

*South Queensland*

# APPLICATION FOR ENROLMENT

## Long Day Care



**Child's Name:**

### ATTACHED DOCUMENTS

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

Child's birth certificate/identity documents		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth		Copies of medical documents	
Copies of any family law or other relevant court Orders and/or legal documents		Photo identification of all emergency contacts	

<b>SERVICE NAME</b>			
<b>Address</b>			
<b>Phone number</b>		<b>Mobile</b>	

## PART A: CHILD DETAILS

A parent or guardian who has parental responsibilities in relation to the child must complete this form. The Education and Care Services National Regulations 2011 requires an approved provider to keep an enrolment record for each child containing the prescribed information in Regulation 160 (3a, e) to 162.

<b>Family Name</b>					
<b>First Given Name</b>			<b>Second Given Name</b>		
<b>Preferred First Name</b>			<b>Date of Birth</b>		<b>Age</b>
<b>Gender</b> (please circle)	Male	Female	Please Specify:		
<b>Centrelink Reference Number (CRN)</b> <i>Please note: Parent and child have their own individual CRN number:</i>					
<b>Health Care Card No</b>					
<b>Child's Home Address</b>					
<b>Child normally lives with</b>					

## Days Required for Care

<b>Days of attendance</b> (Please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Child's Commencement Date</b>	/	/			

## OFFICE USE ONLY

<b>Date Application Received</b>	/ /	<b>Date entered into QikKids</b>	/ /	<b>Entered By</b>				
<b>Form of fee payment (tick)</b>	<input type="checkbox"/> Direct Deposit <input type="checkbox"/> EFTPOS <input type="checkbox"/> Pay Way	<b>Meet &amp; Greet Date</b>	/ /	<b>Orientation Day</b>	/	/		
<b>Management Check (tick)</b>	<b>Application Fee</b>			<b>Group Allocated</b>	R	S	KG	KB
	<b>Bond Fee</b>			<b>Signature</b>				
	<b>Resource &amp; Entertainment Levy</b>							
	<b>CWA Agreement completed</b>							

## PART B: CULTURAL CONSIDERATION

*Education and Care Services National Regulations - Regulation 160 (f, g, h)*

Is your child of Aboriginal or Torres Strait Islander origin? (Please tick)	<input type="checkbox"/>	No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Yes, Aboriginal
	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/>	Yes, Torres Strait Islander
Does your child speak a language other than English at home?	YES / NO If yes, what language (s) other than English are spoken at home:			
County of birth				
Child's residency status				
What is your child's cultural background?				
Please outline any cultural practices you would like followed: (Cultural, dietary)				
Religious Affiliation/ Local Church Currently Attending:				

## PART C: FAMILY INFORMATION

*Education and Care Services National Regulations - Regulation 160 (3b)*

### Primary Parent/Guardian Contact

**Please Note: Primary Parent must be the registered CCS claimant**

<b>Parent Surname</b>	
<b>Parent Given Names</b>	
<b>Relationship to Child</b>	

Home Address	
Phone Number/s	Home:
	Mobile:
	Work:
Parent Date of Birth	
Email Address	
Country of Birth	
Languages other than English spoken at home	
Parent Centrelink Reference Number (CRN):	
Please provide any relevant cultural background details	
Occupation	
Work Address	
Marital Status	
Does the child normally live with you?	YES / NO / SHARED

## Secondary Parent/Guardian Contact

<b>Parent Surname</b>	
<b>Parent Given Names</b>	
<b>Relationship to Child</b>	
Home Address	
Phone Number/s	Home:
	Mobile:
	Work:
Parent Date of Birth	
Email Address	

Country of Birth	
Languages other than English spoken at home	
Parent Centrelink Reference Number (CRN)	
Please provide any relevant cultural background details	
Occupation	
Work Address	
Marital Status	
Does the child live with you?	YES / NO / SHARED

### Siblings and Relatives

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	

### PART D: 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  If yes, please provide all relevant documentation and paperwork	Attached Yes / No
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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 If yes, please provide all relevant documentation and paperwork	Attached Yes / No
Have photographs and names of unauthorised people been attached to this form?	Yes / No	Attached Yes / No
Briefly outline court order requirements		
<b>Please Note: Without this documentation we cannot legally enforce the order/s.</b>		

## PART E: MEDICAL INFORMATION

*Education and Care Services National Regulations - Regulation 94, 160 (3a, l, j)*

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies on 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.

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

### Child's Medical Details and Health Conditions for Anaphylaxis and Allergies

**ALLERGIES** - provide details of child's allergies.

These can include insect stings, animals, latex, medication, food (e.g., nuts, eggs, peanuts) or other.

<b>ALLERGY TO</b>			
Medical specialist or doctor who may be currently treating your child for this condition			
Phone contact	Ph:	Address	
Risk of Anaphylaxis	Yes / No	Has a doctor diagnosed this allergy?	Yes / No
Does your child have a current <b>ASCIA Action/First Aid Plan?</b> <small>(ASCIA - Australian society of clinical immunology &amp; allergy)</small>	Yes / No	Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes / No
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
What is the expiry date of the adrenaline autoinjector?	Month	Year	
I understand that it is a requirement for the Service to develop in consultation with families a <b>Risk Minimisation Plan</b> and <b>Communication Plan</b> for my child's medical condition <i>(Regulation 90)</i>	Yes / No		
Please be advised that if your child is diagnosed with <b>asthma</b> or <b>anaphylaxis</b> and an emergency occurs, the Responsible Person 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.	Yes / No		
	Parent 1 Signature		
	Parent 2 Signature		

### Special Dietary Requirements

<b>Food Requirements</b>	<b>Detailed information</b>

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## Medical Conditions other than Allergies and Anaphylaxis

**(ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES, OTHER)**

Medical Condition	
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Has a doctor diagnosed this condition?	Yes / No
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Does your child have a current <b>Action Management Plan</b> (e.g., Asthma Plan)?	Yes / No
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If yes, is this plan attached?	Yes / No
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I understand that it is a requirement for the Service to develop in consultation with families a <b>Risk Minimisation Plan</b> and <b>Communication Plan</b> for my child's medical condition ( <i>Regulation 90</i> )	Yes / No
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Does your child take any prescribed regular medication for this condition?	Yes / No
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Medication Name/s	
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<b>Medication will only be administered if:</b> <ul style="list-style-type: none"> <li>it is prescribed by a medical practitioner</li> <li>it is in the original container with the original label</li> <li>the label contains the child's name</li> <li>instructions and dosage can be clearly read</li> <li>expiry date or use by date is valid</li> <li>any verbal or written instructions provided by the medical practitioner must be provided by the parent/s.</li> </ul>	Parent 1 Signature	
	Parent 2 Signature	

**NOTE: Any medication, including non-prescription medication like paracetamol, must be authorised by parent/s or an authorised nominee.**

## Immunisation Details

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

Evidence **MUST** be provided of child up-to-date vaccinations from the Australian Immunisation Register **(AIR)**

Is your child immunised?	Yes / No
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AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes / No	Attached Yes / No
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes / No	Attached Yes / No
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes / No	Attached Yes / No
A Conscientious Objection Form must be provided by a signed recognised immunisation provider.	Yes / No	Attached Yes / No

## PART F: DEVELOPMENTAL INFORMATION

*Please provide all relevant information*

<p>Does your child have any problems with?</p> <p><input type="checkbox"/> Hearing    <input type="checkbox"/> Speech/language</p> <p><input type="checkbox"/> Sight        <input type="checkbox"/> Behavioural/emotional</p>	
Does your child have a physical disability or delay, including intellectual, sensory, or physical impairment?	
Does your child require additional support for learning because of disability?	
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	
<p>What is your child's toileting needs?</p> <p><input type="checkbox"/> Nappies    <input type="checkbox"/> Toilet Training    <input type="checkbox"/> Toilet Trained</p>	Are there any specific instructions?

<p>Is this the first time your child has been in care? If no, please indicate the type of early education and care your child has experienced.</p>	
<p>Is your child used to being with other adults and children?</p>	
<p>Does your child have a sleep or rest and any comforters? (Security blanket, dummy, bottle etc)</p> <p><input type="checkbox"/> Sleep      <input type="checkbox"/> Rest      <input type="checkbox"/> If needed</p>	<p>Do you have any specific requests?</p>
<p>What is your child's drinking method?</p> <p><input type="checkbox"/> Bottle   <input type="checkbox"/> Sipper Cup   <input type="checkbox"/> Cup   <input type="checkbox"/> Water Bottle</p>	<p>Are there any specific needs?</p>

<b>Child's Routine</b>	
<b>TIME</b>	<b>ROUTINE</b>

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### Transition to School

<p>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?</p> <p><b>Name of School/College:</b></p> <hr style="width: 80%; margin-left: 0;"/>	Yes / No	Parent 1 Signature	
	Yes / No	Parent 2 Signature	
Permission to exchange information: Yes / No			
<p>While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them into your child's program.</p>			

### PART G: EMERGENCY CONTACTS AND AUTHORISATIONS

*Education and Care Services National Regulations – Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)*

There may be times or situations where your child has had an accident, injury, trauma, or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child. Please ensure you have obtained the person's consent before listing them as an emergency contact.

#### First Emergency Contact – Authorised Nominee

Full Name	
Relationship to child	
Phone Number/s	Home:
	Mobile
	Work:

Home Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
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?	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
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?	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
Is this person permitted to authorize the education and care service to transport the child or arrange transportation for the child?  <b>If your Service does not offer, or arrange transportation of children as part of your education and care service, mark N/A</b>	Yes / No  N/A	Parent 1 Signature	
		Parent 2 Signature	

## Second Emergency Contact – Authorised Nominee

Full Name			
Relationship to child			
Phone Number/s	Home:		
	Mobile:		
	Work:		
Home Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes / No	Parent 1 Signature	

		Parent 2 Signature	
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?	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
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?	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
Is this person permitted to authorize the education and care service to transport the child or arrange transportation for the child? <b>If your Service does not offer, or arrange transportation of children as part of your education and care service, mark N/A</b>	Yes / No  N/A	Parent 1 Signature	
		Parent 2 Signature	

## Authorisations for Illness, Accident, and Emergency Treatment

*Education and Care Services National Regulations – Regulation 160 (3i) Regulation 161 )1a, 1b, 1c)*

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?	Yes / No	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?	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes / No	Parent 1 Signature	
		Parent 2 Signature	

## Transport Authorisation

*Education and Care Services National Regulation – Regulation 102(4), 102D(4)*

The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for:

<ul style="list-style-type: none"> <li>regular outings (once every twelve months)</li> <li>an excursion that is not a regular outing</li> </ul>	
Parent 1 Signature	
Parent 2 Signature	

## Enrolment Agreement – Consent

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

## Health and Safety

Have SPF50+ sunscreen applied prior to sun exposure as per the <i>Sun Safety Policy</i> supplied by the: Service / Parents (please circle) <b>(If not, please provide a letter releasing the Service of any liability)</b>	YES	NO
Have staff apply insect repellent applied prior to exposure supplied by the: Service / Parents (please circle)	YES	NO
Have band-aids or sticking plasters applied when necessary	YES	NO
Have staff apply nappy cream/paste (supplied by parents)	YES	NO
Have staff apply teething gel (supplied by parents)	YES	NO
Have solutions such as antiseptic, stingose, and pawpaw ointment applied to minor first aid wounds?	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 the Service)	YES	NO
For photos and video footage of my/our child to be used in observations 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 resources for this organisation	YES	NO

Do you <u>ONLY</u> give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	YES	NO
For my child's photo and name to be displayed if Medical Conditions, Allergies and Food Intolerances apply	YES	NO

## PART H: PARENT AGREEMENT

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

### **Please tick 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.
	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 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 a late fee of <b>\$15.00 per 15-minute block</b> or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, the Responsible Person or educators may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
	I agree to provide <b>two weeks</b> 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 authorise a qualified staff member to administer a single dose of paracetamol appropriate to my child's age, in the event of my child experiences a high temperature of <b>38°C</b> and above and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
	I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's <i>Administration of Medication</i> form. 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 I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. 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 Service Leader deems the child well enough to attend Service.

	I give permission for my child to be observed by 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 Family Handbook and am familiar with the Service's Policy Manual. I agree to follow, support, and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously via email.
	I am interested in being a part of a committee that meets occasionally to review policies, provide feedback, assist with activities, fundraising and social events.
	I, or someone I know has a skill they could share with the children to enhance the educational program.
	I give permission to allow my child to leave the confines of the Service for fire/emergency drills.
	I give permission for my child to participate in short walks around the Service and School/College grounds.

**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.**

<b>PRINT NAME</b>		<b>SIGNATURE</b>		<b>DATE</b>	
<b>PRINT NAME</b>		<b>SIGNATURE</b>		<b>DATE</b>	

## 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*.