

Gum Nut Preschool & Child Care- Enrolment Form

1 Como Street, Alphington VIC 3078

Ph: 03 9499 4410

Email:office@gumnutpreschool.com.au CRN 407 294 851V



Child's details:

FAMILY name: _____ Sex: M F Date of Birth: _____

GIVEN name(s): _____ any other or former names: _____

Place of Birth: _____ Religion: _____

Languages spoken/understood: _____ Cultural background: _____

Home Address: _____ P/C _____

Postal Address: as above/or: _____ P/C _____

*Is the child of Aboriginal and/or Torres Strait Islander origin? Y / N Aboriginal descent (please circle)

Y / N Torres Strait Islander descent (please circle)

Date of Enrolment: ___/___/___ (office use only) Birth Certificate Sighted

Parent Preferred Start Date: ___/___/___ Actual Start Date: ___/___/___ (office use)

(Please note, children cannot formally attend the centre until this date other than for orientation)

Days of Attendance: please indicate your preferred days/times of attendance below- indicate times of attendance.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival time					
Departure Time					

If you would like to go on the waiting list for additional days or a change of days, please indicate below:

Please note:

Guidelines for Priority of Access: as outlined by DESE

The centre will give priority of vacant places according to the following Government guidelines:

Priority 1: a child at risk of serious neglect or abuse

Priority 2: a child of a single parent who satisfies, or of parents who satisfy the work, training, study test

Priority 3: any other child.



Attendance at another Children's Service:

Does your child attend another child care, family day care or other kindergarten program apart from this centre?

Y N If yes do you wish to claim maximum CCB hours at this centre if your child exceeds their CCB limit Y N

Name of Service _____ Days _____ Hours _____

Child Development

Additional Needs

If your child has any identified additional needs or particular requirements (e.g. needs regular medication, physical disabilities, autism, Down syndrome, behavior difficulties) please attach details of needs, abilities restrictions, difficulties or other relevant information:

Does your child regularly visit a specialist? E.g. speech?

Festivals/celebrations

Does your child participate in festivals / celebrations (Christmas, Easter, birthdays)? Y N If NO please provide info:

Language/Communication:

Are there any words we need to know in any language to help make your child's day smoother?

General Information:

Does your child have any special comforters? Does your child have any excessive fears (e.g. vacuum cleaners, etc)?

Any other interests, favourite activities or things to note (e.g. particular skills or accelerated learning?)

Any changes to days of attendance must be agreed to by both parties (centre & family) in writing, email is acceptable.

Must include date of change to take effect, child's name, parent's name: permanent or temporary change.

Casual day requests must also be in writing/ email.



General Dietary Information.

Does the child have any general dietary restrictions, religious requirements or allergies?

E.g. vegan, dairy Y N

The centre caters for standard vegetarian diets; however children with complex dietary requirements/restrictions/allergies are required to provide food from home. Please specify if food will be provided from home Y N

Foods your child likes: _____

Foods your child dislikes: _____

Court orders, parenting orders or parenting plans. (Parenting order means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 (Commonwealth). **Parenting plan** means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 includes a registered parenting plan within the meaning of section 63C(6) of that Act.). To be provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child:

A certified copy must be attached –we cannot act on verbal request.

Yes certified copies attached No go to next section

If YES, A CERTIFIED COPY MUST BE ATTACHED to this enrolment form if these orders:

a) Change to powers of a parent guardian to:

* authorize the taking of a child outside of the service by a staff member of the service

* Consent to the medical attention of the child

* request or permit the administration of medication to the child

* collect the child, AND/OR

b) Give these powers to someone else

* Please describe these changes on an attached form and provide the contact details of any person given these powers.

Child's Health/Medical Information:

Child's Doctor (regulations state that full Doctors' details be provided)

Name of doctor/Medical Service: _____ Phone: _____

Street Address of Medical Service: _____ Postcode _____

Medicare Number: _____ Child's Position on card: _____



Immunisation

Has the child been immunised? Y N

If yes, please provide the details by:

*attaching a copy of the Immunisation Record printout from Medicare online

*attaching a copy of the Child History statement from the Australian Immunisation Register.

If your child has had additional immunisations please provide the dates these have been given:

Hepatitis B (three injections): _____

Childhood Pneumococcal Vaccine: _____

Chicken Pox: _____

Other (please list): _____

Head Lice.

(Parent group initiative 2006)

In the event that it is suspected your child may have head lice (they are reporting an itchy scalp or displaying other symptoms) do you give permission for staff to check their hair? Y N

Medical conditions

Does your child have any medical conditions or health care needs (e.g. asthma, diabetes, etc) that may be relevant to the centre? Y N

If YES please attach any Medical Managements Plans or Risk Minimisation Plans **Plans must be completed and signed by a Doctor

Anaphylaxis (office to provide consent form to administer plan if applicable)

Is your child anaphylactic? Y N

If YES, list all items that may trigger an anaphylactic reaction: _____

If YES, you **must attach** a copy of an **Anaphylaxis Management Plan** signed by a Doctor and the Anaphylaxis Management Consent Form (in Centre Policy Book).

If YES please note all requirements under the centre's Anaphylaxis Policy in the parent Policy and Introduction manual,

Sunscreen

Parents are requested to apply SPF 30+, water resistant based sunscreen to their child prior to arrival at the centre. Staff will apply supplementary sunscreen to children as required at regular intervals. If appropriate please select one of the following:

- My child does not have sensitivity to a particular sunscreen and I am happy for staff to apply centre sunscreen as necessary
- My child can be sensitive to some sunscreens; please do NOT apply centre sunscreen. I will supply some for my child.

Photographs

We would like to photograph your child at play. Do you agree for your child to be photographed at the centre (please tick):

- | | | |
|---|----------------------------|----------------------------|
| For private collection/display at the centre | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| For use in children's portfolios/observations records | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| For publicity and promotion of the centre | Y <input type="checkbox"/> | N <input type="checkbox"/> |

Excursions and Outings

Do you agree for the service to take your child on excursions and/or regular outings? Y N

Note: Permission forms will need to be signed before any excursions

Child & Parent Information for Child Care Subsidy: CCS.

Family Assistance Office (FAO) and **Customer Reference Numbers (CRN's): Centrelink: MyGov for assessment.**

All children and a parent should be registered and financially assessed with the FAO for the purpose of Child Care Subsidy. You must provide the centre with your child's CRN, the CRN and birth date of the parent registered with FAO for CCS. All names which appear for the child and parents on this form **MUST** be those registered with Centrelink. **If you do not know this information, contact the FAO 13 61 50.** It is the responsibility of the parent to inform Centrelink they are attending Gum Nut and provide them with Gum Nut's CRN (407 294 851B) **All details in MyGov.**

Child's CRN _____/_____/_____

Name of Parent registered for CCS: _____

Parent CRN _____/_____/_____

Parent / Legal Guardian/ or person with Parental Responsibility: Details

Parent/Guardian 1. (Registered for CCS)

Surname: _____

Given Name(s): _____

Any other names by which parent is known:

Date of Birth: _____

Relationship to Child: _____

Marital Status _____

Address: as per child / or _____

_____ P/C _____

Email _____

Would you like to receive information via Parent Group email
– circle Yes / No.

Telephone: (h) _____ (W) _____

(Mobile) _____

Occupation: Casual, Part Time, Full Time, Student

Occupation: _____

Work Name _____

Work Address _____

_____ P/C _____

Cultural Background: _____

Language spoken/read? _____

Will you need an interpreter? Y N

Are you able to interpret for us if needed? Y N

Do you have skills you would like to share with the children
e.g. read stories, art, cooking, sewing? _____

Parent/Guardian 2.

Surname: _____

Given Name(s): _____

Any other names by which parent is known:

Date of Birth: _____

Relationship to Child: _____

Marital Status: _____

Address: as per child / or _____

_____ P/C _____

Email _____

Would you like to receive information via Parent Group email
– circle Yes / No.

Telephone: (h) _____ (W) _____

(Mobile) _____

Occupation: Casual, Part Time, Full Time, Student

Occupation: _____

Work Name _____

Work Address _____

_____ P/C _____

Cultural Background: _____

Language(s) spoken/read? _____

Will you need an interpreter? Y N

Are you able to interpret for us if needed? Y N

Do you have skills you would like to share with the children
read stories, art, cooking, sewing? _____



Where applicable: any other Parents/Legal Guardian/ or person with Parental Responsibility: Details

relationship to child: _____ Email.....Authorised.....

Surname _____ First Name _____ Signed as an authorized person.

Address: _____ P/C _____

Telephone (H) _____ (W) _____ (Mobile) _____

AUTHORISED NOMINEE/EMERGENCY CONTACTS:

Authorised nominee means a person who has been given permission by a parent of family member to collect the child from the education and care service: 170(5) of the law.

Sections 160, 161 of the Regs.

Other than those already listed on Family/parent/guardian page of enrolment form.

Contacts listed in order of first nominated & authorized to be contacted.

Each contact is authorised to carry out following responsibilities for my child:or nominated to authorize those ticked by you.

Consent to medical treatment/authorize administration of medication/authorize ambulance transport:

1: Authorise an educator to take the child outside the centre premises.

2: Collect the child from the centre premises.

3: Please tick appropriate authority for each person in box & sign:

Contact 1: – Relationship to child: _____ Email

First name: _____ Surname: _____

Address: _____ P/C _____

Telephone: (H) _____ (W) _____ (Mobile) _____

Work Address: _____ P/C _____ Language(s) Spoken: _____

This person is authorized to carry out the following responsibilities for my child (tick appropriate authority).

O: Consent to medical treatment/authorize administration of medication/authorize ambulance transportation.

O: Authorise an educator to take the child outside the education and care premises.

O: Collect the child from the education and care service.

Contact 2: – Relationship to child: _____ Email.....

First name: _____ Surname: _____

Address: _____ P/C _____

Telephone: (H) _____ (W) _____ (Mobile) _____

Work Address: _____ P/C _____ Language(s) Spoken: _____

This person is authorised to carry out the following responsibilities for my child (tick appropriate authority).

O: Consent to medical treatment/authorize administration of medication/authorize ambulance transportation.

O: Authorise an educator to take the child outside the education and care premises.

O: Collect the child from the education and care service.

Contact 3: – Relationship to child: _____ Email.....

First name: _____ Surname: _____

Address: _____ P/C _____

Telephone: (H) _____ (W) _____ (Mobile) _____

Work Address: _____ P/C _____ Language(s) Spoken: _____

This person is authorized to carry out the following responsibilities for my child (tick appropriate authority).

O: Consent to medical treatment/authorize administration of medication/authorize ambulance transportation.

O: Authorise an educator to take the child outside the education and care premises.

O: Collect the child from the education and care service.

Contact 4: – Relationship to child: _____ Email.....

First name: _____ Surname: _____

Address: _____ P/C _____

Telephone: (H) _____ (W) _____ (Mobile) _____

Work Address: _____ P/C _____ Language(s) Spoken: _____

This person is authorized to carry out the following responsibilities for my child (tick appropriate authority).

O: Consent to medical treatment/authorize administration of medication/authorize ambulance transportation.

O: Authorise an educator to take the child outside the education and care premises.

O: Collect the child from the education and care service.

Contact 5: – Relationship to child: _____ Email.....

First name: _____ Surname: _____

Address: _____ P/C _____

Telephone: (H) _____ (W) _____ (Mobile) _____

Work Address: _____ P/C _____ Language(s) Spoken: _____

This person is authorized to carry out the following responsibilities for my child (tick appropriate authority).

O: Consent to medical treatment/authorize administration of medication/authorize ambulance transportation.

O: Authorise an educator to take the child outside the education and care premises.

O: Collect the child from the education and care service.

Contact 5: – Relationship to child: _____ _Email.....

First name: _____ Surname: _____

Address: _____ P/C _____

Telephone: (H) _____ (W) _____ (Mobile) _____

Work Address: _____ P/C _____ Language(s) Spoken: _____

This person is authorized to carry out the following responsibilities for my child (tick appropriate authority).

O: Consent to medical treatment/authorize administration of medication/authorize ambulance transportation.

O: Authorise an educator to take the child outside the education and care premises.

O: Collect the child from the education and care service.

Please make sure you have ticked appropriate circle for each authorised nominee/emergency contact:

You are not required to have 5 contacts, we do ask for a minimum of two, preferably 3.

Parent/Carer/Guardian: Parent 1: Signature as per enrolment form agreement.....

Date.....

Parent/Carer/Guardian: Parent 2: Signature as per enrolment form agreement.....

Date.....

Siblings – (if more space is required please add a list on back of page)

Name	Age	CCB*	School/Children's service Attended
_____	_____	Y/N	_____

Dentist Details:

Name: _____

Address: _____ Postcode: _____

Phone: _____

*Circle Yes or No as to whether you are claiming Child Care Benefits for child

Confidentiality of enrolment records

The approved provider of the children's service must ensure that information in children's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education & Care Services National Law and Regulations (Regulation 181 and 183)

Medical Consent

Declaration and Consent to emergency medical treatment – Mandatory Consent

I, _____ (print full name)

A person with authority of the child referred to in this enrolment form:

*declare that the information in this enrolment form is true

*agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the centre

*consent to the staff of the centre to the carrying out of appropriate emergency treatment, including medical, dental, ambulance or hospital treatment in the event that such action appears necessary because my child has become ill or injured at the premises and that I will reimburse any necessary expenses incurred by the centre in relation to this treatment.

*does your child have an ambulance subscription? Y N

Ambulance Subscription Number _____

Name of Private Health Care Fund with Ambulance Cover _____

Health Care Fund No.: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Enrolment Agreement:

I, Parent/Guardian 1 _____ (print full names)

I, Parent/Guardian 2 _____

Parents/guardians have powers and responsibilities in relation to their children that can only be changed by a decision or court order. The Education & Care Services National Law and Regulations refer to these powers and responsibilities as “a person with authority”.

A person/s with authority of the child referred to in this enrolment form, agree that I, have read, understand and will abide by the conditions of enrolment as set out in the Gum Nut Introduction Book. I understand that conditions may change and I will be informed of these changes in writing. I/we agree to pay a security bond equal to 2 full weeks enrolment and attendance fees as set out in current fee schedule, I/ we understand fees may increase, and will ensure account is paid up to the current week. Two full weeks written notice to cancel a place is required. Until this time the usual weekly fee applies.

Signature 1 _____ Date _____

Signature 2 _____ Date _____

Both Parents – Guardians must sign .If applicable.



Checklist:

Before returning enrolment form, please check you have included the following information:

- Enrolment form completed & signed.
- Birth Certificate.
- Immunisation certificates.
- Medical action plans with photos – if required.
- Custody documents if required.
- Documents regarding additional requirements – if required or diagnosed disability.
- Any additional information: that will assist family & service in enrolling your child or children into Gum Nut Preschool & Childcare.
- Copy of Parent one CRN eligibility letter or copy sighted.
- Authorised Nominee/Emergency contacts completed & Responsibilities have been ticked that each contact has been nominated & authorized by you.
- *We acknowledge we have received fee schedule & agree to pay set out fees, we are aware fees may increase & that we will be notified & agree to pay any said increases as set out on centre fee schedule. Fee schedule refers to attendance fees only.*

* I/We accept the bond is non refundable should we not start at Gum Nut Preschool & Childcare and that it is held as security during our time at the centre.

Name/s:1:.....2:.....Date.....

Signature/s: 1:2:.....Date:.....

Both parents or guardians must sign.

Gum Nut Preschool & Childcare

Dear Family

Re: Child Care Enrolment .



To finalise your child's application to enrol we are require copies of the following:

1. A birth certificate
2. Proof of address
3. Proof that your child's immunisations are up to date for their age.
4. Copy of CCS assessment & all CRN's. .

An Immunisation History Statement from the Australian Immunisation Register can be used as evidence of up to date vaccination.

Other immunisation records, such as 'homeopathic immunisation' or a statutory declaration from you **are not** acceptable.

Immunisation History Statements are available on request at any time by contacting Medicare:

If you are experiencing difficulties accessing vaccinations or required related documents, please contact us for assistance as soon as you are able. In some cases children can commence at the service while the required documents are obtained.

Yours sincerely,

Maxine: Director

Tiffany: Assistant Director

Gum Nut Preschool & Childcare

