

Child's Name:

ENROLMENT FORM 2017



Date Care is required to start:

Entered By:

Date:

Attached Documents Checklist

Please ensure ALL the following documents are attached to this application before returning it to our service:

Please tick to indicate documents are attached

<i>1. Current Immunisation Record</i>	
<i>2. Medical documentation from Dr (if required)</i>	
<i>3. CRN eligibility letter Parent/Child</i>	
<i>4. Any other relevant documents as listed inside</i>	

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Glen Dhu Children's Services require this form to be completed prior to your child's first day of attendance with us. This information must be completed by one of the child's Parent/Guardian, who has lawful authority in relation to the child.

Child's Details	
Child's Full Name:	Preferred Name:
Date of Birth Gender:	Childs Customer Reference Number (centerlink)
Home Address	Country of Birth Language spoken at home:
Is your child: <input type="checkbox"/> <i>Aboriginal</i> <input type="checkbox"/> <i>Torres Strait Islander</i> <input type="checkbox"/> <i>Neither</i> <input type="checkbox"/> <i>From a culturally or linguistically diverse background</i>	

Days Required	Monday	Tuesday	Wednesday	Thursday	Friday
Full day 7.15-6.15					
Room required	Cubs 0mths-18mths		Marines 18mths - 3	Explorers 3-5yrs	

Number of children attending other child care services (oshc, el etc)		Number of chn you are claiming ccb for?	
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Parent/Guardian Details	
Primary Parent/Guardian Full Name (as listed to receive ccb):	
DOB	CRN:
Relationship to child:	Does the child live with you? Pls circle which applies: Y N Shared (details)
Home Address	Contact numbers: Home _____ Mobile _____ Work _____
Email:	Place of Work/Study

Secondary Parent/Guardian Details

Parent/Guardian Full Name:	
Relationship to child:	Does the child live with you? Pls circle which applies: Y N Shared (details)
Home Address	Contact numbers: Home _____ Mobile _____ Work _____
Email:	Place of Work/Study

Other Parent/Guardian Details

Parent/Guardian Full Name:	
Relationship to child:	Does the child live with you? Pls circle which applies: Y N Shared (details)
Home Address	Contact numbers: Home _____ Mobile _____ Work _____
Email:	Place of Work/Study

EMERGENCY CONTACT & AUTHORISATION TO COLLECT

In the event of an emergency or the Parent/Guardian being unable to be contacted We require a *minimum of Two (2)* contacts that are authorized to collect children. A driver's license is required from each person to allow checking of authority. Listed contacts must be over 18 years old and of a sound state of mind. By signing this document you are authorizing these people to collect your child from the Glen Dhu Children's Services at any given time without having to prior ring the service to confirm their collection. **(Please attach a copy of their drivers license)**

	Full Name	Relationship to child	Address	Phone Numbers	Driver's license
1.					
2.					
3.					
4.					

Court/Custody Orders or other arrangements

Are there any court orders, parenting orders or parenting plans relating to the powers, duties & responsibilities or authorities of any persons relating to the child or access to this child? Please attach a copy of relevant documentation	
Yes	NO

Child's Medical Information

Has your child ever been diagnosed with any of the following?

German Measles	Y	N	Hand/foot and mouth	Y	N	Whooping Cough	Y	N	
Mumps	Y	N	Convulsions	Y	N	Measles	Y	N	
Chicken Pox	Y	N	Seizures or epilepsy	Y	N	Eczema	Y	N	
Any other Medical Conditions no listed above?							Y	N	

If you have ticked yes to any in the list above, please specify relevant details below (we will provide you with an *Individual Child's Health Action Form* if required):

Does your child suffer from any allergies? YES NO

If yes, please provide relevant details below, we will also give you an *Individual Child's Health Action Form* to complete

Does your child take any prescribed medication/treatment on a regular basis? YES NO

If yes, please provide relevant details below, if required to be administered during care, we will give you an *Authority to administer Medication form* to complete.

Does your child suffer from Asthma? YES NO or Anaphylaxis? YES NO

If yes, please provide relevant information supported by your GP, we will give you an *Individual Child's Health Action Form & an Authority to administer Medication form* to complete

Does your child have a diagnosed disability or special needs? YES NO

If yes, please provide relevant information

Does your child have hearing or speech difficulties? YES NO

If yes, please provide relevant information

Immunisation Details: 

Does your child have current Immunisation as per their age? Yes No

If Yes, please attach the current immunisation record from the Australian Childhood Immunisation Register, to access the register. www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register

Application of Sunscreen:

I understand that as part of the centres Sun Safe policy that I will dress my child in sun protective clothing which includes covered shoulders and enclosed shoes.

I give permission for my child to have the centres SPF30+ or higher sunscreen applied prior to sun exposure (cost included in enrolment levy)

YES NO

Or I will provide my child with their own sunscreen

YES NO

Dietary Requirements

Does your child have any special food allergies/intolerances, dietary or cultural restrictions?

If Yes, please provide details below:

Cultural or Religious Practices

Does your family have any Cultural or Religious practices that you would like to share with us? Or that need to be included in our routine practices?

Programmed Activities:

I am willing for my child to participate in all experiences/activities offered at Glen Dhu Children's Services. I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child to participate in particular activities.

Photos and Video Footage: I give permission:

For photos and video footage to be taken of my child for centre use for the purpose of observations and staff training purposes (Footage will not leave centre)

YES NO

For photos and video footage of my child to be used in Portfolios and Learning Stories, and to be shared with other families that attend the centre

YES NO

For photos and video footage of my child to be used on the Glen Dhu Children's Service website, and other internet purposes, such as advertisement and used in organisation's resources

YES NO

Move Well Eat Well Accreditation Service:

I understand that Glen Dhu Children's Service's is a Move Well Eat Well Accreditation Service and agree to abide by the following recommendations:

My child's drink bottle will contain water only (plain milk may be provided as an additional drink).

I will provide a wide variety of age-appropriate foods from the five core food groups in my child's lunch box.

I will include a selection of vegetables and fruit daily in my child's lunchbox

'Sometimes food' (ie food that is high in sugar and/or salt) is not included in or /limited in my child's lunch box.

I would like to receive more information regarding ideas and suggestions for packing a healthy lunch box for child care.

Yes No

I agree to abide by the above MWEW Accreditation scheme procedures : _____

(Signed by)

Additional information:	
Please provide the name and ages of your child's siblings:	
Name	Age

How did you hear about our Service?: (Please tick)	
Telephone Directory (yellow pages)	
Friends (word of mouth)	
Internet (website or google)	
Local School	
Location & Signage	
Other:	

Payment of Fees	
I understand that:	Please initial each policy
The centre has an annual enrolment levy per family, this needs to be paid before your child starts their care.	_____
Our Service has a weekly administration Levy per family for all permanent bookings held & also charged to casual bookings for the week casual care is utilized.	_____
Fees are required to be paid weekly by EZIDEBIT ONLY & are required to be paid one week in advance. Fees are payable for every day that your child is enrolled at the service, this includes pupil free days, sick days and family holidays (50% discount is available for 5 days with 14 days notice or a doctors certificate)	_____
When intending to withdraw/Change a permanent booking: Two weeks written notice is required for any cancellations/change of bookings of permanent booked spaces and fees are still charged at full fee. CCB is still payable.	_____
An initial late collection fee of \$15 will be charged to parents/guardians for each child not collected from the service by closing time & a \$2 per minute fee per child. If this becomes a regular occurrence, the fee will increase to \$5 per minute per child & \$30 fee	_____



For choosing our Service, we look forward to getting to know your family.

PARENT ENROLMENT ACKNOWLEDGEMENT AGREEMENT

(The use of the word "I/we" will also include the singular "I" where applicable in this section)

1. We have viewed the Glen Dhu Children's Services (also referred to as 'the centre') and consent to the enrolment of the admitting child.
2. We have acknowledged having received via email & read the Centre's handbook & agree to abide by all policies & procedures it contains. We understand any changes to such will be provided to all families. (updates to the handbook will be via email)
3. We agree to comply with all Government requirements in relation to the Centre & its service. We understand that children who are third priority under the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. The priorities are as follows:
First priority: Child at risk of serious abuse or neglect
Second Priority: Children whose parents satisfy work/training/study test under section 14 of the Family Assistance Act
Third priority: Any other child
4. We agree that the information provided in this application is true and correct and will be relied upon by the Child Care Centre.
5. We understand that administration of Paracetamol is per Illness & medication Policy & the service does not carry any.
6. We are aware that **fourteen (14) days notice in writing is required for cancellation of care & must be in advance, otherwise (14) days of fees will continue to be charged.**
7. We are aware that it is our responsibility to pay any outstanding fees upon leaving the centre & in the event of the Centre using a debt recovery service it is our responsibility to pay any extra fees. We also understand that if I fail to pay the centre fees I could be listed on the National Default registry and this information can be access by other care providers.
8. We are aware that my child will be excluded from care at the centre if he/she has contracted a contagious disease or condition or other medical ailments as stated on the National Childhood infectious register (a copy of this is on display in the centre)
9. We understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner
10. We understand that the Centre may be used as a training and observation centre by students aiming to/or already working with young children
11. We **AGREE** for staff at the centre to provide Emergency Medical, Hospital Treatment And to call an ambulance for my child/ren if they see fit. I understand that they will endeavor to make contact with myself or other emergency contacts to notify them of the need to call an ambulance.
12. We understand that if my child is not immunised and an outbreak occurs in the centre I will be required to keep my child from care until further notification that the infectious period is over.
13. We are aware that the centre may occasionally have visitors to the centre & volunteers; we **AGREE / DISAGREE** to our child being in the presence of visitors or volunteers, with the Centre's Staff appropriate supervision.
14. The Centre reserved the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of the Centre. It agrees to give the parent reasonable notice of its intention to exercise this right.
15. I agree to abide by the above conditions of enrolment & have enclosed my enrolment fee to secure my booking, & I am aware that this is non refundable.

Signature of Parent/Guardian

Date