



APPLICATION FOR ENROLMENT

Child's Information

Given Names Surname

Date of Birth Gender

Address

Culture (Optional) Place of Birth

Religion (Optional) Language

Is your child of Aboriginal or Torres Strait Islander origin? Yes No

Is your child attending another Approved Kindergarten program? Yes No

Do you have a Health Care card? Yes No Health Care Card Number

Child CRN Parent CRN

Days Required

Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Information

First Parent/Guardian

Full Name Date of Birth

Relationship to Child Religion (optional) Culture (optional)

Address

Email Address

Home Phone: Mobile: Work Phone

Workplace Occupation

- In the event of an emergency, this person is authorised to be notified Yes No
- This parent is authorised to authorise an educator to take a child outside of the service Yes No
- Authorise Nominee (excursion) Yes No
- Authorise Nominee (regular outing - in the event of a regular outing)
Permission is required every 12 months. Yes No
- Authorised (to authorise) administration of medication to the child Yes No

Second Parent/Guardian

Relationship to Child Religion (optional) Culture (optional)

Address

Email Address

Home Phone: Mobile: Work Phone

Workplace Occupation

- In the event of an emergency, this person is authorised to be notified Yes No
- This parent is authorised to authorise an educator to take a child outside of the service Yes No
- Authorise Nominee (excursion) Yes No
- Authorise Nominee (regular outing - in the event of a regular outing)
Permission is required every 12 months. Yes No
- Authorised (to authorise) administration of medication to the child Yes No

Legal/Court Orders

If a Court Order, Parenting Plan, Protection order exists in relation to custody, or limiting access or dissemination of information to a parent, a copy of relevant documentation MUST be attached. Please tick below if there are any conditions affecting your child's enrolment.

Court Order Parenting Order/Parenting Plan Protection Order

Emergency Contacts

When First and Second Parent/Guardians are unable to be contacted, please contact:

Emergency Contact #1

- Authorise Nominee (collection)
- Authorise Nominee to consent to medical treatment of the child

Full Name

Relationship to Child

Contact Number

Address

- This Contact is authorised to authorise an educator to take a child outside of the service Yes No
- Authorised (to authorise) administration of medication to the child Yes No

Emergency Contact #2

- Authorise Nominee (collection)
- Authorise Nominee to consent to medical treatment of the child

Full Name

Relationship to Child

Contact Number

Address

- This Contact is authorised to authorise an educator to take a child outside of the service Yes No
- Authorised (to authorise) administration of medication to the child Yes No

Medical Information

Medical Practitioner Type (i.e. Paed, GP)

Medical Centre Contact Number

Address

Do you have a Medicare card? Yes No Medicare Number

Please note that any Anaphylaxis, Asthma or Medical Conditions will require a management plan by a GP or Specialist be provided to the Centre and updated every 6 months.

Does your child have any existing Medical Conditions?
If yes, please provide details below.

Does your child have any Additional Needs?
i.e. Gifted and Talented, Autism, Complex Conditions, Learning Conditions, Behavioural and Emotional

Yes No

Yes No

Does your child have an Anaphylaxis plan in place? Y N

Is your child immunised?
Please provide Immunisation Records. Y N

Does your child have an Asthma plan in place? Y N

Does your child have a medical exemption from Immunisation?
(please provide a copy) Y N

Does your child have a general Health Plan in place? Y N

Permissions

PERMISSION TO ACT IN CASE OF AN EMERGENCY

I hereby authorise a representative of Carey Lane ELC to seek emergency medical treatment for my child from a registered medical practitioner or hospital. or transportation by an ambulance service should this be considered necessary.

Signature Date

PERMISSION TO ACT IN CASE OF AN EMERGENCY

I hereby authorise a representative of Carey Lane ELC to seek transportation by an ambulance service should this be considered necessary.

Signature Date

PERMISSION TO APPLY SUNSCREEN

I hereby authorise Sunscreen to be applied to my child's skin prior to outdoor play as per our Sun Protection policy.

Signature Date

PERMISSION TO PHOTOGRAPH AND RECORD VIDEO FOOTAGE OF MY CHILD

I hereby authorise representatives of Carey Lane ELC to photograph and record video footage of my child and display within the Centre. In addition, I also permit the specific uses indicated below. I understand that the Service where authorized will use:

- Photographs can be used in the Centre Newsletter Photographs can be used for advertising purposes
- Photographs/Video can be displayed on Carey Lane Social Media pages and Website
- None of the above; permission is limited to displays within Carey Lane Early Learning Centre

PERMISSION TO SHARE INFORMATION

I wish to receive Community, Event, Promotional and Enrolment Information from St Hilda's School

- Yes No

Payment Arrangements

Families will be billed fortnightly. Our policy states that all accounts must be paid two weeks in advance. Please select your payment method from the options below.

Daily Fee: \$98.00

- Ezi-Debit Eftpos/Credit Direct Deposit Cheque Cash

Supporting Documents

Please attach copies of the following documents:

- Birth Certificate Passport (if not Australian Citizen) Immunisation Records

| | | | |
|--|---|-------------------|----------------------|
| Office Use Only | | Commencement Date | <input type="text"/> |
| <input type="checkbox"/> Contact details are completed fully | <input type="checkbox"/> Emergency Contacts have been nominated | | |
| <input type="checkbox"/> Copy of Enrolment Information provided to Educators | <input type="checkbox"/> Dietary Restrictions provided | | |
| <input type="checkbox"/> All Permission Forms are signed | <input type="checkbox"/> Immunisation Records provided | | |
| <input type="checkbox"/> Copy of Birth Certificate provided | <input type="checkbox"/> Medical Exemption from Immunisation | | |
| <input type="checkbox"/> Protection Order | <input type="checkbox"/> Copy of Health Care subsidy card provided | | |
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Medical Management Plans, Anaphylaxis Management plans or Risk Management plans provided | | |
| <input type="checkbox"/> Parenting Order/Parenting Plan | <input type="checkbox"/> Child Health Record (if provided) | | |
| Name of Person who has sighted records | <input type="text"/> | | |
| Signature of Person who has sighted records | <input type="text"/> | Date | <input type="text"/> |

Child Profile

Educator Notes:

A Photo of your child will be added on their first day.

Given Names

Surname

Preferred Name

Gender

Date of Birth

Place of Birth

Languages spoken at home

Culture (optional)

Religion (optional)

Has your child attended care before? Yes No

Care Type i.e.FDC

Family Structure

Is there any information that you can share that may help us to know your child and family?

i.e. lives at home with Mother and Father, Foster Care, blended family. Please list any family, friends or pets that are significant to your child.

...

Medical Conditions/Additional Needs

i.e. Asthma, Autism, Diabetes. Please provide details and supporting documentation.

...

Extra Requirements (Cultural, Religious practices)

...

Behavioural Requirements:

i.e. Behaviour management plans, practises you would like the Centre to implement.

...

Allergies and Dietary Restrictions

Particular food preferences (if your child has recently progressed to solids, please outline what they currently eat and your plan for introducing new foods, eating habits at home, prefer child to try lunch before dessert for example. Please also nominate your preferred method for heating of bottles.

***Allergies to be noted here**

- Bottle Fed
- Breast Milk Can hold own bottle Formula Prefers to be held during feeding
- Eats solid food
- Can feed themselves Requires assistance

Toileting requirements

Please indicate which statement best describes your child's toileting needs and provide comments in the section below that may assist us in working with you during the toilet training process.

- In nappies full time, not considering toilet training at this stage
- In nappies full time, would like to commence toilet training **Staff will discuss appropriate ages & methods upon commencement*
- Currently toilet training, requires nappy at rest time
- Toilet trained

Additional Notes

Rest Requirements

Carey Lane Early Learning Centre sleeps children in accordance with the SIDS Safe Sleeping guidelines.
i.e. requests a toy or blanket for comfort, limit sleep to one hour.

...

Please outline your child's usual daily routine when at home:

...

What are your expectations/hopes/goals for your child whilst in care

i.e. To socialise well with other children, further develop certain skills.

...

What are your child's current interests?

i.e. Behaviour management plans, practises you would like the Centre to implement.

...

Additional Requirements:

Please feel free to provide any additional information or list any particular questions you may have for the Centre during the orientation process on your child's first day. The Centre will document any information discussed with you here such as sleep patterns, your specific needs or concerns.

...

Enrolment Agreement

In consideration of enrolling my child at the Service, I, the undersigned, do hereby agree that:

1. I understand that in the case of sudden illness or accident, the Service Leader shall have discretionary power to take all reasonable steps to provide appropriate medical attention for my child; that the Parents/Guardians will be contacted as soon as possible; and that any costs incurred will be borne by the Parents/Guardians.
2. I agree to keep my child at home when suffering from a heavy cold or other infectious illness likely to affect the health of the other children or staff.
3. I agree to notify the Service promptly of the reasons for any absences.
4. I will ensure that the child is brought to the Service by a responsible person and taken to an Educator.
5. I will ensure that the child is collected by an Authorised Nominee (identified under Emergency Contacts and Authorised Nominees) before the official closing time. Should I be late collecting the child I agree to pay the Late Collection Fee. I will make every effort to inform the Service of changes in arrival and departure times and procedures, especially in regard to persons other than those recorded, collecting my/our child.
6. I understand and accept that fees must be paid in advance, that the normal fees will be payable at all times including absence of my/our child for sickness and holidays. I understand that if fees are not paid, my child's continued enrolment in the Service cannot be guaranteed.
7. I agree to, on termination of my child's enrolment at the Service, give notice as per Service policy or forfeit two week's fees, in lieu of notice. I am aware that if my child does not attend during the notice period, CCB can not be claimed and I will be required to pay full fees.
8. I agree to notify the Service immediately of any change in emergency contacts, addresses and/or telephone numbers.
9. I have visited the Service and discussed with the Service Leader the enrolment of my child and understand the importance of family co-operation and agree to participate when possible in the activities of the Service. I agree to be bound by the constitution/rules and/or any by-laws of the Service/Association.
10. I understand that fees are payable in advance. Fees are payable as per the enrolment agreement regardless of whether a statement is issued.

Debt recovery acknowledgement statement

1. I, the Parent/Guardian, agree that the information provided in this application is true and correct and can be relied upon by the Service.
2. I, the Parent/Guardian agree to notify the Service immediately should there be any change in circumstances from the details as outlined in the enrolment form including living arrangements of the child and/or Parent/Guardian within 7 days of the date of such a change.
3. I, the Parent/Guardian, agree to pay outstanding fees and cancellation fees where applicable together with all debt recovery expenses including fees, court costs, legal fees reasonably incurred by the Service.
4. In the case of a default of payment, I, the Parent/Guardian acknowledge that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to the collection agency for legal recovery action.
5. I understand that in the case of a default on payments for childcare fees, enrolment details may be listed on the National Default Registry for a period of six (6) years and thirty days or until paid.
6. I, the Parent/Guardian, acknowledge that care may be refused in the case of a default.

First Parent/Guardian

Name

Signature Date

Second Parent/Guardian

Name

Signature Date

Application Fee

I/We enclose our payment of the Application Fee of \$100 (including GST). I/We understand this fee is to cover administrative costs and is not refundable irrespective of the outcome of the application.

Cheque made payable to Carey Lane Early Learning Centre

Cash

Credit Card*

Visa

Mastercard

Card Number

Expiry

CW

Signature of Cardholder

Date

Name of Cardholder

Address of Cardholder

Please note that Carey Lane Early Learning Centre recovers the cost of accepting credit card payments directly from the cardholder. All credit card payments received over the telephone, in person and in writing will incur a fee at the current rate as charged by the cardholder's institution.