



EARLY LEARNING CENTRE
AND PRESCHOOL

Moree ELC Enrolment Form

48 Amaroo Drive Moree NSW 2400
02 6752 7677 | care@moreeelc.com.au

Child's Details Education and Care Services National Regulations - Regulation 160 (3a, e)

Child's Name*

Child's Preferred Name (if any)

--

Gender*

- Male
 Female

DOB*

	
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Centrelink Reference Number (CRN)*

--

Child's Home Address

--

Child Lives With

--

Days of Attendance

Select Preferred Day(s)

Mon	Tues	Wed	Thur	Fri
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Start Date



Primary Parent/Carer Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name*

(Primary Parent must also be the registered CRN number holder)

Address*

Phone Number

Mobile

Work Phone No.

Parent DOB*



Email Address

Relationship to Child

Country of Birth

Centrelink Reference Number (CRN)

Please provide any relevant cultural background details

Does the child live with you?

- Yes
- No

Occupation

Place of employment

Hours of work

Secondary Parent/Carer Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name

Address

Phone Number

Parent DOB

Email Address

Relationship to Child

Country of Birth

Centrelink Reference Number (CRN)

Does the child live with you?

Yes

No

Occupation

Place of employment

Hours of work

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

Language Spoken at Home

Ethnicity

Religion

Is the Child of Aboriginal or Torres Strait Islander Descent?

Yes

No

Please outline any cultural practices you would like followed


Please outline the Child's religious background and if relevant any religious practices you would like followed

Religious celebrations

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

Medicare Number*

Medicare Expiry Date*

	<input type="text"/>
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Number of Child on Card

Child's Registered Medical Practitioner or Service Details

Child's Registered Dental Practitioner or Service Details:

Private Health Cover **Yes** **No****Private Health Fund Name****Private Health Care Membership Number****Ambulance Cover** **Yes** **No****Does the child have any specific health care needs or conditions, including allergies or anaphylaxis?** **Yes** **No**

If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include:

- A photo of the child
- If relevant, state what triggers the medical condition, allergy or anaphylaxis
- First aid needed
- Contact details of the doctor who signed the plan
- When the Plan should be reviewed

Note: This can be uploaded at the end of this form.

Does the child have any dietary restrictions? **Yes** **No**

(If yes, please attach relevant details.)

Note: This can be uploaded at the end of this form.

Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:

- The label must contain the child's name and
- Parents must provide any verbal or written instructions provided by the medical practitioner.

Education and Care Services National Regulations Regulation 95

Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. Education and Care Services National Regulations Regulation 93

Parent 1 - I acknowledge this.

Parent 2 - I acknowledge this.

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 - I acknowledge this.

Parent 2 - I acknowledge this.

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 - I acknowledge this.

Parent 2 - I acknowledge this.

Immunisation Details

I have chosen not to have my child immunised.

Yes **No**

Please note: Approved documentation must be provided before your child can attend. See Immunisation Policy

Note: This can be uploaded at the end of this form.

Are your child's immunisations up to date?

Yes **No**

Please provide a copy of your child's: Immunisation History Statement provided by Medicare

Note: This can be uploaded at the end of this form.

Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency?

Yes **No**

Parent Initials

Parent 1 Initials

Parent 2 Initials

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. Education and Care Services National Regulations - Regulation 94.

Yes No

Parent Initials

Parent 2 Initials

Developmental Information

Is your child undertaking or have undergone assessment to support any particular developmental areas such as speech therapy, occupational therapy, Autism spectrum disorder? Please attach supporting documents Please provide us with any other information we should know about your child

(For example, additional learning and support needs, information about the child's wellbeing, physical comfort or personal needs, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)

Family Information

Does the child have any siblings? If so, please provide their names and ages.

Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names and ages.

Child's Routine

Describe Routine, Times etc etc

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

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?

Yes

No

If yes, please provide all relevant documentation and paperwork

Are there any other 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

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

First Emergency Contact 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. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

Please obtain the person's consent before listing them as an emergency contact

Full Name**Relationship to child:****Address****Phone Number****Email**

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

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

Can this person be contacted to give consent to the transportation of the child by an ambulance service?

- Yes**
 No

Can this person give authorisation for the Service to take the child on regular outings?

- Yes**
 No

Second Emergency Contact Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

Please obtain the person's consent before listing them as an emergency contact

Full Name**Relationship to child:****Address****Phone Number****Email**

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

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

Can this person be contacted to give consent to the transportation of the child by an ambulance service?

- Yes
 No

Can this person give authorisation for the Service to take the child on regular outings?

- Yes
 No

Child Care Subsidy (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

1. You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?

Yes

No

2. Are you liable for fees for care provided at an approved child care service?

Yes

No

3. Do you meet residency requirements?

Yes

No

4. Does your child meet the immunisation requirements (<https://www.health.gov.au/health-topics/immunisation/getting-vaccinated/check-immunisation-history>)?

Yes

No

5. Have you completed the Child Care Subsidy assessment on the myGov website?

Yes

No

6. Have you received confirmation about your Child Care Subsidy?

Yes

No

Please Note: If you need assistance with filling out this form please speak to the Director who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

Enrolment Agreement

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

HEALTH & SAFETY:

I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)

Yes

No

Have SPF50+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)

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 staff apply Insect Repellent (supplied by parents)

Yes

No

PHOTOGRAPHY & 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 Learning Stories, 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 organisation's resources

Yes

No

Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies

Yes

No

Attached Documents

Please ensure ALL RELEVANT documents are attached to this application before submission.
(Only valid file types are allowed - jpg, png, pdf)

Child's birth certificate

Immunisation record

Child's photo

Photo identification of all emergency contacts

Medical document: E.g. Action plan

Dietary Restrictions (if any)

How did you hear about us?

Word of Mouth

Advertisement

Internet Search (e.g. Google, Bing etc)

Social Media

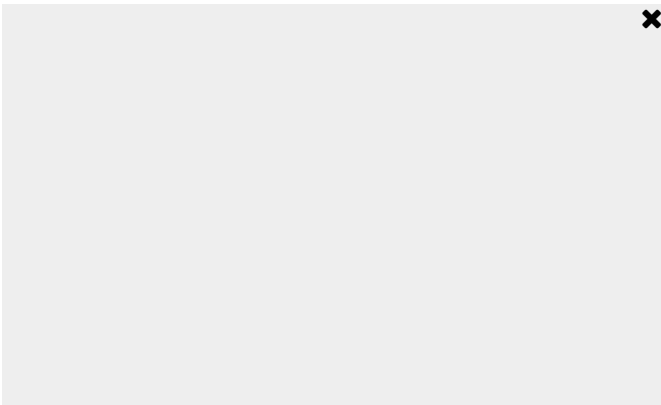
Website

If other - Enter here...

Confirmation & Signature

Name

Signature

A large, light gray rectangular area intended for capturing a signature. A small black 'x' icon is located in the top right corner of this area.

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.