

Gum Nut Preschool and Childcare

Enrolment Form



1 Como Street Alphington, Vic, 3078. Ph: (03) 9499 4410 CRN:407294851V
 Email: office@gumnutpreschool.com.au Website: www.gumnutpreschool.com.au

Child's Details:

Family Name: _____ Sex: M F Date of Birth: ___/___/___
 Given Name/s: _____ any other or former names: _____
 Country of Birth: _____ Religion: _____
 Primary Language/s: _____ Ethnic Group: _____
 Home Address: _____ P/C: _____
 Postal Address: as above / or: _____ P/C: _____
 Is your child of Aboriginal and/or Torres Strait Islander origin? Y / N Aboriginal descent (please circle)
 Y / N Torres Strait descent (please circle)

Enrolment Details:

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

Guidelines for Priority of Access: as outlined by DET

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

- Priority 1 – a child at risk of serious abuse or neglect
- Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test
- Priority 3 – any other child.

High Priority: • Children at risk of abuse or neglect, including children in Out-of-Home Care. • Aboriginal and/or Torres Strait Islander children. • Asylum seeker and refugee children. • Children eligible for the Kindergarten Fee Subsidy. • Children with additional needs, defined as children who: - require additional assistance in order to fully participate in the kindergarten program - require a combination of services which are individually planned - have an identified specific disability or developmental delay.

Child Attending Another Children's Service:

Does your child attend another childcare, family day care or Kindergarten program apart from this centre? Yes No

If Yes, so you wish to claim maximum CCS hours at Gum Nut Preschool and Childcare? Yes No

Name of other Service: _____

Days they attend other Service: _____ Hours: _____

Please Note: Your child cannot receive government funding for 3-4 year old Funded Kinder at 2 different services.

Child's Development / General Information:

Additional Needs:

If your child has any identified additional needs or particular requirements (e.g. Needs regular medication, Physical Disabilities, Autism, Down Syndrome, Behavioural Difficulties etc). Please state below and attach any relevant information of child's additional needs, disabilities, restrictions, difficulties etc.

Does your child regularly visit a specialist? (e.g. Speech pathologist, Audiologist etc) Yes No

Festivals / Celebrations:

Does your child participate in festivals/celebrations? (Christmas, Easter, Birthday etc) Yes No

If No – please provide information: _____

Language / Communication:

Are there any words we need to know, in any language to help make your child's day smoother? Yes No

If Yes – please provide words: _____

General Information:

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

Any interests, favourite activities, or things to note? (e.g. particular skill/s or accelerated learning etc)

Child's Health/Medical Contact Information:**Child's Doctor** (regulations state – that full Doctors' details be provided)

Name of Doctor / Medical Service: _____

Address of Medical Service: _____ P/C: _____

Phone Number: _____

Child's Dentist (if applicable)

Name of Dentist / Medical Service: _____

Address of Dental Service: _____ P/C: _____

Phone Number: _____

Child's Medicare Number: _____ **Child's Position on Card:** _____**Ambulance Subscription Number:** (If applicable) _____**Private Health Fund with Ambulance Cover:** (If applicable)

Private Health Fund: _____ Private Health Fund Membership: _____

Child's Health/Medical Conditions:**Does your child have any medical conditions or health care needs that may be relevant to the centre?** Yes No Asthma Anaphylaxis Allergy Diabetes FPIES Other – Please Specify _____If yes, please **attach Medical Action/Management Plans** (Action plans – must be current, in colour and have a photo of child). These plans must be signed by a medical professional.**Complete Risk Minimisation Plan & Medical Consent form/s** (if applicable – these are attached on enrolment form).**Anaphylaxis****Does your child have Anaphylaxis?** Yes No

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

Please note all requirements in the centres Anaphylaxis Policy and Introduction Booklet.

Asthma**Does your child have Asthma?** Yes No

If yes, list all items that may trigger an asthma reaction: _____

Please note all requirements in the centres Asthma Policy and Introduction Booklet.

Child's Dietary Information:

Does your child have any general dietary restrictions, religious requirements, or allergies? Yes No

If yes, please list: _____

The centre caters for standard dietary requirements; however, children with complex dietary requirements/restrictions/allergies are required to provide food from home. Please specify if food will be provided from home. Yes No

Foods your child likes: _____

Foods your child dislikes: _____

Child's Immunisations:

Has your child been immunised? Yes No

Please provide a copy of your child's Immunisation History Statement from the Australian Immunisation Register or Medicare Australia - this you can obtain through MyGov. Phone AIR on 1800653809 or Email air@servicesaustralia.gov.au

Statement must show that the child:

- * is up to date with vaccinations for their age OR
- * is on a recognised vaccine catch-up schedule OR
- * has a medical condition preventing them from being fully vaccinated.

Documents produced by GPs/Health professionals or from child's (Green) Health and Development Record - will no longer be accepted as proof of immunisations.

Sunscreen:

Parents/Guardians are requested to apply SPF 30+ water resistant based sunscreen to their child prior to arrival at the centre. Educators will apply supplementary sunscreen to children as required, at regular intervals.

- My child does not have sensitivity to a particular sunscreen, and I give authorisation for Educators to apply sunscreen on my child, as required.
- My child does have sensitivity to a particular sunscreen: Please do NOT apply centre sunscreen; and I give authorisation for Educators to apply the sunscreen that I have provided on my child, as required.

Head Lice:

In the event, that it is suspected that you child may have head lice (they are reporting an itchy scalp, scratching head or a notified case is in their educational room).

Do you give permission for an educator to check your child's hair? Yes No

Excursions and Outings:

Do you agree for the service to take your child on excursions and/or regular outings? Yes No

Do you give authorisation for your child to be transported in a vehicle by the educator/service or by another method of transportation as arranged by the educator/service? Yes No

Please Note: Permission forms will need to be signed prior to any excursions.

Photographs:

Do you give authorisation for your child to be photographed at the centre (please tick):

For display at the centre? Yes No

For use in children's portfolios/observations/planning records? Yes No

For publicity and promotion of the centre? Yes No

For your child's private Facebook educational room page? Yes No

Child and Parent/Guardian Information for Child Care Subsidy (CCS):

Customer Reference Numbers (CRN's): Centrelink/Services Australia: MyGov for assessment.

All children & a parent/guardian should be registered and financially assessed with Centrelink for the purpose of Child Care Subsidy. You must provide the centre with your child's CRN, the CRN & birth date of the parent registered with Centrelink for CCS.

If you do not know this information, log on to MyGov or contact Centrelink 136 150 Monday to Friday 8 am to 8 pm.

It is the responsibility of the parent/guardian to inform Centrelink that they are attending Gum Nut and provide them with Gum Nut's CRN (407 294 851V).

Child's CRN ____/____/____

Name of Parent/Guardian registered for CCS: _____

Parent/Guardian's CRN ____/____/____

Siblings:

Please list siblings of child - (if more space is required, please attach a list on the back of enrolment form)

Sibling Name:	Age	CCS	School/Children's Service Attending:
_____	_____	Y / N	_____
_____	_____	Y / N	_____
_____	_____	Y / N	_____
_____	_____	Y / N	_____
_____	_____	Y / N	_____

Court Orders, Parenting Orders or Parenting Plans:

Do you have a Court Order, Parenting Order or Parenting Plan?

Yes (certified copies - must be provided)

No (go to next section)

Details of any court order, parenting order or parenting plan 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.

- 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.

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

a) Change to powers of a parent guardian to:

- * Authorise 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.

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

***Details of any court orders provided to the approved provider relating to the child's contact with a parent or other person.**

Parent / Legal Guardian or Person with Parental Responsibility Contact Details:

Parent/Guardian 1.

(Must be the Parent/Guardian Registered for CCS)

Surname: _____

Given Name(s): _____

Any other names by which parent/guardian is known:

Date of Birth: ____/____/____

Relationship to Child: _____

Marital Status _____

Address: as per child / or _____

_____ P/C _____

Email _____

Telephone: (Home) _____

(Work) _____

(Mobile) _____

Occupation: Casual, Part Time, Full Time, Student

Occupation: _____

Work Name _____

Work Address _____

_____ P/C _____

Ethnic Group: _____

Primary Language/s? _____

Will you need an interpreter? Yes No

Are you able to interpret for us if needed? Yes No

Do you have skills you would like to share with the children?

e.g. read stories, art, cooking, sewing etc. Yes No

Would you like to receive information via Parent Group email?

Yes No

Parent/Guardian 2.

Surname: _____

Given Name(s): _____

Any other names by which parent/guardian is known:

Date of Birth: ____/____/____

Relationship to Child: _____

Marital Status _____

Address: as per child / or _____

_____ P/C _____

Email _____

Telephone: (Home) _____

(Work) _____

(Mobile) _____

Occupation: Casual, Part Time, Full Time, Student

Occupation: _____

Work Name _____

Work Address _____

_____ P/C _____

Ethnic Group: _____

Primary Language/s? _____

Will you need an interpreter? Yes No

Are you able to interpret for us if needed? Yes No

Do you have skills you would like to share with the children?

e.g. read stories, art, cooking, sewing etc. Yes No

Would you like to receive information via Parent Group email?

Yes No

Authorised Nominees/Emergency Contact Details:

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 authorise those ticked by you.

1. Do you authorise this person to drop off and collect your child/ren on your behalf?
2. Do you authorise this person to consent to medical treatment and/or authorise administration of medication to your child on your behalf?
3. Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted?
4. Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator?
5. Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?

Contact 1: Relationship to child: _____ Email _____

First name: _____ Surname: _____

Address: _____ P/C _____

Telephone: (H) _____ (W) _____ (M) _____

Work Address: _____ P/C _____

Language(s) Spoken/Understood: _____

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

- Do you authorise this person to drop off and collect your child/ren on your behalf?
- Do you authorise this person to consent to medical treatment and/or authorise administration of medication to your child on your behalf?
- Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted?
- Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator?
- Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?

Contact 2: Relationship to child: _____ Email _____

First name: _____ Surname: _____

Address: _____ P/C _____

Telephone: (H) _____ (W) _____ (M) _____

Work Address: _____ P/C _____

Language(s) Spoken/Understood: _____

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

- Do you authorise this person to drop off and collect your child/ren on your behalf?
- Do you authorise this person to consent to medical treatment and/or authorise administration of medication to your child on your behalf?
- Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted?
- Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator?
- Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?

Authorised Nominees/Emergency Contact Details:

Contact 3: Relationship to child: _____ Email _____

First name: _____ Surname: _____

Address: _____ P/C _____

Telephone: (H) _____ (W) _____ (M) _____

Work Address: _____ P/C _____

Language(s) Spoken/Understood: _____

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

- Do you authorise this person to drop off and collect your child/ren on your behalf?
- Do you authorise this person to consent to medical treatment and/or authorise administration of medication to your child on your behalf?
- Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted?
- Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator?
- Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?

Contact 4: Relationship to child: _____ Email _____

First name: _____ Surname: _____

Address: _____ P/C _____

Telephone: (H) _____ (W) _____ (M) _____

Work Address: _____ P/C _____

Language(s) Spoken/Understood: _____

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

- Do you authorise this person to drop off and collect your child/ren on your behalf?
- Do you authorise this person to consent to medical treatment and/or authorise administration of medication to your child on your behalf?
- Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted?
- Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator?
- Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?

Please ensure you have ticked appropriate boxes for each authorised nominee/emergency contact.

You are not required to have 4 emergency contacts, but we do ask for a minimum of 2.

Parent/Guardian 1:

Signature as per enrolment form agreement: _____ Date: ____/____/____

Parent/Guardian 2:

Signature as per enrolment form agreement: _____ Date: ____/____/____

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 they become unwell at the centre.

* give permission for authorised nominee listed in the enrolment form to collect the child from the education and care service: And/or carry out following responsibilities for my child that was ticked on this enrolment form.

*give authorisation for parent / authorised nominee for the approved provider, nominated supervisor or educator to carrying out appropriate first aid treatment and/or seek: medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and for transportation of the child by an ambulance.

Parent/Guardian Signature: _____ Date: ____/____/____

Witness Signature: _____ Date: ____/____/____

Enrolment Agreement:

I, Parent/Guardian 1: _____ (print full name)

I, Parent/Guardian 2: _____ (print full name)

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, 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 they become unwell at the centre. Give permission for authorised nominee listed in the enrolment form to collect the child from the education and care service; and/or carry out following responsibilities for my child that was ticked on this enrolment form. Agree that I/we have read, understood, and will abide by the conditions of enrolment as set out in the Gum Nut Introduction Book. I/we understand that conditions may change, and I/we 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 and 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. I/We acknowledge and have received a 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. Two full weeks written notice to cancel a place is required.

Parent/Guardian Signature 1: _____ Date ____/____/____

Parent/Guardian Signature 2: _____ Date ____/____/____

Both Parents/Guardians must sign - If applicable.

Confidentiality of Enrolment Records

Under the National Law and National Regulations enrolment records and other documents, must not be divulged or communicated, directly or indirectly, to another person other than the parent of the child to whom the information relates. Information can also be released to the Department as Regulatory Authority; or in the case of a medical emergency; or as required by any legislation or law (regulation 181 and 182).

Enrolment Form checklist:

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

- Enrolment form completed & signed.
- Birth Certificate.
- Immunisation certificate. (From MyGov - Medicare or AIR - **NOT** green book)
- Medical action plans with photos/Risk Management Plans are completed – if required.
- Custody documents - if required.
- Documents regarding additional requirements/diagnosed disability – if required.
- Any additional information: that will assist family and service in enrolling your child into Gum Nut Preschool & Childcare.
- Copy of Parent/Guardian 1 - CRN eligibility letter or sighted.
- Authorised Nominee/Emergency contacts are completed & the responsibilities have been ticked for each contact has been nominated & authorised by you.

Gum Nut Preschool and Childcare

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Dear Family,

Re: Child Care Enrolment

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

1. Child's 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 & Child and Parent/Guardian 1: 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 AIR on 1800653809 or through MyGov – 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 being obtained.

Yours sincerely,

Maxine: Director

Tiffany: Assistant Director

Gum Nut Preschool and Childcare