



CHILD ENROLMENT FORM

Starting Date:

Child's Surname:

Child's Other Names in full:

Child's Address:

(M / F) D.O.B:

Child's CRN:.....

Care Booked: Week 1

<u>Days</u>	<u>Times</u>		<u>Booking</u>
Monday	From:am	To:pm	(Full Day / Half Day) (Before/After School / Vac. care)
Tuesday	From:am	To:pm	(Full Day / Half Day) (Before/After School / Vac. care)
Wednesday	From:am	To:pm	(Full Day / Half Day) (Before/After School / Vac. care)
Thursday	From:am	To:pm	(Full Day / Half Day) (Before/After School / Vac. care)
Friday	From:am	To:pm	(Full Day / Half Day) (Before/After School / Vac. care)

Care Booked: Week 2

<u>Days</u>	<u>Times</u>		<u>Booking</u>
Monday	From:am	To:pm	(Full Day / Half Day) (Before/After School / Vac. care)
Tuesday	From:am	To:pm	(Full Day / Half Day) (Before/After School / Vac. care)
Wednesday	From:am	To:pm	(Full Day / Half Day) (Before/After School / Vac. care)
Thursday	From:am	To:pm	(Full Day / Half Day) (Before/After School / Vac. care)
Friday	From:am	To:pm	(Full Day / Half Day) (Before/After School / Vac. care)

Will you be claiming Child care benefit from this service? Yes / No

Will you be claiming the 50% Child care rebate? Yes / No

To do this you need to contact Department of Human Services Ph: 136150

**If you answered yes to either of these questions we require:
Parents and children's dates of birth and each family members CRN's**

PARENT/GUARDIAN – Primary 1

Name:

D.O.B.....

Parent CRN:

Address:

Post Code:

Phone No: (H)
(W)
(Mob)

Email

Nationality:

Religion:

Occupation:

Place of Work:

Hours of work:

PARENT/GUARDIAN – Primary 2

Name:

D.O.B.....

Parent CRN:

Address:

Post Code:

Phone No: (H)
(W)
(Mob)

Email

Nationality:

Religion:

Occupation:

Place of Work:

Hours of work:

Who will be Responsible for paying your childcare account

Name _____ Sign _____

COURT / RESTRAINING ORDERS

It is requirement of the Child Care Regulations that if a child is subject to an access order or agreement, the Centre must be given a copy plus any subsequent alterations registered by court. Evidence of court/restraining orders or agreements should be considered part of the enrolment in order to minimize the likelihood of distressing situations occurring in the future.

Is there any court orders, parenting orders or parenting plans in relation to your child including access to your child? If so please provide the centre with a copy of this order. **Yes No**

PRIORITY OF ACCESS

The Commonwealth Government has set specific priorities for families to access Childcare facilities. This means that if you qualify under the Third priority you will be asked to alter you childcare days or seek alternative childcare if the centre is full and is required to accommodate the need of Priority 1 & 2 children.

- Priority 1 Is for children at risk of serious abuse or neglect.
- Priority 2 Is given to a sole parent, or both parents, who are employed, seeking employment or studying/training for future employment
- Priority 3 Is for any other child

Circle Which Priority Relates To You For Your Childcare **1 2 3**

GENERAL NEEDS

TO ASSIST YOUR CHILD IN SETTLING INTO THE CHILDCARE ENVIRONMENT WE ASK PARENTS TO SUPPLY AS MUCH DETAIL AS POSSIBLE ABOUT THEIR CHILD'S ROUTINES. THE INFORMATION IS USED BY OUR EDUCATORS TO ASSIST YOUR CHILD TO SETTLE INTO CHILDCARE BY IMPLEMENTING AS MANY OF THE HOME ROUTINES AS POSSIBLE. THIS PROVIDES A SMOOTHER AND CALMER TRANSITION INTO CHILDCARE FOR YOUR CHILD AND YOU.

ROUTINES: TOILETING

Is your child: (please circle)

in nappies being toilet trained needs reminding independent in toileting

What word does your child use when asking to go to the toilet?

What else should we know about toileting for your child?

SLEEPING

Does your child need a sleep or rest during the day? **Yes** **No** Sometimes

What time does your child sleep? How long?

Does your child need a nappy, dummy or bottle at sleep time?

At Butterflies Early Education, our Educators prioritize their efforts to meet individual family /child's needs as much as possible. However it is not recommended practice by child health authorities & Kidsafe to place additional items (bottles, soft toys, etc) in cots; this will be addressed individually as required. Please discuss with Educators.

Does your child have a special routine on being put to bed?
.....

Is your child walking? **Yes** **No** Is your child talking? **Yes** **No**

Does your child have a special toy or object during the day (apart from sleep time)?

Does your child have any deep fears about anything in particular? (ie: noise or darkness)

Are there any words that we need to know that has special meaning for your child? (please translate if in another language)
.....

Has your child attended any other children's services or been cared for outside the home? **Yes** **No**

If yes, please provide details: (ie. playgroup)

How would you describe your child's reaction to being with other children?

Does your child become upset when left with other people?

Is there any further information which you feel may assist us in providing the best service for you and your child this year; eg.(religious beliefs, family situations, recent significant events or cultural considerations?)
.....

Please tell us how we could help your child's development this year? (eg: what do you most want for your child at the centre?)
.....

Is there any particular area that concerns you that we need to know about?

What information about your child's day do you consider to be important?

Do you have any skills you could or would like to contribute to the centre's program?

.....
Has / Does your child experience any language or speech difficulties, physical problems or any other health related difficulties?

Yes **No** If yes, please specify

What is your child's primary language used at home?.....

HEALTH

It is important to keep this information current at all times. Special medical needs or disabilities will NOT AFFECT your child's acceptance into the centre.

Family Doctor : Phone No :
Medical Clinic : Clinic Address :
Medicare No: (Emergency use only)

Does your child have a specific health care need? **Yes** **No**

If yes, please provide details:

Children with special needs may qualify for a support worker whilst they attend childcare to ensure that their health and development is fully catered for. If you have concerns about any aspect of your child's development please see the centre director who can assist you in applying for the appropriate assistance

Does your child require a Medical needs management plan? **Yes** **No** (Nominated Supervisor to explain)

Parental Permission - I hereby give permission for my child's Medical needs management plan to be displayed in the centre to assist

all educators in meeting his/her's medicals needs at all times Signed: Date:.....

Does your child need regular medication? **Yes** **No**

If yes please see the Centre Director for a consent to administer medication form.

Has / Does your child have any allergies or has your child been diagnosed at risk of Anaphylaxis? **Yes** **No**

If so please provide details:

Immunisation Records

Has your child been immunized? **Yes** **No**

Your child's records need to be copied, kept on file and updated whenever needed. If your child is not immunised and an outbreak occurs in the centre they will be excluded for the duration of the prescribed period as advised by the Public Health Officer. I understand that normal fees will apply and agree to pay such fees even though my child has been excluded from the centre.

Signed:

Medical Consents

I/We acknowledge that if my/our child becomes ill during the day and develops a high temperature we will be contacted to collect our child. Full fees will apply even though my/our child may not be able to return until a doctor's clearance has been provided.

I give permission for my son/daughter to be given Paracetamol if their temperature reaches 38c and the parents cannot be contacted.

My child has been given Paracetamol previously with no side effects.

Yes No

Signed:

Witnessed:

Date:

Date:

I agree to abide by the Health Policy of the Centre, which is explained in the Policy Booklet and which I acknowledge that I have read and understand. I understand that the Nominated Supervisor reserves the right to exclude my child if staff considers them not well enough to attend the Centre. I understand that failure to adhere to this policy can result in the loss of placement.

In the safety and care of my child I give my permission for sunscreen & insect repellent (only when required) application. Special sunscreens/repellents are to be supplied by parents.

Current brand used in the Centre Yes No Initial

DIET

Does your child have any particular dietary requirements (vegetarian, medical or religious) or restrictions? Yes No

If yes, please provide details:

Is your child allergic to any food? Yes No

If yes, please provide details:

Is there any food your child particularly likes?

Or dislikes?

We look forward to caring for your child and welcome the family into the centre. If you have any suggestions you would like to put forward, please talk to the staff. We hope that you will approach us with any concerns you may have about the service we provide.

AUTHORISED NOMINEE'S FOR DROP OFF, PICK UP AND FOR EMERGENCY TREATMENT

- (a) Only those people listed are authorized to collect your child from the centre.
- (b) Photo identification will be required before your child is released into their care a copy is kept on record at the centre.
- (c) Only persons over the age of 18 will be permitted to collect your child from the centre unless they have been recognized under Carer Status by the Australian Government and can provide copies of the required documentation.
- (d) Emergency contact people will be called if there is an emergency and we have been unable contact parents or guardians.
- (e) Emergency contact people will be called if your child has not been collected by closing time and we have been unable contact parents or guardians.
- (f) Please note that if your child has not been collected 30 minutes past closing time and we have been unable to make contact with either the custodial parents, guardians or emergency contacts then the Duty Officer for children's services will be called to take responsibility for your child.

I,hereby give permission for the persons listed below to drop off and collect my child listed on this application. I further agree to keep the Centre updated in writing of any changes to the contacts. I understand that in keeping with the Education and Care Services National Regulations and centre policies, my child will not be released into the care of a person under the age of 18 years, any person not listed on this form as a parent, emergency contact or authorized collector. I understand that non custodial parents (determined by a current court order only) will not be given access to the child:

1. Name:	2. Name:
Address:	Address:
.....
Phone No: (H)	Phone No: (H)
(W)	(W)
(Mob).....	(Mob).....

NB: authorised nominee, in relation to a child, means a person who has been given permission by a parent or family member of the child to collect the child from the education and care service. Also to act in case of an emergency when parent is unable to be contacted.

I, BEING Parent/Guardian of
 hereby authorize the Nominated Supervisor and staff of Butterflies Early Education to have my child, named above treated by an appropriate Medical or Dental Practitioner and I consent to the transportation of my child by an Ambulance service and I agree to being liable for all expenditure in regards to this transportation should, in the professional opinion of the Nominated Supervisor and/ or staff of the said Child Care Centre, if the need arises.

I/We consent to in the event of an emergency my/our child will be taken from the centre by a member of Butterflies Early Education staff to the closest Hospital, Medical or Dental practice even though it may not be of my/our choosing.

Signature: Date:

Photography & Media Use

At Butterflies Early Education we are committed to the Early Years Learning Framework (EYLF). As part of this program your child will have a development portfolio detailing the activities they complete throughout the year. Part of this documentation will include the use of both photography and digital media.

- 1. **I hereby consent to my child's photograph, name, age and suburb being used for publicity for the Centre, should this be required.**

Yes No _____ Initial & date

- 2. **I also give consent for my child's photograph to appear on Centre's Facebook, displays, Newsletter, my child's portfolio and Website page, should this be required.**

Yes No _____ Initial & date

School Drop off - Pick Up

I give authorisation for my child.....to be transported from Butterflies Early Education to the listed school below and to collect my child from the below listed school and return them to the centre.

I am aware my child will be transported in a fully insured business vehicle with the predominate vehicle being used being a "Toyota Tarago", Registration 1CDB162

Name of School	Teachers Name	Room	Drop Off/ Pick Up Times	Parent signature

I give permission for my child to participate in LOCAL excursions from the Centre by foot, within the local community.

Please note a risk management plan will be completed prior and will be available for parents/guardians to view.

Yes No _____ Initial & date

Please Note: Parents will be notified with a separate consent form before any such excursions.

DECLARATION

In completing and signing this form, I/We understand and consent to the following arrangements:

I/We agree to pay our childcare fee WEEKLY in advance.

I/We acknowledge that the centre charges for Public holidays and for any days that my child is absent from the centre if the day is my child's usual day of attendance

I/We acknowledge that the centre does not provide makeup days if my child is unable to attend on their registered day.

I/We agree to provide two weeks written notice via the child exit form provided by Butterflies Early Education before I/We cancel my/our child's enrolment. I/We agree to pay the full daily fee in the event we do not supply the required notice period.

I/We acknowledge that if my/our child does not attend during the two weeks' notice period all government subsidies will be forfeited and the full daily fee will apply to my account.

I/We acknowledge that if our childcare account is not settled in full within 5 working days of my child exiting the centre a Debt collection agency is employed to collect the outstanding monies. I/We agree to pay any collection fees applicable to my/our account incurred from the debt collection agency, including court costs.

I/We are aware that there is a charge for late departures to cover overtime payments due to staff and agree to pay any costs associated if my child is not collected by closing time.

I/We are aware that there is a charge for overdue accounts and agree to pay the additional charges incurred for failing to pay my/our account within the required payment terms.

I/We acknowledge it is my/our responsibility to maintain a current family assistance office income notice for childcare benefit-rebate purposes. In the absence of such I/We acknowledge that full daily childcare fees will apply.

I/We acknowledge that in the event that my/our payment is dishonoured by my/our banking agency my child's care will be suspended until the amount is paid in full.

I/We acknowledge that if my/our child is absent from Butterflies Early Education for 3 days in a row and I have been un-contactable the centre will suspend my child's care and any government subsidies paid will be forfeited with the full daily fee being applied to my/our account

I/We acknowledge that failure to pay my/our account within the terms specified will result in the termination or suspension of care and my child's place will be reallocated.

I/We acknowledge it is my/our responsibility to familiarize myself/ourselves with the centre's program and to notify Butterflies Early Education in writing if there are any activities or events we do not want our child to participate in.

I/We or an authorized representative have personally visited the centre, completed our induction and wish to proceed with the enrolment.

The centre reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the best interests of the centre or our staff. We agree to give reasonable notice to exercise this right and will refund any payments in credit.

I/We have been given ample opportunity to clarify any points that we have questions about prior to enrolling at Butterflies Early Education

I/We have read the terms and conditions detailed in the enrolment form and consent to progressing with the enrolment of my/our child or children.

In completing and signing this form, I/We acknowledge that the information provided is true and accurate and I/we agree to abide by the conditions of enrolment at Butterflies Early Education.

Signed by Enrolling parent or guardian:

Dated: