

# Enrolment Form



## Childs Information

Last name \_\_\_\_\_ First Name \_\_\_\_\_  
What would you like us to call your child? \_\_\_\_\_  
Customer Reference number (CRN) \_\_\_\_\_  
DOB \_\_\_\_\_ Sex Male Female  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_ Telephone \_\_\_\_\_  
Is your Child of an Aboriginal, Torres Strait Island Origin? Yes No  
Country of birth \_\_\_\_\_ Languages Spoken at Home \_\_\_\_\_

## Parent /Guardian 1

Last Name \_\_\_\_\_ First name \_\_\_\_\_  
Customer Reference number (CRN) \_\_\_\_\_  
DOB \_\_\_\_\_ Sex Male Female  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_ work \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_ Occupation \_\_\_\_\_  
Country of Birth \_\_\_\_\_ Languages Spoken at Home \_\_\_\_\_  
Does the child live with this person? Yes No Relationship to child \_\_\_\_\_  
Do you require a separate account? (eg one for mum and one for dad) Yes No

## Parent /Guardian 2

Last Name \_\_\_\_\_ First name \_\_\_\_\_  
Customer Reference number (CRN) \_\_\_\_\_  
DOB \_\_\_\_\_ Sex Male Female  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_ work \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_ Occupation \_\_\_\_\_  
Country of Birth \_\_\_\_\_ Languages Spoken at Home \_\_\_\_\_  
Does the child live with this person? Yes No Relationship to child \_\_\_\_\_

## Child's Siblings (If you are eligible for CCS, this information is required for you to receive full allocation)

Last Name \_\_\_\_\_ First name \_\_\_\_\_  
DOB \_\_\_\_\_ Sex Male Female  
Last Name \_\_\_\_\_ First name \_\_\_\_\_  
DOB \_\_\_\_\_ Sex Male Female  
Last Name \_\_\_\_\_ First name \_\_\_\_\_  
DOB \_\_\_\_\_ Sex Male Female

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**BULLEEN KIDS**  
EARLY LEARNING CENTRE

## Custody of Child

Have any orders or plans been made by any court regarding your child? Yes

No

If **yes**, please attach a copy of the court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child. Please discuss your family's situation with the Centre Manager/coordinator.

Which days does the child live with you (parent/guardian 1)?

**From** Day \_\_\_\_\_ Time \_\_\_\_\_ **to** Day \_\_\_\_\_ Time \_\_\_\_\_

Which days does the child live with the other parent/guardian?

**From** Day \_\_\_\_\_ Time \_\_\_\_\_ **to** Day \_\_\_\_\_ Time \_\_\_\_\_

## Permission to seek Medical Advice for my child/ren enrolled at the centre

Maternal and Child Health (MCH) Centre \_\_\_\_\_

Medical Practitioner's Name \_\_\_\_\_

Medical Practitioner's Address \_\_\_\_\_

Medical Practitioner's Telephone \_\_\_\_\_ Ambulance Subscription # \_\_\_\_\_

Medicare Number \_\_\_\_\_ Child Reference # \_\_\_\_\_

## Additional Authorised Nominees/Emergency Contacts

I authorise the following persons to collect my child from Bulleen Kids. There may be times when the child has an accident. Injury, trauma or illness and the parents or guardians cannot be contacted. To deal with the situations the children's service will attempt to notify one of the following people who authorised to collect and care for the child after accident, injury, trauma or illness or to authorise administration of medication or medical treatment to the child.

At least two contacts must be provided in this section. Any person who is unknown to staff will need to produce photo ID before collecting your child. These contacts are also authorised to authorise an educator to take the child outside the premises if required.

Do not include parent/s name/s listed above names listed above

**1** Last Name \_\_\_\_\_ First name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ work \_\_\_\_\_ Mobile \_\_\_\_\_

Authorisation: Collection Emergency Excursion Medical

**2** Last Name \_\_\_\_\_ First name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ work \_\_\_\_\_ Mobile \_\_\_\_\_

Authorisation: Collection Emergency Excursion Medical

**3** Last Name \_\_\_\_\_ First name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ work \_\_\_\_\_ Mobile \_\_\_\_\_

Authorisation: Collection Emergency Excursion Medical

# Enrolment Form



## Getting to know your child

Select one of the following

I know of no medical or other condition, circumstances or risk which my child has that may impact on or adversely affect my child's involvement in any activity, program or service in which my child may participate.

My child has the following condition/additional needs/disability which may impact on their participation in any activity, program or service

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Please provide a current immunisation history statement from the Australian immunisation register (AIR) which shows of the child is up-to-date with all vaccinations that are due for their age, or that they are able to receive. This document is required to confirm enrolment. If you believe you are eligible for the 16-week grace period to provide this document, please notify the centre manager.

IHS attached and original sighted by \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

Grace Period Eligibility Assessment Form *(where applicable)* completed \_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

Does your child have known Allergies or sensitivity ..... YES NO

*If yes, please provide a current Allergy Management Plan signed by their Medical Practitioner with a colour photograph*

Signed and attached .....YES NO

Has a risk minimisation and communication plan been completed by the centre in consultation with you?

Staff initials \_\_\_\_\_

Has your child been diagnosed as at risk of Anaphylaxis? .....YES NO

*If yes, please provide a current Anaphylaxis Management Plan signed by their Medical Practitioner with a colour photograph*

Signed and attached .....YES NO

Does your child have an auto injection device (e.g an EpiPen)? ..... YES NO

*Please not EpiPen must be handed to staff on sign in*

Has a risk minimisation and communication plan been completed by the centre in consultation with you?

Staff initials \_\_\_\_\_

Has your child been diagnosed with Asthma?..... YES NO

*If yes, please provide a current Asthma Management Plan signed by their Medical Practitioner with a colour photograph*

Signed and attached .....YES NO

# Enrolment Form



Has a risk minimisation and communication plan been completed by the centre in consultation with you?

Staff initials \_\_\_\_\_

Has your child been diagnosed with any other medical condition? ..... YES NO

*If yes, please provide any documentation signed by their Medical Practitioner, to support your child while in our care*

Signed and attached .....YES NO

Has a risk minimisation and communication plan been completed by the centre in consultation with you?

Staff initials \_\_\_\_\_

Does your child require regular medication?..... YES NO

*If yes, and staff are required to administer medication, you will be required to complete a Medication Administration Authorisation.*

Does your child have any additional needs? ..... YES NO

*If yes, please provide details/attach separate sheet*

Signed and attached .....YES NO

Is there any other information regarding your child's health or cultural background that the staff should be aware of?

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Please attach a separate sheet if necessary..... ATTACHED YES NO

## Permissions

I give permission for my child to be photographed for the purpose of curriculum planning- observations and portfolios and for display purposes with the service. YES NO

I give permission for my child to be photographed a film to the purpose of publicity and/or promotions for the Bulleen kids YES NO



# Enrolment Form



- I agree to inform Bulleen Kids of all medical needs and requirements of my child. This includes information of any medical condition, any medication required to be administered and any medication or other substances which should not be provided or administered to my child.
- I understand that Bulleen Kids may telephone me and asked me to pick up my child earlier than the designated time, due to illness or as a result of an accident at the centre that may require further medical attention by the child's medical practitioner.
- I agreed to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the centre
- I understand that a doctor certificate may be required to allow my child to return to the centre
- I agree to inform Bulleen Kids if my child contracts any illness which could be detrimental to the health of others at the centre
- I agree that the ongoing management of my child's medical condition, if any, remains my sole responsibility and is not and does not under any circumstances become the responsibility of Bulleen Kids
- I agree that my child's medical management plan may be displayed at the centre

## Program

- I am willing for my child to participate in all experience offered. I agree that it is my responsibility to familiarise myself with the program and to advise the centre in writing if I do not wish for my child to participate in the particular activities
- I understand that this Centre offers incursions which I authorise for my child to take part in. All excursions will be advised in writing in separate written consent will be sought prior to the attendance
- I accept all responsibility for my child's belongings past taking part in the program
- I acknowledge that due to the Education and Care Services National Regulations 2011 and Child Care Subsidiary (CCS) requirements there may be times when my child's full name will be displayed at the service, in records which include but are not limited to; the sign in/out book, incident report forms, and action plans. If I have concerns about this I will advise Bulleen Kids in writing
- If I am a recipient of the childcare subsidiary, I understand this is my responsibility to maintain a current Centrelink assessment for childcare subsidiary. Please note for my more information on this and the no job no play legislation, visit <https://www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy/how-claim/how-understand-your-assessment>
- I agree to adhere to and fully understand all aspects of the fee policy, including but not limited to being responsible for providing or required information relating to any government benefits I believe I am eligible for, prior to payments being due; the payment and dishonoured payments policy; and the terms outlined for the suspension of care

# Enrolment Form



## Child Care Subsidy (CCS) Enrolment Agreement

As part of your enrolment at our centre we require you to confirm acceptance of the following items to be a legible order to receive government funding if available. Acceptance of these items as well as some of the other information in the Roman form can be used as complying written agreement.

Please read these items and confirm by the checkbox your acceptance of these items:

- I confirm that my details on this enrolment form as well as the details of the child I am rolling are correct
- I confirm I have agreed to days of care with the service/s and understand the start and in times of the care provided
- I confirm I understand the usual fees associated with the care of my child which may vary from time to time

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Education and care services national regulations 106–4

All parents have powers and responsibilities in relation to their children that can only be changed by a court order, parenting order or parenting plan.

The education and care national regulations 2011 to find these powers and responsibilities as:

Parenting order means a parenting order within the meaning of section 64B(1) of the family law act 1975 of the Commonwealth

Parenting plan means a parenting plan within the meaning of section 63C(1) of the family law act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of section 63C(6) of that act