



Enrolment Form

Please select the service you are seeking enrolment with: -

Little Elves Childcare, Elvy Street Bargo

Little Elves Claremont, Claremont Drive Bargo

Child Details

Start Date: _____

Child's Name: _____ Surname: _____

Former Name/s: _____

Date of birth: _____ Gender: M / F (circle)

Home Address: _____

Home Telephone Number: _____

Country of Birth: _____ Language/s used at home: _____

Cultural background: _____

Is your child of Aboriginal or Torres Strait Islander origin: Y / N (circle)

Child CRN: _____ Account Holder CRN: _____

Required days: (please circle) Monday Tuesday Wednesday Thursday Friday

Parent / Guardian I (childcare subsidy holder)

Full Name: _____ DOB: _____

Former Name/s: _____

Home Address: _____

Does your child live with you? Y / N (circle) Cultural Background: _____

Contact Numbers: Home: _____ Mobile: _____ Work: _____

Email Address: _____

Employer: _____

Occupation: _____

Parent / Guardian II

Full Name: _____ DOB: _____

Former Name/s: _____

Home Address: _____

Does your child live with you? Y / N (circle) Cultural Background: _____

Contact Numbers: Home: _____ Mobile: _____ Work: _____

Email Address: _____

Employer: _____

Occupation: _____

Employer Address: _____

Court Documents

Are there any court/parenting orders, parenting plans outlining powers, duties, responsibilities or authorities of any person in relation to the child: Y / N

If you have answered yes a copy must be provided.

Authorised Nominee I (if parent cannot be contacted)

Person 1

Full Name: _____ Address: _____

Contact Numbers: Home: _____ Mobile: _____ Work: _____

Relationship to child: _____

Do you authorise this person to authorise medical treatment of, or to authorise administration of medication to, the child? Y / N (circle) Sign: _____

Do you authorise this person to authorise an educator to take the child outside the education and care service premises? Y / N (circle) Sign: _____

Do you authorise this person to authorise the education and care service to transport the child or arrange transportation of the child? Y / N (circle) Sign: _____

Authorised Nominees II (if parent cannot be contacted)

Person 2

Full Name: _____ Address: _____

Contact Numbers: Home: _____ Mobile: _____ Work: _____

Relationship to child: _____

Do you authorise this person to authorise medical treatment of, or to authorise administration of medication to, the child? Y / N (circle) Sign: _____

Do you authorise this person to authorise an educator to take the child outside the education and care service premises? Y / N (circle) Sign: _____

Do you authorise this person to authorise the education and care service to transport the child or arrange transportation of the child? Y / N (circle) Sign: _____

General Health

Doctor's Name / Medical Service: _____

Phone: _____

Doctors / Medical Service Address: _____

Medicare Number: _____ Exp: _____ Position on card: _____

Private Health Insurance: Y / N Fund: _____

Pension / Health care card: _____ Expiry Date: _____

Does your child have any dietary requirements/restrictions or additional needs? Y / N (circle)

If so please provide this information:

Does your child have any health care needs, medical conditions, allergies, anaphylaxis or risk of anaphylaxis: Y / N (please circle) **If yes, please provide Medical Action Plan from Doctor.** The following procedures are to be followed:

Obtained a Copy: Y / N (Nominated Supervisor to complete)

Is your child under the care of a therapist or specialist? Y / N (circle) If yes, why?

Does your child require regular medication? Y / N (circle) If yes, please name:

Immunisation Record

Has your child been immunised? Y / N (circle). Immunisation history statement must be provided prior to your child commencing care. This must remain up to date whilst care is being provided.

Sited child health record: Y / N (Nominated Supervisor to complete)

Obtained a Copy: Y / N (Nominated Supervisor to complete)

Consents

I _____ (print full name) a person with lawful authority of _____ (print child's full name) declare the information on this enrolment form is true and correct and undertake to immediately inform Little Elves Childcare Centre in the event of any change to this information.

Full Name: _____ Signature: _____ Date: _____

I authorise any person who is an authorised nominee, the Approved Provider, Nominated Supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service.

Full Name: _____ Signature: _____ Date: _____

I authorise any person who is an authorised nominee, the Approved Provider, Nominated Supervisor or educator to authorise the child being transported by an ambulance service.

Full Name: _____ Signature: _____ Date: _____

I authorise any person who is an authorised nominee, the Approved Provider, Nominated Supervisor or educator to authorise for the child to be taken outside the education and care services premises.

Full Name: _____ Signature: _____ Date: _____

I authorise any person who is an authorised nominee, the Approved Provider, Nominated Supervisor or educator to authorise the education and care service to transport the child or arrange transportation of the child in an emergency.

Full Name: _____ Signature: _____ Date: _____

Health/Illness/Medication

If my child requires medication, I will hand the medication to a staff member on arrival and I will complete a medication form with staff. I understand only prescribed medication with my child/s name can be administered. **I WILL NOT LEAVE MEDICATION IN MY CHILD'S BAG.**

Full name: _____ Signature: _____ Date: _____

The following first aid products are contained in the services first aid kit. Please cross out and initial any product/s that you **will not** allow to be applied to your child.

BASIC FIRST AID PRODUCTS	
As detailed by WorkCover Australia	
<input type="checkbox"/>	Band aids
<input type="checkbox"/>	Dressing Tape
<input type="checkbox"/>	Bandages
<input type="checkbox"/>	Emergency Shock Blanket
<input type="checkbox"/>	Gloves
<input type="checkbox"/>	Eye pads
<input type="checkbox"/>	Non adherent dressing
<input type="checkbox"/>	Wound dressing No. 15
<input type="checkbox"/>	Scissors blunt
<input type="checkbox"/>	Forceps – Stainless steel splinter
<input type="checkbox"/>	Antiseptic Wipes
<input type="checkbox"/>	Saline

I agree that the above products, other than those crossed out, may be applied to my child as basic first aid treatment.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Authority for Administration of Paracetamol in an Emergency

I _____ (Parent / Guardian) authorise Little Elves Childcare Centre Pty Ltd to administer one dose of paracetamol to my child _____ (child's full name).

I understand that this authority is a guideline for administration of a specific dose. I understand that I will be contacted for my permission for each specific emergency. In the event of an emergency, I agree to collect my child as soon as possible.

I understand the potential risks and side effects of this medication for my child.

Child's Name: _____

Name of the paracetamol: Children's Panadol

Dosage to be administered: One only

Condition or circumstance under which to be administered: Fever only

Fever or temperature over: 38

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____

Nominated Supervisor Signature:

Nominated Supervisor Name: _____

Date: _____

Other Information

If you would like for your child **not** to celebrate any of these occasions please advise e.g. Easter, Christmas, Mother's Day, Father's Day, Chinese New Year.

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

Photographs and Observations

As part of our program staff will be taking photographs of the children. This assists staff with their observations and also allows parents / guardians to see our daily routine and what the children participate in during the day. I give permission for photographs to be taken of my child and displayed in the childcare centre. I also give permission for my child's development to be observed for student purposes and understand his / her name will not be used on any such reports.

Do you consent for your child's photo to be taken and displayed? Y / N (please circle)

Do you consent for your child's image appearing in newsletters and or publications? Y / N (please circle)

Full name: _____ Signature: _____ Date: _____

Sunscreen

The service will encourage children to apply sunscreen themselves wherever possible. In the event a child is unable to apply I give permission for a educator to apply to areas of skin that may reasonably be considered at risk of sun exposure. I authorise for my child to have sunscreen applied. I will supply sensitive sunscreen.

Full name: _____ Signature: _____ Date: _____

Fees

Fees can only be paid using 'Debit Success,' system. Fees can be paid weekly or fortnightly. Termination policy – 2 weeks' notice in writing must be given. Overdue fees incur a \$2 per day fee. Public Holidays, Sick Days and Family Holidays must be paid for. I agree to pay the fees on time and if I do not I understand I may be jeopardising my child's position.

Full name: _____ Signature: _____ Date: _____

Little Elves Childcare Centre Pty Ltd Privacy Notice

Privacy Policy

Any information acquired by us in the course of your enrolment is subject to strict confidentiality requirements. Information will not be disclosed by us to other parties except as required or allowed for by law or professional standards, or with your express consent. Records will be store as per legal requirements and are in line with the Australian Privacy Principles.

Complying Written Agreement

You are entering into a Complying Written Arrangement (CWA) with this service. The fees for the service and operating hours are available as part of the enrolment package, at the Service and on request.

Where a family has selected permanent bookings, the option for casual bookings will be nominated with Centrelink as part of your CWA to ensure you have flexibly in sections sessions of care now and in the future.

Full Name (Please Print): _____

Signed: _____

Date: _____