



ORMISTON COLLEGE EARLY LEARNING CENTRE

APPLICATION FOR ENROLMENT

Child's Name: _____

CHECK LIST

Please ensure ALL of the following documents are attached to this application before submission:

Child's birth certificate	Yes	Please attach a passport size photo of your child here.
Immunisation record	Yes	
Parent CRN eligibility letter	Yes	
Child CRN eligibility letter	Yes	
Medical document	Yes	

OFFICE USE ONLY

Date entered:		Entered by:	
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Ormiston College Early Learning Centre is committed to protecting your privacy.

Staff will at all times ensure confidentiality and security of the information contained on this Enrolment Form to persons outside the Early Learning Centre unless your permission to disclose in writing is forwarded to the Director.

Date of Enrolment: _____ Date of Commencement: _____ Age at Commencement: _____

CHILD DETAILS

Given name(s)	
Middle name	
Surname	
Name usually called	
Date of birth	
Place of Birth	
Gender (please circle)	
Centrelink Reference Number (CRN)	
<p>Please note: Parent and child have their own individual CRN number (to claim lump sum or 50% work/study rebates you and your child/ren MUST have a CRN number and must have been assessed for CCB. Please contact the Family Assistance Office on 13 61 50 for more information)</p>	
Child's home address	
Child's home phone number	
Child lives with	
Child's birth certificate or equivalent has been cited by nominated supervisor/certified supervisor and photocopied	<input type="checkbox"/> YES <input type="checkbox"/> NO
Days of attendance (Please circle)	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
Childs allocated room (Please circle)	<input type="checkbox"/> Toddlers <input type="checkbox"/> Kindy <input type="checkbox"/> PP1 <input type="checkbox"/> PP2

CULTURAL CONSIDERATION

Language spoken at home	
Ethnicity	
Religion	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please tick)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please outline any cultural practices you would like followed:	
Please outline the Child's religious background and if relevant any religious practices you would like followed	
Religious celebrations	

MEDICAL INFORMATION

Medicare Number	
Medicare Expiry Date	
Number of child on card	
Please outline any dietary restrictions or considerations e.g. like and dislikes. (Details of allergies etc. will be requested in the Medical section of the form)	

CHILD'S REGISTERED MEDICAL PRACTITIONER OR SERVICE DETAILS

Service Name	
Practitioner's Name	
Contact Numbers	
Address	

CHILD'S REGISTERED DENTAL PRACTITIONER OR SERVICE DETAILS

Service Name	
Practitioner's Name	
Contact Numbers	
Address	
Private Health Cover (Please tick)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Private Health Fund Name	
Private Health Care Membership Number	

Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? (Please tick)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include: <ul style="list-style-type: none"> • A photo of the child • If relevant, state what triggers the medical condition, allergy or anaphylaxis • First aid needed • Contact details of the doctor who signed the plan • When the Plan should be reviewed. 		
Please provide any other relevant medical history		
Does your child have any additional needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide details:		
Has your child been referred to: (if you respond yes to any below, please provide relevant reports?)		
Speech Therapist	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Occupational Therapist	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physiotherapist	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Special Education Development Unit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the child have any dietary restrictions? (Please tick)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please attach relevant details:		

MEDICATION		
Medication will only be administered: <ul style="list-style-type: none"> • if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; or • from its original container, bearing the original label and instructions and before the expiry or use by date; and • the medication must be administered in accordance with any instructions attached to the medication; or • any written or verbal instructions provided by a registered medical practitioner. 	Parent 1 signature	
	Parent 2 signature	
Do you authorise that medication including Panadol/Nurofen will only be administered as per the following: In the case of an emergency: <ul style="list-style-type: none"> • a parent or a person named in the child's enrolment record as authorised to consent to the administration of medication is contacted and verbal permission is given. • if a parent or authorised person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service provider will be contacted. 	Parent 1 signature	
	Parent 2 signature	
Do you authorise the Nominated Supervisor or another educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Parent 1 signature	
	Parent 2 signature	
Do you authorise the Nominated Supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Parent 1 signature	
	Parent 2 signature	

IMMUNISATION DETAILS

I have chosen not to have my child immunised.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please note: [Approved documentation must be provided before your child can attend – See Immunisation Policy]		
Are your child's immunisations up to date?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please provide a copy of your child's immunisation History Statement provided by Medicare		
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please tick)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Parent 1 signature	
	Parent 2 signature	
Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.	Parent 1 signature	
	Parent 2 signature	

DEVELOPMENTAL DETAILS

Please provide us with any other information we should know about your child
(For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)

TRANSITION TO SCHOOL

Have you decided what school to send your child to? If so, do you give the service permission to exchange information with the school to assist your child transition to school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Parent 1 signature	
	Parent 2 signature	
Name of School		

FAMILY INFORMATION

Does the child have any siblings? If so, please provide their names and ages.			
Name		School attending	
Name		School attending	
Name		School attending	
Does the child have any other close relations attending the centre? E.g. cousins. If so, please provide their names and ages.			
Name		Age	
Name		Age	
Name		Age	

PARENT DETAILS	
PRIMARY PARENT	SECONDARY PARENT
Parent Name	Parent Name
Parent Surname	Parent Surname
Address	Address
Phone Number (Home)	Phone Number (Home)
(Work)	(Work)
(Mobile)	(Mobile)
Parent Date of Birth	Parent Date of Birth
Email address	Email address
Relationship to child	Relationship to child
Parent Centrelink Reference Number (CRN)	Parent Centrelink Reference Number (CRN)
Country of Birth	Country of Birth
Please provide any relevant cultural background details	Please provide any relevant cultural background details
Does the child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
Occupation	Occupation
Place of employment	Place of employment

COURT ORDER	
Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide all relevant documentation and paperwork	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide all relevant documentation and paperwork	
Please note that without this documentation we cannot legally enforce the Order/s.	

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EMERGENCY CONTACT FORM

Name of child	
Date of birth	

AUTHORISED EMERGENCY CONTACT PERSONS

(OTHER PERSONS TO BE NOTIFIED)

Please ensure that persons nominated are aware that they are nominated as an emergency contact for your child and that they have the authorisation from you to make decisions re your child's care. There may be times when the child is involved in an incident or has an injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the Education and Care Service should notify one of the following people who are authorised to collect and care (including consent to medical treatment or permitting the administration of medication) for the child, after an incident injury, trauma or illness. They are also authorised to authorise an educator to take the child outside the Education and Care Service premises.

These nominated person(s) will be required to present photo ID when collecting your child.

Surname:	Surname:
Given name:	Given name:
Residential Address:	Residential Address:
Post code:	Post code:
Home Phone:	Home Phone:
Mobile:	Mobile:
Relationship to child:	Relationship to child:
Place of Employment Phone:	Place of Employment Phone:
Authorised to collect my child from the education and care service <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorised to collect my child from the education and care service <input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to consent to medical treatment of, or to authorise administration of medication for my child <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorised to consent to medical treatment of, or to authorise administration of medication for my child <input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to authorise an Educator to take the child outside the education and care services premises <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorised to authorise an Educator to take the child outside the education and care services premises <input type="checkbox"/> YES <input type="checkbox"/> NO
PARENT SIGNATURE	PARENT SIGNATURE
Date:	Date:

PERSONS AUTHORISED FOR COLLECTION OF CHILD (OTHER THAN PARENT(S)/ GUARDIAN(S)) – AUTHORISE NOMINEE

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.

Please list below you Authorised nominees (A list of people who are authorised to collect your child).

These nominated person(s) will be required to present photo ID when collecting your child.

Surname:	Surname:
Given name:	Given name:
Residential Address:	Residential Address:
Post code:	Post code:
Home Phone:	Home Phone:
Mobile:	Mobile:
Relationship to child:	Relationship to child:
Place of Employment Phone:	Place of Employment Phone:
Authorised to collect my child from the education and care service <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorised to collect my child from the education and care service <input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to consent to medical treatment of, or to authorise administration of medication for my child <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorised to consent to medical treatment of, or to authorise administration of medication for my child <input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to authorise an Educator to take the child outside the education and care services premises <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorised to authorise an Educator to take the child outside the education and care services premises <input type="checkbox"/> YES <input type="checkbox"/> NO
PARENT SIGNATURE	PARENT SIGNATURE
Date:	Date:

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

HEALTH AND SAFETY		
I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Nappy Cream/Paste (supplied by parents) A consent form is required to be completed by the parent/guardian	YES	NO
Have staff apply Teething Gel (supplied by parents) A consent form is required to be completed by the parent/guardian	YES	NO
Have staff apply Insect Repellent (supplied by parents) A consent form is required to be completed by the parent/guardian	YES	NO

PHOTOGRAPHY AND VIDEO		
For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	YES	NO

Please tick box to confirm you have read each point.

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the policy manual
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- I agree to pay all **child care fees** & all outstanding fees if failing to provide 2 weeks notice in writing. My child will attend on the last day of the notice period or I/We acknowledge that full fees will be incurred for that period as Child Care Benefit is not claimable if my child does not attend on their last day. I/We understand that I/We will be charged for all booked days including absences due to illness, holidays, public holidays or for any other reason. If there are exceptional circumstances it will be at the Director's discretion as to alterations to the above.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child. I agree to pay the incurred late fee, which will apply after Centre closure at a rate of \$1.00 per minute (per child) after 6.00pm.
- I agree to giving two weeks written notice to withdraw my child or reduce booked days

- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I agree to keep my child at home for 24 hours after commencing antibiotics
- I agree to keep our child home while he/she is suffering from any infectious or contagious illness or when he/she is in such poor health as to be unfit for normal day care conditions.
- I authorise all medical and surgical treatment, X-ray, laboratory, anaesthesia, transport by ambulance, administration of life saving medication (eg. EpiPen or Ventolin) and other medical and/or hospital procedures as may be performed or prescribed by the attending doctor and/or Paramedics for my child and waive my right to informed consent of treatment. This waiver applies ONLY in the event that neither parent/guardian can be reached in the case of an emergency. I give the discretionary power to the staff to provide appropriate medical attention. I agree to accept responsibility for all medical expenses arising as a result of emergency treatment sought for my child.
- I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I have read the Parent Handbook and am familiar with the Service's Policy Manual located in reception. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I am able to make this suggestion in person to a staff member or anonymously in the suggestion box.
- I declare all the information given on this Enrolment Form is accurate and agree to notify the Centre in writing immediately there are any changes to any of the above information.

We the undersigned hereby acknowledge and accept the conditions as detailed above.

MOTHER/GUARDIAN SIGNATURE	FATHER/GUARDIAN SIGNATURE
Date:	Date:

Preferred method of receiving statement (please tick): EMAIL PRINT

NAME and SIGNATURE of person responsible for payment of account:

NAME	SIGNATURE
Date:	

PRIVACY DISCLAIMER
<p>Privacy Consent - The Ormiston College Early Learning Centre collects information from you for the primary purpose of providing quality childcare and meeting your family's and child's needs. Information you provide will be used for administrative purposes, billing and debt collection, disclosure to Family Assistance Office and Department of Communities, emergency situations whereby staff/hospitals require access to records for appropriate purposes. I/We consent to the handling of my information by the Ormiston College Early Learning Centre for the purposes set out above, subject to any limitations that I have notified the Centre of in writing and attached to this enrolment form.</p>