

Enrolment Form 2020

Date _____

Child's Details

Name		CRN	
DOB		Age	
Gender		Nickname	
Address		Aboriginal/Torres Strait Islander	Y N
Cultural Background		Language(s) spoken at home	
Name of school		Classroom number	

Service Information

Commencement Date: _____ Are you wanting **Casual** or **Permanent** care (please circle)

Session	Cost per session	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care	\$40					
After school care	\$50					
Full day care	\$100					
School hours	\$80					

Account Holder's Details (Parent/Guardian) *(Please give details exactly as they are registered with Centrelink)*

Full Name		CRN	
Address		Relationship to Child	
DOB		Mobile Number	
Home Email		Home Number	
Occupation		Work Number	
Work Email		Cultural Background	
Languages		Do you receive JET/JFA? <i>(If yes please attach supporting documentation)</i>	
Do you have other children enrolled at this service?		Y/N Names	

Commonwealth Government Priority of Access Guidelines- Priorities *A Priority must be ticked which relates to your child:*

- 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 (higher priority children may take a child's place and in 14 days' notice will be provided for the child to vacate)*

Please highlight the category which relates to your child

<i>Children in Aboriginal and Torres Strait Islander Families</i>	<i>Children in families which include a person with disabilities</i>
<i>Children in families from a non-English speaking background</i>	<i>Children in socially isolated families</i>
<i>Children of a single Parent(s)</i>	<i>None of these</i>

Parent/Guardian Details (Emergency Contact other than account holder)

Full Name		Relationship to Child	
Address		Mobile Number	
DOB		Home Number	
Home Email		Work Number	
Occupation		Cultural Background	
Work Email		Languages	

Emergency Contact Persons

Full Name		Relationship to Child	
Address			
Mobile Number		Work Place	
Work Number		Home Number	

Approved people to collect your child from our service *(Must be at least 18 years of age)*

* If any person not listed and not known to the program staff should attempt to collect your child from the program, permission will be refused. *

Full Name		Mobile Number	
Relationship to Child		Work Place	
Work Number		Address	

Full Name		Mobile Number	
Relationship to Child		Work Place	
Work Number		Address	

Is this child involved in a custody dispute? Yes No

Please provide current and any changes to custody documents at all times to enable enforcement. Please list below any other specific instructions or information you can provide for us that would be helpful and assist us in the care of your child.

Your Child's Health

General state of health:

Doctors Name		Practice Name	
Doctor's Contact Number		Medicare Number	
Health Fund Name		Health Fund Number	
Ambulance Membership Number			

Is your child's immunization up to date? _____ **(Please attach a copy of immunization records)**

Does your child have any of the following:

- | | |
|--|--|
| A.D.D / A.D.H.D. <input type="checkbox"/> | Epilepsy <input type="checkbox"/> |
| Allergies <input type="checkbox"/> (see box next page) | Haemophilia <input type="checkbox"/> |
| Asthma <input type="checkbox"/> | Heart problems <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Anaphylaxis <input type="checkbox"/> |
| Physical needs <input type="checkbox"/> | Behavioural need <input type="checkbox"/> |
| Educational Needs <input type="checkbox"/> | Any other special needs <input type="checkbox"/> |

PLEASE PROVIDE ANY MEDICAL MANAGEMENT PLANS, ASSESSMENTS OR OTHER DOCUMENTATION RELATED TO THE CHILD'S NEEDS PRIOR TO COMMENCEMENT AT WAROONA CHILD CARE

Allergies

If your child has allergies, please tell us what they are and if they have severe reactions e.g. High, Moderate, Low. Please provide a Medication Management Plan for all allergies.

Bee Sting					
Severity – Please Circle	Low	Moderate	High	Symptoms if stung	
Medication to be taken?				Action to be taken?	

Food/Additive Allergy / Dietary requirements					
Severity – Please Circle	Low	Moderate	High		
Food/Additive Type				Symptoms if ingested	
Medication to be taken?				Action to be taken?	
Medication Allergy					
Severity – Please Circle:	Low	Moderate	High	Medication Type	
Symptoms if ingested				Action to be taken?	

Does your child wear prescription glasses? Yes No

Is your child on any medication? Yes No

Type?

Dosage?

Please ask staff for a Medical Information & Authorisation Form to complete.

Does your child have any speech, hearing or visual difficulties?

Would there be any restrictions to play or activities?

About Your Child

Cultural background:

Has your child ever been in child care before? _____

What type (center, family daycare, grandparents etc.)

Was it a positive experience?

Why are you looking for a child care program? What do you want your child to achieve

How does your child feel about attending Waroona Child Care?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

What is your normal method of discipline?

What is your child's temperament? Are they easy going, hard to please, demanding etc.

Does your child have any food restrictions? (if so please provide us with details)

Child's Interests (Please tick)

- Art and Craft Cooking Construction Drama Reading
- Music Technology Sports Science/Nature

Please provide any other information you feel is important about their interests/Likes/dislikes:

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

What would like your child to achieve whilst with our Waroona Child Care Family?

Are there any other comments, concerns or information you would like us to know about?

Parent/Guardian Signature: _____ Date _____

Enrolment Contract

It is my/our desire to have my/our child/children enrolled at Waroona Child Care.

I/we have received a copy of the Waroona Child Care Parent Handbook. Y / N

I/we have read, understand and agree to abide by the policies contained therein. Y / N

Unless otherwise notified, the child/children will be accepted and permanently enrolled.

I/we also agree to give a minimum of two weeks written notice (ten daycare days) of my/our intent to withdraw my/our child/children from Waroona Child Care. If two weeks' notice is not given, I/we agree to make full tuition payment for the final two weeks. .

Please **initial** next to each item. We want to be sure you **understand and agree** to these policies.

_____ I/we understand that I/we must provide immunisation records to Waroona Child Care.

_____ I/ we understand that I/we must provide a copy of your child (ren) Birth certificate(s)

_____ I/we understand the Waroona Child Care Fees as listed on the front page of enrolment form.

_____ I/we understand that fees are charged one week in advance.

_____ I/we understand I/we will be charged the usual rate when our child is booked in and does not attend (absent).

_____ I/we understand there are no refunds for public holidays and they are charged at the applicable rate for bookings normally required that day.

_____ I/we understand fees are deducted from my bank account via Debitpro every week and I have attached my Debitpro form with my/our enrolment form. Credit card facilities are not available.

_____ I/we understand the late pickup/early drop off fee is \$15.00 and \$1.00 per minute after that.

_____ I/we understand the pick-up policy for other than parental pick up.

_____ I/we understand the illness policy and exclusion time we enforce after each illness.

_____ I/we understand the behavior policy and I/we have read and shared the Waroona Child Care rules with my/our child/children.

_____ I/we understand that photo's and video's may be taken of my/our child from time to time, and these may be used for promotional activities, parent information nights etc, unless I advise staff in writing that I do not wish this to occur.

_____ I/we give permission to the staff of Waroona Child Care to administer medically prescribed medication to my child and understand I will be required to sign a Medical information & Authorisation form. I understand that the staff will record each administration of medication. I acknowledge that all care will be taken and will not hold Waroona Child Care from an infectious or communicable disease that has been identified by the Department of Health.

_____ I/we understand I need to notify staff in person that my child carries medication with them and will self-medicate. I understand I will provide a letter/plan from a doctor to support this and I will sign a Medical information & Authorisation form.

_____ I hereby give my permission for the Waroona Child Care staff to treat my child if a minor accident occurs. In the case of a more urgent matter I understand an ambulance will be called first then I will be notified and agree to meet any expenses incurred.

_____ I/we understand the Excursions section of the centre policies and procedures and I hereby give Waroona Child Care permission to transport my child should they be attending an excursion. I also understand if required, risk assessment plans will be undertaken for each occasion this occurs i.e. evacuation, group trip etc.

_____ I/We hereby give permission for the Waroona Child Care staff to apply sunscreen supplied by Waroona Child Care. (If No is answered to this question I agree to provide my child's own sunscreen).

_____ I/ We agree to send a water bottle and a wide brimmed hat with my child and take it home each night. I understand if I do not send these things it is a no hat no play policy.

_____ I/We hereby give permission for my/our child to watch G rated movies and games.

_____ I/We understand the provider and staff are not liable for any personal , injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the provider or employee

_____ I/ We understand that Waroona Child Care Employees have no responsibility for my child until I or an authorized person has signed them in for each session.

_____ I/We Do/do not give permission for you to use face paints on my child

Waroona Child Care

Parent

Date

Employee confirmation of Kidsoft entry