



# ENROLMENT FORM

## CHILD DETAILS

First Name ..... Last Name .....

Male  Female  Date of birth ..... CRN .....

Home Address .....

.....

Days care required: Monday Tuesday Wednesday Thursday Friday

Commencement Date ..... Language spoken at home .....

Type of care Routine Casual Routine with flexibility for casual

All sessions of care are between 7:00am – 6:00pm, as per our license.

## PARENT ONE (The Parent who will be claiming Government subsidies.)

First Name: ..... Last Name: .....

Mother/Father..... DOB ..... CRN .....

Home Address (if different to child) .....

.....

Phone: Home .....Work.....Mobile.....

Email.....

Language Spoken ..... Occupation .....

Work Name & Address.....

## FEES

A debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Name/s on account \_\_\_\_\_

BSB number (Must be 6 Digits) | | | | | | - | | | | | |

Account number | | | | | | | | | | | | | | | |

Your signed enrolment acts as your request and authorisation for Technology Park Education and Care Centre to arrange, through its own financial institution, a debit to your nominated account the amount due to be paid by you for education and care fees.

Our schedule of fees is on display in the foyer of the service. Any change in the fee structure is communicated by email to parents at least two weeks prior to implementation. All Child Care Subsidy, as per Government rules, will be paid direct to the Centre.

Please confirm which parent is responsible for the payment of the fees: .....

**PARENT TWO**

First Name: ..... Last Name: .....

Mother/Father..... DOB ..... CRN .....

Home Address (if different to child) .....

.....

Phone: Home .....Work.....Mobile.....

Email.....

Language Spoken ..... Occupation .....

Work Name & Address.....

Address (if different to parent one) .....

.....

**CUSTODY ARRANGEMENTS**

Detail any Court orders relating to guardianship or custody .....

.....

Detail any parenting orders or parenting plans .....

.....

**OTHER FAMILY INFORMATION**

Other children living at home names and date of birth .....

.....

Are there any family or child cultures or religious beliefs you would like to share with us?

.....

**AUTHORISED NOMINEES AND EMERGENCY CONTACTS**

Below we have asked for the names and contact details of people we can contact if the parents/guardians are not available. We need separate acknowledgement for each duty. Would you please tick to show the duties each contact is permitted to fulfil.

1. First Name: ..... Last Name: .....

Home Address .....

.....

Home Telephone ..... Mobile .....Work .....

Relation to child (if appropriate) .....

Emergency Contact	<input type="checkbox"/>	Consent to medical treatment or medication	<input type="checkbox"/>
Authorise Nominee	<input type="checkbox"/>	Consent to take child from service	<input type="checkbox"/>

2. First Name: ..... Last Name: .....

Home Address .....

.....

Home Telephone ..... Mobile .....Work .....

Relation to child (if appropriate) .....

Emergency Contact	<input type="checkbox"/>	Consent to medical treatment or medication	<input type="checkbox"/>
Authorise Nominee	<input type="checkbox"/>	Consent to take child from service	<input type="checkbox"/>

3. First Name: ..... Last Name: .....

Home Address .....

.....

Home Telephone ..... Mobile .....Work .....

Relation to child (if appropriate) .....

Emergency Contact	<input type="checkbox"/>	Consent to medical treatment or medication	<input type="checkbox"/>
Authorise Nominee	<input type="checkbox"/>	Consent to take child from service	<input type="checkbox"/>

Please note that these people must be over 18 years. Please ensure that these contact people are willing and able to collect your child in the event of an emergency. We require a minimum of two names. Parents will always be attempted to be contacted first. If you wish to have your child collected by any other person you must ensure that the Centre has written authority to allow the child to leave the Centre.

**HEALTH**

Child's Medicare Number .....

**Family Doctor**

Medical Centre Name .....

Doctor's Name .. Telephone .....

Address .....

Does your child have any medical conditions, allergies or at risk of anaphylaxis?

.....  
Please provide a copy of any medical management plans, anaphylaxis management plans or risk minimisation plan to the Service.

Any special care needs we need to consider? .....

.....  
Any behaviour difficulties we should know? .....

.....  
Special or Regular Medication .....

.....  
.....

Has your child been immunised? Yes / No  
You must provide the centre with a photocopy of your child's immunisation record and we must sight the original. The centre only accepts children who are fully immunised.

**GENERAL NEEDS AND HOME ROUTINE**

Are there any words we need to know in any language to help make your child's day?

.....

Getting Up time: .....

Bed time: .....

Day Sleeps (Time and length): .....

Favourite Toys: .....

Does your child have a comforter or take anything to bed: .....

Fears / anxieties: .....

Toilet trained : .....

Note: A child cannot be accepted into our care with any illness, which may, in any way, be transferred to others.

## Eating

Any special food likes? .....

Dislikes? .....

*We are required to have your permission for each of the activities listed below. Would you please sign next to each to indicate that the Service has permission.*

## AUTHORITY FOR MEDICAL TREATMENT

I hereby give permission to the staff of this centre to call medical advice in the event of an emergency and agree to pay any expenses incurred for medical treatment or transport for my child.

Yes / No      Signed .....

If we are unable to contact either parent or contacts does the qualified member of staff in consultation with the supervising officer have your permission to administer children's Panadol to your child? Panadol will only be administered in an emergency and not routinely given to children who have a fever.

Yes / No      Signed .....

## AUTHORITY FOR PHOTOGRAPHS

We take photographs of the children participating in activities for you to enjoy and to document their learning. These photos are not distributed outside the centre or used for any other reason. Do you give us permission to photograph your child participating in centre activities?

Yes / No      Signed .....

## WALKING EXCURSIONS

Occasionally we take the children for a walk around the grounds of Technology Park. Does your child have permission to join in these excursions?

Yes / No      Signed .....

## FACEBOOK

We have a private Facebook page. Each week we post a few photos of the children doing activities. Would you like us to post photos of your child so you can see them?

Yes / No      Signed .....

Parent / Guardian Signature ..... Date .....

## OFFICE USE:

Child's Birth Certificate sighted .....

Deposit Paid .....

Copy of immunisation record obtained .....

Medical Plans provided .....

Health record sighted .....