

TOM THUMB KINDERGARTEN

Enrolment Form

| Child's Details | |
|---|---|
| Child's Surname: | |
| Child's Given Name(s): | |
| Child's Home Address: | |
| Child's Date of Birth: | |
| Children's CRN Number : | |
| Child's Gender (Please Circle): | Male / Female |
| Language(s) used in the Child's home: | |
| Is the Child of Aboriginal or Torres Strait Islander Descent? (Please Circle) | Yes / No |
| Please provide a photocopy of the Child's birth certificate or equivalent. | Please provide copy of immunisation status. |

| Considerations for the Child |
|--|
| Cultural Considerations |
| Please outline the Child's cultural background and if relevant any cultural practices you would like followed: |
| |
| Religious Considerations |
| Please outline the Child's religious background and if relevant any religious practices you would like followed: |
| |
| Dietary Considerations |
| Please outline any dietary restrictions or considerations the Child may have (e.g. likes and dislikes. Details of allergies etc will be expanded on in the Medical section of the form): |
| |

Special/Additional Needs Considerations

Please outline any special/additional needs the Child may have:

Medical Requirements

Child's Registered Medical Practitioner or Service Details:

Service Name:

Practitioner's Name:

Contact Numbers:

Address:

Medicare Number (if available):

| | |
|---|---|
| Does the Child have any specific health care needs or conditions? (Please Circle) | Yes/No If yes, please attach relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan. |
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|--|---|
| Does the Child have any allergies? (Please Circle) | Yes/No If yes, Please attach relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan. |
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|--|---|
| Has the Child been diagnosed as someone who is at risk of anaphylaxis? (Please Circle) | Yes/No If yes, please attach relevant details. This includes a management plan, anaphylaxis medical management plan or risk minimisation plan. |
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| Does the Child have any dietary restrictions? (Please Circle) | Yes/No If yes, please attach relevant details. |
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| <p>Please be advised that all medication administered at the service will only be given 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, 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. – <i>Education and Care Services National Regulations. Part 4.2, Regulation 95</i></p> | <p>Parent Name: -----</p> <p>Parent Signature: -----</p> |
|---|--|

| Parent 1 | |
|--|-------------------|
| Relationship to Child: | |
| Full Name: | |
| Date of Birth : | |
| Parent / Guardian CRN : | |
| Country of Birth: | |
| Please provide any relevant cultural background details: | |
| Home Address: | |
| Telephone: | (H) (W) (M) |
| Does the child live with you? (Please Circle) | Yes/ No |
| Occupation: | |
| Place of Employment: | |
| Email address: | |

| Parent 2 | |
|--|--|
| Relationship to Child: | |
| Full Name: | |
| Date of Birth: | |
| Country of Birth: | |
| Please provide any relevant cultural background details: | |
| Home Address: | |

| | |
|--|--|
| Telephone: | (H) (W) (M) |
| Does the Child live with you? (Please Circle) | Yes/ No |
| Occupation: | |
| Place of Employment: | |
| Medical Authorisation: | |
| Do you authorise for the Nominated Supervisor or other educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service? | Parent name: ----- 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. <i>Education and Care Services National Regulations, Part 4.2, Regulation 94.</i> | Parent name: ----- Signature: ----- |
| Authorisation for Child to Participate in Incursions: | |
| Do you authorise for the Child to participate in any incursions the service may organise. For example, an incursion on fire safety presented by someone from the local fire station. Further details will be given when these events are planned, either by verbal or written notification. | Yes/No Signature: ----- |

| | |
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| Court Orders Relating to the Child | |
| <p>1) 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? NO/YES (please circle)</p> <p>If yes, please provide all relevant documentation and paperwork</p> | |
| <p>2) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? NO/YES (please circle)</p> <p>If yes, please provide all relevant documentation and paperwork.</p> <p><i>Please note that without this documentation we cannot legally enforce the Order/s.</i></p> | |

Emergency Contact Person 1

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. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must provide identification when collecting the child.

Name of Individual:

Relationship to Child:

Address:

Telephone:

(H)

(W)

(M)

Medical Authorisation for Child: Emergency Contact Person 1

Parent 1: Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the Child in the event that you cannot be contacted? (Please Circle)

Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?

Parent : Yes/No

Signature:

Parent : Yes/No

Signature:

Emergency Contact Person 2

Name of Individual:

Relationship to Child:

Address:

Telephone:

(H)

(W)

(M)

Medical Authorisation for Child: Emergency Contact Person 2

Parent 1: Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to

Parent : Yes/No

Signature:

| | |
|--|--|
| <p>administer medication to the Child in the event that you cannot be contacted? (Please Circle)</p> <p>Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?</p> | <p>_____</p> <p>Parent : Yes/No</p> <p>Signature:</p> <p>_____</p> |
|--|--|

Details of Other People who can Collect the Child

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. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

In the event that you or your nominated emergency contact cannot collect the Child, educator will use this list to arrange someone to collect the Child. This list may be added to throughout the year. Please list people in the preference you would like them to be contacted. Individuals must be able to produce identification when collecting the Child.

Person 1

Name:

Relationship to Child:

Address:

| | |
|------------|-----|
| Telephone: | (H) |
| | (W) |
| | (M) |

Person 2

Name:

Relationship to Child:

Address:

| | |
|------------|-----|
| Telephone: | (H) |
| | (W) |
| | (M) |

Person 3

Name:

Relationship to Child:

Address:

| | |
|------------|-----|
| | |
| Telephone: | (H) |
| | (W) |
| | (M) |

Parent Declaration

I, _____

PRINT FULL NAME

As a person who has lawful authority of the child referred to in this enrolment form for Tom Thumb Kindergarten:

- Declare that the information in this enrolment form is true and correct and endeavour to Immediately inform the service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this Enrolment form if he/she becomes unwell.
- Consent to the educator’s at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.
- Declare that I have read and understood the policies of Tom Thumb Kindergarten and will abide by those policies
- Consent to the educators administering medication if so requested by me or those I have nominated to do so on my behalf.
- Have read and agree with the fees, payment structure and policies of Tom Thumb Kindergarten and agree to pay fees one week in advance.
- I agree to pay all fees whether my child is in attendance or not, including public holidays, family holidays and sick days. (Except for annual closure of centre)
- I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the Child and any contact details of any medical professional nominated in the Enrolment Form.
- I agree to the Child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child’s documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- I confirm that the information I have given here acts as a complying written agreement for my enrolment through Centrelink for the childcare subsidy. I confirm that my child can attend either regular or casual days as required.
- I agree that I will assist with my child’s learning and the service’s documentation methods by completing Family Input documentation as requested.
- I agree to photos of my child being displayed within the service and in developmental portfolios. I also give permission for my child’s name to appear in documentation and in a variety of portfolios, including our developmental programming app, StoryPark.
- I agree to pay late fee of \$1.00 per minute when and if my child is not collected before 6pm.
- I agree to give at least four (4) weeks notice if I wish to alter or terminate my child’s position.

Signature

Date

Days you wish your child to attend: (please circle)

M T W T F

\$50 Booking Fee Paid: Y/N

Care commencing:.....

Privacy Disclaimer

TOM THUMB KINDERGARTEN acknowledges and respects the privacy of its clients. The information that is being collected by Tom Thumb Kindergarten is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipients of this information are Tom Thumb Kindergarten, its authorised educators and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the service's Confidentiality Policy.