



Civic Avenue Early Learning Enrolment Form

Date of Application: DD/MM/YYYY

A parent who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licenced Children's Services are required to collect the child's enrolment information as stipulated in Regulation 160 – 162 of the Education and Care Services National Regulations.

Child Details

Given Name: Surname:

Home Address:

Suburb: State Postcode:

Date of Birth: Gender: Female Male Home Phone:

Languages spoken at home:

Cultural Background:

Special Considerations / Cultural or Religious Requirements:

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

Custody Court Orders?

(If yes, please provide details and copies)

Parenting Order or Parenting Plan:

(If yes, please provide details and copies)

Please Note: Parenting order means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 (Commonwealth). Parenting Plan means a parenting plan within the meaning of section 638(1) of the Family Law Act 1975 includes a registered parenting plan within the meaning of section 63C(1) of the act.

Parent / Guardian Details

Parent 1 Full Name: Parent 2 Full Name:

Date of Birth: DD/MM/YYYY Date of Birth: DD/MM/YYYY

Home Address: Home Address:

Mobile: Mobile:

Home Phone: Home Phone:

Email: Email:

Cultural Background: Cultural Background:

Language Spoken: Language Spoken:

Occupation: Occupation:

Work Name: Work Name:

Work Address: Work Address:

Work Phone: Work Phone:

Work Email: Work Email:

Relationship to child: Relationship to child:

Days booked (please tick)

Start Date: DD/MM/YYYY Monday Tuesday Wednesday Thursday Friday

Please Note: A parent includes a guardian of the child and a person with parental responsibility for the child under a decision or court order.

Family Details (siblings / children living at home)

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	DD/MM/YYYY
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	DD/MM/YYYY
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	DD/MM/YYYY

Child's Medical Practitioner

Doctor:	<input type="text"/>	Address:	<input type="text"/>
Phone:	<input type="text"/>		
Medicare Number:	<input type="text"/>	Ambulance Fund and Identification Number:	<input type="text"/>

Additional Needs

Does your child have any additional needs?
If yes, please provide details

Does your child regularly visit a specialist?
If yes, please provide details

Immunisations

To be eligible for CCS, your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements your child must be fully immunised or up to date according to the Australian Standard Vaccination Schedule.

Has your child been immunised? Yes No Are immunisations up to date? Yes No

Please sign that you have provided a current copy of your child's immunisation status certificate:

Parent/Guardian Signature

Print Name:

Nominated Supervisor's / Responsible Person's signature to acknowledge we have sighted and received your child's immunisation status certificate and the Health Learning & Development Record:

Print Name:

Please complete the below table

Immunisation Schedule	Immunisation Type	Date
Birth	<input type="checkbox"/> HEP B	<input type="text"/> DD/MM/YYYY
2 Months	<input type="checkbox"/> DTPA <input type="checkbox"/> HEP B/HIB <input type="checkbox"/> OPV	<input type="text"/> DD/MM/YYYY
4 Months	<input type="checkbox"/> DTPA <input type="checkbox"/> HEP B/HIB <input type="checkbox"/> OPV	<input type="text"/> DD/MM/YYYY
6 Months	<input type="checkbox"/> DTPA <input type="checkbox"/> OPV	<input type="text"/> DD/MM/YYYY
12 Months	<input type="checkbox"/> MMR <input type="checkbox"/> HEP B/HIB	<input type="text"/> DD/MM/YYYY
18 Months	<input type="checkbox"/> MMR <input type="checkbox"/> CHICKENPOX	<input type="text"/> DD/MM/YYYY
4 Years	<input type="checkbox"/> DTPA <input type="checkbox"/> MMR <input type="checkbox"/> OPV	<input type="text"/> DD/MM/YYYY

Please note: To improve vaccination rates and reduce the spread of vaccine preventable diseases, the Victorian state Government introduced the 'No Jab, No Play' legislation on the 1st of January 2016. This legislation requires confirmation of vaccination status when enrolling in all early childhood education and care services including childcare and kindergarten. Immunisation History statements provided by the Australian Immunisation Register (AIR) are now the only accepted proof of immunisation when enrolling in early childhood education and care services. Previous forms of documentation (eg GP letter or local council statement) are no longer accepted.

Allergies/Medical Condition/Health

Does your child have any allergies?

Foods, medicine, grass, sunscreen etc

Does your child have any diagnosed health care needs or medical conditions?

Convulsions etc

Has your child been diagnosed with: Anaphylaxis? Asthma? Diabetes? Epilepsy?

If so, please attach your medical plan

Does your child have a medical action plan?

If yes, please provide your medical action plan

Does your child take regular medication?

Ventolin etc

Child's present health status?

Please note: if your child has a medical action plan, you will need to make time with the Director and Educators in your child's room to sit down and develop a Risk Minimisation Plan and Communication plan prior to commencing care.

Food/Meals

Does your child have any dietary requirements?

Vegetarian, religious etc

Foods they like/dislike?

Please provide details

General Needs

Can your child participate in festivals and celebrations?

ie: Christmas. Please provide details

Does your child have any fears:

ie: Cats, Dogs, Thunder etc.

Please provide details

Does your child participate in any extra curricular activities?

Please provide details

Routine

Please provide details about your child's routine.

Include routine times including day sleeps, comforters such as teddies and dummies, daily bottles etc.

Authorised Nominees/Emergency Contacts

Please note: Authorised Nominees/Emergency Contacts must not include Parents. As stipulated in Regulation 160 3(B) of the Education and Care Services National Regulations, parents are required to nominate an Authorised Nominee. An Authorised Nominee is a person who has been given permission by a parent or family member to collect the child from the Education and Care Service. Section 170(5) of the Law. There may also be times where your child has an accident, injury, trauma or illness or requires medication or medical treatment and you as the parents cannot be contacted. To deal with these situations we will notify one of the below contacts who are authorised to collect and care for your child.

Authorised Nominee 1

Full Name: Mobile:
Home Address: Home Phone:
Work Phone:

Is the above person authorised to collect your child from Civic Avenue Early Learning? Yes No
Can the above person be contacted in case of an incident trauma or illness involving your child? Yes No
Is the above person authorised to consent to medical treatment for your child? Yes No
Is this above person authorised to consent to administer medication to your child or be transported off the premises by an Ambulance service? Yes No
Is the above person authorised to authorise an Educator from Civic Avenue Early Learning to take the child outside the education and care premises? Yes No

Authorised Nominee 2

Full Name: Mobile:
Home Address: Home Phone:
Work Phone:

Is the above person authorised to collect your child from Civic Avenue Early Learning? Yes No
Can the above person be contacted in case of an incident trauma or illness involving your child? Yes No
Is the above person authorised to consent to medical treatment for your child? Yes No
Is this above person authorised to consent to administer medication to your child or be transported off the premises by an Ambulance service? Yes No
Is the above person authorised to authorise an Educator from Civic Avenue Early Learning to take the child outside the education and care premises? Yes No

Medical Emergencies/Consent to Administer Medical Treatment

The only person that can give consent for educators to authorise or administer medical treatment or medication is those with 'lawful authority' meaning the child's parents or guardians if appointed by the courts. I give consent for the educators at Civic Avenue Early Learning to undertake first aid or seek medical assistance or treatment that my child should require from a medical practitioner, hospital or ambulance service. I also consent for the educators at Civic Avenue Early Learning to organise transportation of my child by ambulance service if required. I understand that medical treatment and ambulance service will be at my expense. In this even every effort will be made to contact the parents/guardians immediately.

Parent/Guardian Signature

Print Name:
Date: DD/MM/YYYY

Confidentiality

The proprietor of Civic Avenue Early Learning will ensure that the information in the child's enrolment record is not divulged to another person unless necessary for the care and education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education & Care Services National Regulations.

Parent/Guardian Signature

Print Name:
Date: DD/MM/YYYY

Permission

I give the management/educators at Civic Avenue Early Learning the authority to:

- Use the name and/or photo of my child for centre displays, centre website and/or promotional use including media/Facebook Yes No
- To share group photos that my child is in, with families that use the service Yes No
- To apply sunscreen for outdoor play Yes No
- To be observed by educators and students for developmental purposes Yes No
- To check your child's hair if there is an outbreak of head lice Yes No
- The person listed as Parents and Contact Persons are authorised to drop off and collect my child unless otherwise specified Yes No
- To administer paracetamol to my child in the event of a fever or present medical condition Yes No

Parent/Guardian Signature

Print Name:

Date:

DD/MM/YYYY

Payment Requirements

I/we understand that:

- Fees are payable one week in advance.
- If my fees are in arrears for more than two weeks and no arrangement has been made with the Centre Director, my child's place will be withdrawn.
- Fees will be charged for booked days that my child does not attend due to illness, public holidays, RDO days.
- I need to provide two weeks notice in writing prior to withdrawing from the centre and will agree to pay all outstanding fees prior to my departure.
- Should I fail to pay my fees and my place is withdrawn or when I leave the centre, I will be liable for all additional costs incurred by the centre in collecting any outstanding fees.
- Full fees are payable until Child Care Subsidy confirmation received by the centre.
- Full fees are payable if you don't attend your first or last day of booked care.
- My Ezi Debit payment will be altered to reflect any CCS changes.

Parent/Guardian Signature

Print Name:

Date:

DD/MM/YYYY

Lawful Authority

Parents – All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Education and Care Services National Law Act 2010 refer to those powers and responsibilities as 'lawful authority'. It is not affected by the relationship between the parents such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Enrolment Fee

To ensure your child's place is secure on our waiting list/to begin, we require a \$50.00 enrolment fee.

I have paid the \$50.00 enrolment fee Yes No

Child Care Subsidy (CCS)

Child Care Subsidy (CCS) will be paid directly to Civic Avenue Early Learning to reduce fees families pay. To claim CCS families must meet eligibility requirements.

Child's CRN Number:

Customer's CRN Number:

Confirmation of Policy & Enrolment Information

- I am aware that it is my responsibility to familiarise myself with the centre's Policies and Procedures. I am aware that these are available to me at the centre and copies may be provided on request.
- I acknowledge that I have read and understand the contents of the Parent Handbook and agree to abide by the conditions and policies stated here.
- I am aware that it is my responsibility to ensure that the information contained in this enrolment form is up to date and current at all times.

Parent/Guardian Signature

Print Name:

Date:

DD/MM/YYYY

Witness Signature

Print Name:

Date:

DD/MM/YYYY

How to complete enrolment form:

- Print, sign and email to enquiries@civicaveearlylearning.com.au

Any questions, please call (02) 5553 0960

Civic Avenue Early Learning
5-7 Civic Avenue, Singleton, NSW, 2330
civicaveearlylearning.com.au

SUBMIT

RESET

PRINT

SAVE