication	Last administered		To be administered (or circumstances to be administered)		Dosage to be administered	Method of administration*	Signature of parent/Guardian
	Time	Date	Time	Date			

*Please see the policy and procedure on Administering Medication which is in the parent handbook and the policy folder

Office to complete:

- Birth Certificate / Passport viewed**
- Immunization record provided**
- Any allergies?** Yes No
 - Allergy alternative organized** Yes No
- Sighted any medical plans or health records** Yes No
 - If yes attach to enrollment form**
 - Who authorised this?**
 - Is the person an authorised person on the enrolment record**
Yes No
- Form entered into CMS**
- Email added on Kindy Castle email listing**

Staff Name:

Signature:

Date: