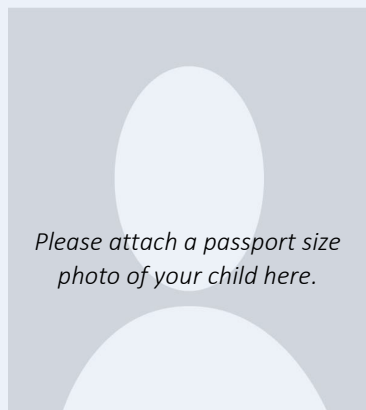


EARLY CHILDHOOD ENROLMENT FORM



Name:

DOCUMENTS / REQUIRED INFORMATION

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

Child Customer Reference Number (CRN)		AIR Immunisation History Statement	
Parent Customer Reference Number (CRN) and date of birth		ASCIA Action Plan (Anaphylaxis) OR (Allergy) Action Plan (Asthma)	
Copies of any family law or other relevant court Orders and/or legal documents		Child requires Medical Management Plan, Risk Minimisation Plan, Communication Plan, allergy or Anaphylaxis plans	

Complying Written Agreement:

Fees and session hours as at 01.07.24

Full Day Session: 7.00 am start to 6.00 pm finish \$146.00/day (11hr Cap)

Full Week Sessions: 7.30 am start to 5.30 pm finish \$144.00 Full time (10hr Cap)

Circle your offered bookings:

Monday

Tuesday

Wednesday

Thursday

Friday

WHEN CONFIRMING ON MYGOV PLEASE DO NOT DISPUTE THE ENROLMENT. WE ENTER THE DATE WE RECEIVE YOUR ENROLMENT. YOUR CARE DATE IS WHEN YOU COMMENCE CARE.

Child's Start Date

Service name: Prospect Community Early Education and Care

Address: 32 Olive Street, Prospect SA 5082

Phone number: 08 8344 3066

Email: director@prospectcc.com.au

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Name _____

Known As _____ DOB _____

Residency Status: _____ CRN _____

Address: _____

Primary Language _____ Cultural Background _____

Is the child in a shared care arrangement? Yes / No _____ What is the roation of care? _____

Does the child have any known allergies or medical needs that will require the completion of a Medical Management Plan **Yes / No** (if YES, the Child Wellbeing Officer will arrange the completion of these forms with you)

Guardian Details – Enrolling parent with Centrelink

This information is kept confidential. It is required by law to enable you to claim Child Care Subsidy

Name _____ Pronouns _____

DOB _____ Gender M • F • X • CRN: _____

What does child call them _____ Contact Priority _____

Address _____

Primary Language _____ Do you require an interpreter? YES/NO

Cultural Background _____

Residency Status: _____ Eligible for CCS Yes / No

Contact Numbers Mob _____ **Priority 1 2** Wk _____ **Priority 1 2**

Email _____

Email _____

NB: Accounts to be emailed to this address – please include all addresses you want on mailing list

EMERGENCY CONTACTS / AUTHORITY TO COLLECT

REQUIRES ACCESS FOB YES / NO

Name _____ Pronouns _____

What does child call them _____ Contact Priority 1 2 3 4

Address _____

Primary Language _____ Cultural Background _____

Contact Numbers Mob _____ **Priority 1 2** Wk _____ **Priority 1 2**

EMERGENCY CONTACTS / AUTHORITY TO COLLECT

REQUIRES ACCESS FOB YES / NO

Name _____ Pronouns _____

What does child call them _____ Contact Priority 1 2 3 4

Address _____

Primary Language _____ Cultural Background _____

Contact Numbers Mob _____ **Priority 1 2** Wk _____ **Priority 1 2**

EMERGENCY CONTACTS / AUTHORITY TO COLLECT

REQUIRES ACCESS FOB YES / NO

Name _____ Pronouns _____

What does child call them _____ Contact Priority 1 2 3 4

Address _____

Primary Language _____ Cultural Background _____

Contact Numbers Mob _____ **Priority 1 2** Wk _____ **Priority 1 2**

EMERGENCY CONTACTS / AUTHORITY TO COLLECT

REQUIRES ACCESS FOB YES / NO

Name _____ Pronouns _____

What does child call them _____ Contact Priority 1 2 3 4

Address _____

Primary Language _____ Cultural Background _____

Contact Numbers Mob _____ **Priority 1 2** Wk _____ **Priority 1 2**

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j) Regulation 162(d, g)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare reference number	
Doctor's name			
Medical Centre		Phone number	
Doctor's address			
Dentist name			
Name of Service		Phone number	
Dentist's address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No

IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, i, j), Regulation 162 (f, h, i)

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

Immunisation Status of Child at enrolment	Comment: Fully immunised/catch up schedule	
AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes/ No	Attached
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes/ No	Attached

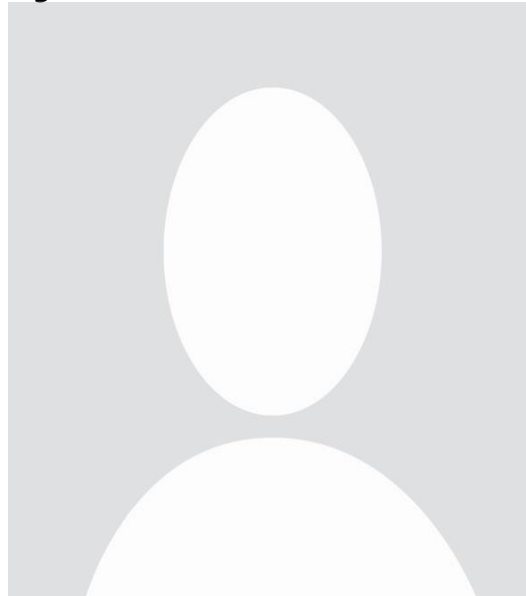
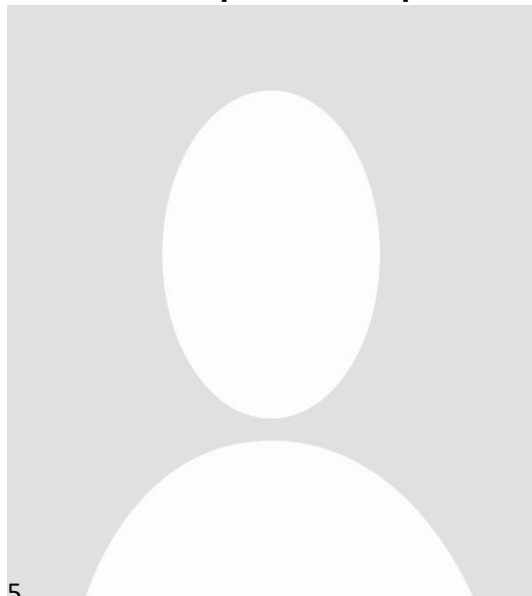
FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any relevant 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?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached
Briefly outline court order requirements		

Please note that without this documentation we cannot legally enforce the Order/s.

Please attach a photo of the person the order is relating to.



PARENT CONSENTS AND AGREEMENTS – *initial your choice*

Activity Based:	YES	NO
We/I agree for my child to take part in supervised walks within the grounds of Prospect Primary or Rosary School.		
We/I agree for my child to participate in the care of our centre pets, under the supervision of an Educator		
We/I agree for my child to be able to participate in play that may include food based products including but not limited to: <ul style="list-style-type: none"> ➤ Playdough (flour, oil, salt, cream of tartar, food colouring) ➤ Slime (cornflour and water, food colouring) ➤ Sensory Play –Pasta / rice / oats / pearl cous cous / dried beans & legumes 		
We/I agree for my child to be able to participate in play that may include soap based products including but not limited to: <ul style="list-style-type: none"> ➤ Cloud slime (conditioner) ➤ Shaving cream play ➤ Bubbles ➤ Washing dolls and resources 		
WE/I acknowledge that my child may participate in messy based play and may potentially get dirty – eg sandpit, gardening, painting, collaging, cooking		
We/I give permission for my child to participate in water play activities		

Photography and Video:	YES	NO
We/I agree 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, including on digital screen saver boards around the service		
We/I agree for my child's photograph to be used on centre Facebook Page and website. <i>Wherever practical the photo will be non identifiable to the general public (taken from behind, below or with face partially obstructed.)</i>		
We/I agree for photos and video footage to be taken of my/our child for Service staff training purposes (footage will not leave the Service)		
We/I agree 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)		
We/I understand that We/I am not allowed to take photographs in the centre with other children identifiable in the picture due to privacy.		

Care and Health:	YES	NO
Illness, accident and emergency treatment <i>Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)</i>		
We/I give permission for staff to apply sunscreen to my child.		
We/I acknowledge that We/I will need to supply my own sunscreen if We/I do not accept the centre provided option		
We/I agree that staff of the centre may be required to administer simple first aid if the need arises within the scope of their individual First Aid training.		
We/I understand that if at any time the staff of the Centre considers my child requires emergency medical/dental /hospital/ambulance assistance they will have the local medical / hospital / ambulance attend to my child.		
We/I acknowledge that We/I will be liable for any medical/dental / hospital expenses incurred in the treatment of my child.		
We/I understand that if my child requires any medication, whether prescribed or over the counter, We/I will complete a Medication Permission Form.		
We/I understand that if my child requires any prescribed medication, We/I require information from my Doctor before it can be administered – this can be completed via pharmacy label.		
We/I understand that if educators have noted observable signs of illness, demonstrating my child is unwell We/I will be contacted and asked to collect them.		
We/I agree to not bring in my child if they are unwell in accordance with the centre policies and procedures relating to child illness.		
The following Authority to Collect contacts are allowed to make decisions in the event of an emergency regarding: Collection for health reasons First Aid Medical treatment Dental treatment Person _____ Person _____ Person _____ Person _____		
We/I authorise the Nominated Supervisor, or other educator to administer paracetamol in the event my child registers a temperature of 38°C or higher after phone consultation. Your child must still be collected from the service and an <i>Administration of Medication Record</i> signed.		
We/I authorise educators to apply Band-Aids or sticking plasters when necessary		
We/I authorise educators to apply Nappy Cream/Paste (supplied by parents). An Administration of Medication Form must be completed for application of products to treat nappy rash including prescription treatments or over the counter creams.		
We/I authorise educators to apply Insect Repellent to my child as required (supplied by parents)		

Bookings, Fees and Accounts	YES	NO
We/I agree to pay the required fees for my child's booked child care hours and accept the fee policies and procedures of the centre.		
We/I understand We/I will be charged for any absence my child has on a regular care day.		
We/I understand that it is preferable give 2 weeks notice to cancel care for my child.		
We/I understand that if We/I require extra permanent days We/I will be placed on the Internal Waiting List and that We/I am not guaranteed a time frame for the placement .		
We/I understand that We/I am entitled to 1 care week of leave per calendar year for my child, charged at a holding fee of half the normal rate of care.		
We/I understand We/I am charged full fee for any regular care day that falls on a Public Holiday.		
We/I acknowledge the centre closes at 6.00pm. We/I will collect my child by this time and accept the late fee policies and procedures of the centre if We/I do not collect my child by 6.00pm.		
We/I acknowledge that in the event of any Overdue Account being referred to a Collection Agency, We/I will be liable for all legal costs – including commission charges on the indemnity basis, whether incurred by Prospect Community Early Education and Care or by the agency.		
We/I acknowledge that the option to swap days is not a possibility due to the service being at full capacity and not an option that can be made available to all families		
We/I acknowledge as of 10.07.23 legislation was changed regarding payment of fees and cash/cheque payments cannot be accepted		

CODE OF CONDUCT – *initial your choice*

Expectations of visitors to the service	YES	NO
We/I will treat all members of the Prospect Community Early Education and Care community with respect		
We/I will not approach other families of children in the service to discuss my opinion of their child's behaviour		
We/I will acknowledge the educators of the service are acting in the best interests of all the children in care and follow routines of a group care setting		
We/I will not approach a child that is not in my care and redirect their behaviour or play, We/I will speak to an Educator if We/I have concerns		
We/I will acknowledge the professional expertise and knowledge of the educators of the service and their specialized training in early childhood development		
We/I will not raise my voice, swear, harass or otherwise bully the educators at the service if We/I disagree with their care priorities, adherence to policies or procedures.		
If We/I have concerns relating to the care and development of my child We/I will seek a time to meet and discuss with the Centre Director or Child Wellbeing Officer		
We/I will follow privacy and confidentiality expectations of the families in the service in the same manner We/I expect my privacy and confidentiality to be supported.		

PARENT AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Please tick box to confirm you have read each point:

- We/I agree to inform the Service in writing immediately of any changes to the above information.
- We/I agree to keep my fees paid up to date, as per *Payment of Fees Policy*, and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. We/I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If We/I am unable to collect my child by closing time, We/I will organise for one of the people listed as emergency contact/authorised nominee to collect my child prior to closing time. We/I am aware that if my child has not been collected by closing time, and We/I am unable to be contacted, those persons nominated as emergency contact/authorised nominee will be called by Service staff to collect my child.
- We/I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service after the scheduled closing time, the staff will attempt to contact parents and emergency contacts/authorised nominees. If parents or emergency contacts/ authorised nominees are unavailable or uncontacted, the service may need to contact the police and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- We/I agree to provide two weeks written notice to withdraw my child or reduce booked days where possible.
- We/I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the *Service's Administration of Medication* form. We/I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details We/I can be contacted to authorise the missing details. We/I agree to inform the staff both verbally and in writing of the need for medication for my child. We/I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Director deems the child well enough to attend Service.
- We/I give permission for my child to be observed by educators of the Service and students supervised by the educators. We/I give permission for my child to participate in programs organised by practicum

students under the supervision of an educator. We/I am aware that confidentiality is always respected and that students will not be left with children without an educator present.

- We/I have read the Family Handbook and acknowledge We/I can request to sight the Service’s Policy Manual located in each room and in the office. We/I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that We/I do not fully understand. We/I know that if We/I have any suggestions that We/I can make this suggestion in person to a staff member or anonymously in the suggestion box.
- We/I am interested in being a part of the Management Committee that is the Approved Provider of our Not for profit, Community based service

We/I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

PRINT NAME		SIGNATURE		DATE	
PRINT NAME		SIGNATURE		DATE	

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other:	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members 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 our Privacy and Confidentiality Policy.