



## ENROLMENT FORM

### Child's Details

Given Names:	Family Name:
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### Emergency Contact Information

Please list a **minimum of two people**, other than child's parent/s, who are authorised to collect the child or who we may call if we cannot find you in an emergency. Please ensure you notify service with any changes to these details. Please ensure contacts are aware that they have been placed on this form and may be contacted at any time.

#### Contact Person One:

Name	Relationship to Child	Telephone	Mobile Number
		Home	
		Work	

Home Address:

#### Person One has Authority to:

Collect my child from service: Yes <input type="checkbox"/> No <input type="checkbox"/>	Give permission for excursions out of the Centre: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Emergency Release</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent for medication/medical treatment being given: Yes <input type="checkbox"/> No <input type="checkbox"/>	If the parent/guardians cannot be contacted you will be notified of any incident, injury, trauma or illness involving this child, therefore I give my permission to be contacted <div style="text-align: right;">             Yes <input type="checkbox"/>    No <input type="checkbox"/> </div>	

#### Contact Person Two:

Name	Relationship to Child	Telephone	Mobile Number
		Home	
		Work	

Home Address:

#### Person Two has Authority to:

Collect my child from service:	Give permission for excursions out of the Centre:	<b>Emergency Release</b>
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Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent for medication/medical treatment being given: Yes <input type="checkbox"/> No <input type="checkbox"/>	If the parent/guardians cannot be contacted you will be notified of any incident, injury, trauma or illness involving this child, therefore I give my permission to be contacted Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Contact Person Three:**

Name	Relationship to Child	Telephone	Mobile
		H: W:	
Home Address:			

**Person Three has Authority to:**

Collect my child from service: Yes <input type="checkbox"/> No <input type="checkbox"/>	Give permission for excursions out of the Centre: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Emergency Release</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent for medication/medical treatment being given: Yes <input type="checkbox"/> No <input type="checkbox"/>	If the parent/guardians cannot be contacted you will be notified of any incident, injury, trauma or illness involving this child, therefore I give my permission to be contacted Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Contact Person Four:**

Name	Relationship to Child	Telephone	Mobile
		H: W:	
Home Address:			

**Person Four has Authority to:**

Collect my child from service: Yes <input type="checkbox"/> No <input type="checkbox"/>	Give permission for excursions out of the Centre: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Emergency Release</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent for medication/medical	If the parent/guardians cannot be contacted you will be notified of any incident, injury, trauma or illness involving this child, therefore I give	



treatment being given: Yes <input type="checkbox"/> No <input type="checkbox"/>	my permission to be contacted Yes <input type="checkbox"/> No <input type="checkbox"/>
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### Child's Medical Details

Does your child:	Please tick	<i>Families will need to provide:</i>
Take regular medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Medical Documentation</i>
Have asthma?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Completed Asthma Plan</i>
Have any disabilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Medical Documentation</i>
Have epilepsy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Medical Documentation</i>
Have food allergies or food intolerances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Medical Documentation</i>
Have non food related allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Completed Allergy Action Plan</i>
Have anaphylaxis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Completed Anaphylaxis Action Plan</i>
Have any other medical conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Medical Documentation</i>

Food and/or products your child is not allowed:

Has your child had any of the following? (Please circle)

Mumps	Ear Infections	Measles	Hepatitis
German Measles	Chickenpox	Throat infections	

Is your child's immunisation schedule up to date?    Yes       No

Medicare Number: \_\_\_\_\_ Health Care Card: \_\_\_\_\_

Private Healthcare details:

Religious requirements in case of an Accident:

<i>Doctor</i>	
Name:	Telephone Number:



Address:	Release information about child to doctor: Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Dentist</i>	
Name:	Telephone Number:
Address:	Release information about child to dentist: Yes <input type="checkbox"/> No <input type="checkbox"/>

Terms and Conditions of Enrolment



**Emergency Details:**

In the event of an emergency, illness or accident concerning my child I consent to the centre seeking **medical, dental or hospital** treatment and give permission for my child to be transported by ambulance. I agree to meet all expenses thereby incurred.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Paracetamol/ Ibuprofen Authority:**

I consent to my child being given an age appropriate dose of paracetamol/ Ibuprofen in the event of their temperature reaching 38 - 38.5 C. Staff will endeavour to contact you before administering any paracetamol for each specific emergency. In the event of an emergency, I agree to collect my child as soon as possible. I understand the potential risks and side effects of this medication for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fee Policy:**

I understand the current Fee Procedure (Please see Fee Policy for further information)

- I understand that Little Kingdom will only accept Direct debit payments for fees.
- I understand that I will need to pay my fees two weeks in advance.
- I understand that fees are charged at the normal rate for public holidays and for when my child is absent.
- I understand that I need to give two weeks written notice for any changes to days or exiting the service
- I understand that I will need to pick up my child before the closing time of the service otherwise I will incur a late fee.
- I understand that I will need to pay a bond and the bond is refundable should I exit the service.
- I understand that my child will need to attend care on their last day when exiting the service under the Child Care Management Service Regulations otherwise full fees will be applied for every absent day.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Priority of Access:**

I am aware that priority 3 families may be required to move days to accommodate a child with a higher priority or withdraw from the position in emergency situations as per policy guidelines.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Photography:**

I understand that photographic, video and/or other images of my child/ren may be used for internal purposes within the service. I understand that examples of their use may include, but is not limited to; displays within the service, program documentation, children's portfolios, family newsletters and other internal publications.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sunscreen:**

I authorise staff to apply 30+ sunscreen to my child in accordance with the Sun Protection Policy (Please



see Policy for further information)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Excursions:**

I consent for my child to attend routine excursions or outings away from the centre. I understand that these excursions will be within walking distance of the centre. In the event of a non-routine excursion, I understand that a separate permission will be sought.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Enrolment package:**

I have received my Enrolment Package which includes the Service Handbook. I Understand the policies and procedures as stated in the service handbook/policy folder. I agree to abide by all conditions appearing in this form, handbook, and notices as amended by the company from time to time.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Privacy:**

I consent:

- To display my child's allergy information to enable staff to provide for my child's safety needs.
- For my contact details to be recorded in the emergency folder in the unlikely event of an emergency
- For my child's medical details to be displayed for staff to provide for my child's medical needs.
- For my child's day to be recorded in the daily communication charts/boards/books.

I understand this means other families may see information relating to my child.

**DECLARATION:**

I hereby declare that all of the information given in this enrolment document is true and correct. I also understand that if there are any changes to these details I will advise the centre and complete the necessary forms. Under the provision of Section 61 of the Family Law Act, both parents/guardians have joint custody of the children of a marriage unless there has been an order of the court giving sole custody to one parent. Both parents must sign the form except where an order has been made for sole custody, in which only the parent with sole custody is required. In the case of the child being born of a de facto relationship, the mother of the child is to sign the form unless there has been an order of the supreme court giving some other person custody of the child.

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_