



## Enrolment Form

Please select the service you are seeking enrolment with: -

Little Elves OOSH, Bargo Public School

Little Elves After School Care , Wollondilly Anglican

### **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: \_\_\_\_\_

Attending School: \_\_\_\_\_ School Year: \_\_\_\_\_

Required days: (Bargo only Before School) Monday Tuesday Wednesday Thursday Friday

Required days: (After School Care) 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 (WAC transition children only). 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 Pty Ltd 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: \_\_\_\_\_

### **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.

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

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### **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 an 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: \_\_\_\_\_