


ENROLMENT FORM



CCB Approval ID: 1-198SZ7

Enrolment Date:..... Start Date:.....

CHILD DETAILS

Family Name:	Given Name:
Date of Birth: ____ ____ ____ <small>DAY MONTH YEAR</small>	CRN: ..000.111.222X..... 
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address:.....	
Country of Birth:.....	Religion:.....
Language/s Spoken at Home:.....	
Is the child of Aboriginal and/or Torres Strait Island origin? (please tick)	
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander

PARENT DETAILS

Mother / Guardian Claiming CCB <input type="checkbox"/>	Father / Guardian Claiming CCB <input type="checkbox"/>
Given Name:	Given Name:
Family Name:	Family Name:
Date of Birth: ____ ____ ____ <small>DAY MONTH YEAR</small>	Date of Birth: ____ ____ ____ <small>DAY MONTH YEAR</small>
CRN: ..000.111.222X..... 	CRN: ..000.111.222X..... 
email:	email:
Relationship to Child:	Relationship to Child:
Address:	Address:
Suburb: Postcode:	Suburb: Postcode:
Country of Birth:	Country of Birth:
Religion:	Religion:
Does the child live with the mother / guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with the father / guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:

Occupation:	Occupation:
Employer:	Employer:
Is the family a single parent family? Yes <input type="checkbox"/> No <input type="checkbox"/>	Working Parent <input type="checkbox"/> Studying <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Social <input type="checkbox"/>
Driver Licence Number:	Driver Licence Number:
Authorised to collect the child ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorised to collect the child ? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMERGENCY CONTACTS

The contact person should be someone other than the child's parents or guardian. They will be contacted after all attempts to reach parents have been made. MAKE SURE that mentioned persons will be available for contact during the hours your child is at the centre. In case of emergency Cheeriokids Heidelberg will contact Parents/Guardians initially. If contact is unsuccessful, we will contact the following people in the order that they are listed.

Personal identification will be required from these people in order to collect your child on your behalf.

<p>1. Name of Primary Emergency Contact (other than parents or guardian):</p> <hr/> <p>Relationship to Child: _____</p> <p>Home Phone: _____ Work Ph: _____ Mobile: _____</p> <p>Address: _____</p> <p>2. Name of Secondary Emergency Contact (other than parents of guardian):</p> <hr/> <p>Relationship to Child: _____</p> <p>Home Phone: _____ Work Ph: _____ Mobile: _____</p> <p>Address: _____</p>

PERSONS AUTHORISED TO COLLECT YOUR CHILD

Only the people listed here will be able to collect your child. Please inform the centre for any changes ASAP.

Personal identification will be required from these people in order to collect your child on your behalf.

Name	Address	Phone	Relationship to child
1.		Home: _____ Work: _____ Mobile: _____	
2.		Home: _____ Work: _____ Mobile: _____	
3.		Home: _____ Work: _____ Mobile: _____	
4.		Home: _____ Work: _____ Mobile: _____	

CHILDS IMMUNISATION RECORD

Has your child been fully immunised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide the details by:

- Attaching a copy of the Immunisation Record from the Child Health Record book, *OR*
- Attaching a copy of the Immunisation Record print out which can be obtained from the Australian Childhood Immunisation Register (1800 653 809) or any Medicare Office.

A copy of your child’s immunization record must be sighted by Service Provider or Nominated Supervisor.

CHILD’S MEDICAL AND HEALTH INFORMATION

Doctors Name/Medical Service: _____ Phone: _____

Address Of Doctor/Medical Service: _____

Child’s Medicare Number: _____ (Please attach a copy)

Does the child have an Ambulance cover? Yes No (Please tick the box)

Does the child have any allergy or sensitivity? Yes No (Please tick the box)

Does the child have suffer from anaphylaxis? Yes No (Please tick the box)

If Yes the following management procedures are to be followed (or a copy of the management plan is attached)

Does the child have any medical condition and needs (eg. asthma, diabetes, etc/) which are relevant to the children’s surfaces? Yes No (Please tick box)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached)

Does the child take prescribed medication or treatment on a regular basis? Yes No (Please tick)

If yes, please provide relevant details: _____

Does your child have any special dietary or cultural restrictions? Yes No (Please tick box)

If yes, please provide relevant details: _____

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? Yes No (Please tick the box)

DECLARATION AND CONSENT TO EMERGENCY TREATMENT AND COLLECTION

I / We _____,

with lawful authority of the child referred to in this enrolment form,

- Consent to the staff (approved provider or nominated supervisor or an educator) of CHEERIOKIDS Heidelberg Childcare Centre seeking, or where appropriate, administering, emergency medical treatment as necessary, and;
- Medical treatment for the child from a registered medical practitioner, hospital or ambulance service, and;
- Transportation of the child by an ambulance service, and;

- That I will reimburse any necessary expenses incurred by CHEERIOKIDS Heidelberg Childcare Centre.

Signature of Parent/Guardian

DATE SIGNED: ____/____/____

COURT/CUSTODIAL ORDERS

IF THE PARENTS ARE EITHER DIVORCED OR SEPARATED; PLEASE ANSWER THE FOLLOWING QUESTIONS CAREFULLY. PLEASE TICK THE APPROPRIATE BOX.		
	Yes	No
Are the parents of the child Separated/Divorced?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a document stating who has legal custody? If yes, please bring the original court order/s for staff to see and a copy to attach to this enrolment form.	<input type="checkbox"/>	<input type="checkbox"/>
Is the document attached with this enrolment form?	<input type="checkbox"/>	<input type="checkbox"/>
If no attached document, please write here any custody and visiting arrangements? _____		
Does the mother or father have permission to pick up your child?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Centre need previous permission or notification for the mother/father to pick up the child?	<input type="checkbox"/>	<input type="checkbox"/>
What action are we to take if the Mother/Father comes to the centre? Please write details. _____		

REQUIRED CARE

Starting and Ending Dates of Childcare Services: _____

Days	Monday	Tuesday	Wednesday	Thursday	Friday
TIME (start - finish)					
ROOM (please tick)	Babies <input type="checkbox"/> Toddler <input type="checkbox"/> Kinder <input type="checkbox"/>	Babies <input type="checkbox"/> Toddler <input type="checkbox"/> Kinder <input type="checkbox"/>	Babies <input type="checkbox"/> Toddler <input type="checkbox"/> Kinder <input type="checkbox"/>	Babies <input type="checkbox"/> Toddler <input type="checkbox"/> Kinder <input type="checkbox"/>	Babies <input type="checkbox"/> Toddler <input type="checkbox"/> Kinder <input type="checkbox"/>

Please read carefully to avoid misunderstandings

PAYMENT OF FEES

★ *Long Day Care, \$124.00 Daily, \$585.00 Weekly (Full-time).*

★ *Occasional Care available. Full Day ONLY \$145.00 (subject to availability).*

Late FEE is \$35.00 from 6:00pm-6:15pm. And \$65.00 from 6:15pm-6:30pm.

***Fees may be paid by CASH, EFTPOS, DIRECT FUND TRANSFER or CHEQUE.
Fees are to be paid a minimum of 1 week in advance.***

***Full fees are payable if a public holiday falls on your child's booked day.
Full fees are payable if your child is absent on booked days.***

***Two weeks written notice is required when leaving the centre or reducing the number of days attending. Change of Booking Forms available at the office.
Late Payment of FEES is \$35.00 per week. Two weeks late \$70.00 etc.***

Signature of Parent/Guardian

DATE SIGNED: ____/____/____

(This part must be signed by the person with lawful authority of the child)

PRIVACY POLICY

CHEERIOKIDS Heidelberg collects personal information about the families of and the children enrolled into our centre. This is necessary for the following reasons:

- it enables us to respond to the needs of individual children and to provide care of a high quality
- it enables us to report to government authorities
- it enables us to comply with legal requirements

We respect the privacy of the information we hold about our children and their families. The purpose of this policy is to outline how we manage this personal information.

INFORMATION COLLECTED

Personal information collected by CHEERIOKIDS Heidelberg may include an individual's name, date of birth, address, telephone numbers, occupation, health information and Child Care Benefit information. We collect information with the consent of parents, guardians, or authorised representatives as appropriate, or as required or authorised by law.

HOW THE INFORMATION IS COLLECTED

CHEERIOKIDS Heidelberg collects personal information in a number of ways including:

- directly from individuals verbally (either in person or over the telephone), or written in form
- from third parties such as government agencies
- information from referees

In each case, CHEERIOKIDS Heidelberg will take responsible steps to ensure individuals are aware if the purposes for which the information is collected.

USE AND DISCLOSURE OR PERSONAL INFORMATION

We may provide relevant personal information about individuals to government organisations where we are required or authorised by law to do so.

We may use or disclose personal information (including health information and other sensitive information) about staff, children, parents or other individuals for purposes related to the main purpose for which the information was collected with the consent of the individual (or with the consent of parents, guardians or authorised representatives as appropriate) or as required or authorised by law.

STORAGE

We will take responsible steps to protect the security of the personal information we hold from misuse, loss, unauthorised access, modification or disclosure. Employees have access only to information necessary for specific job functions.

AGREEMENT & CONSENT TO TERMS

Child's Name: _____ **Date of Birth:** _____

1. Emergency, Accidents or Illness

In the event of an emergency, illness or accident (when the Centre is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the staff at the centre consent to provide Medical or Hospital attention for our child. I / We 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. I / We agree to pay any expenses incurred for Medical treatment and Transport in case of emergency.

2. Administering of Paracetamol & Medication

I / We agree for centre staff to administer ONE dosage of Paracetamol in the event of our child's body temperature rising above 38°C. I / We understand that the staff will make contact with either the Parents / Guardians or the Emergency Contacts to inform us that Paracetamol is being administered and discuss at the time further actions to take in the event that the temperature does not subside within an appropriate time frame.

I / We also agree that the Paracetamol & Medication has to be with the original label from a Pharmacy showing the name, dosage and how often the medication should be given to the child.

3. Permission for Publication

I / We hereby give consent for our child's photograph, name and age to be used for the room programming, Centre displays and/or publications (e.g. Newsletters). Where this information may be utilized outside of the Centre, further permission will be sought.

4. Permission for Observation

I / We give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers. If questioning or testing is to be carried out I / we will be asked for further permission.

5. Payment of Fees

I / We understand that if our unpaid account be referred to a Debt Collection Agency, an additional cost of collection will be added to our account. In other words, cost of collection will be added to our account.

6. Permission for Evacuations

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their caregivers and centre staff to a safety zone for evacuation purposes. (Please refer to the Centres Evacuation Plans and Procedures for information.)

7. Sunscreen Application

I / We agree for the Centre Staff to apply sunscreen regularly to our child for outdoor play purposes. I / We understand that the Centre may use a variety of sunscreen brands from time to time. If my child requires special sunscreen I/we agree to supply this product to the centre.

8. Child Care Benefit (Lump Sum Claims)

I / We understand that it is our responsibility to notify the Centre of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Benefit as reduced fees on a weekly basis.

9. Parent Handbook

I / We acknowledge that we have received and read the Centre's Parent Handbook. I / We understand any changes to this Handbook will be displayed on the Centre office and the rooms.

10. Last Day Attendance

I / We understand that if our child be absent on their last day of care, we will be charged the full fee for that day as the centre are unable to receive CCB and/or CCR for that day. In other words, Government does not pay CCB and/or CCR if the child has not attended on the last day of his/her booking.

11. Late Fees

I / We understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Benefit can be claimed for this fee. Late fees charged are as follows: \$1 per minute for each minute that your child has not been collected after closing time (minimum late fee: \$20.00).

12. Priority of Access

I / We understand that if our family falls under Priority Access we may be required to alter our days or give up our place in the Centre in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Centre Policy: First Priority – children at risk or serious abuse or neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government; and Third Priority – all other children.

13. Infectious Diseases / Clearance Certificates

I / We understand that our child will be excluded from the Centre if they contract a contagious disease or condition. I / We understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to our Centre Policies for further information.

14. Non - Immunisation

I / We understand that if our child is NOT immunised in accordance to the Government requirements (refer to our immunisation details page) our child will be excluded from the centre until the infectious period of the disease or condition has passed.

15. Presence of Visitors, Students and Volunteers

I / We understand that occasionally the Centre may have visitors, studentys and/or volunteers assisting in the Centre. I / We consent to our child being in the presence of visitors, students and/or volunteers under the Centre Staff supervision.

16. Confidentiality of Enrolment Records

I/We understand that information in the child'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 Children's Services.

17. Priority of Placement at the centre

I / We agree that if this centre has no available vacancies and I / We have a 3rd priority of placement at the centre, I / We may be asked to vacate out placement to enable a higher priority family/child to have placement at this centre. Under these circumstances, I / We understand that I / We must be given two (2) weeks notice to vacate our placement at the centre.

By signing this form I/we declare and confirm that:

- I / We are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 15 above, and any other policies and procedures advised by the centre either directly or by making them available for perusal at the Centre.

Signature of CCB claiming Parent/Guardian: _____ **Date:** _____

Signature of Secondary Parent/Guardian): _____ **Date:** _____

OFFICE USE ONLY

Enrolment Details entered: Yes No

Child Immunisation record copy provided/sighted Yes No

Sighted by: _____

Child Health record provided Yes No

Driver License copy provided Yes No

Medicare Card copy provided Yes No

BACKGROUND INFORMATION

Child's Name: _____

Date of Birth: _____ Age: _____ Sex: Female Male

Speech: _____

Language/s Spoken/Understood: _____

Stage of Language Development: _____

Handedness: Right Left Both

Daily Routines

Sleeping:

Daytime Sleep: _____ Bedtime Sleep: _____

How does your child settle to sleep? _____

_____ Security Toy: _____

Diet: _____

Bottle: Yes No If yes, how many times per day? _____

Formula Milk: Yes No If yes, how many times per day? _____

Others (specify) _____

Dummy: Yes No

Food Likes: _____

Food Dislikes: _____

Special Food Requirements: _____

Bathroom and Toileting Routines: *(For child over 3years old only).*

Toilet Trained: Yes No

Independent: Needs Assistance: Regular Bowel Movements:

Words used in Toileting: _____

Can your child manage his/her clothing? Yes No

If your answer is No, then what he/she need help with? _____

Mobility:

At what stage is your child? (Eg. Sitting, walking, etc.) _____

Child's Special Interests: _____

Any Areas of Concern: (Please tick the appropriate box/es)

- | | | | |
|---------------------|--------------------------|----------------------------------|--------------------------|
| Asthma | <input type="checkbox"/> | Separations from Parent/Guardian | <input type="checkbox"/> |
| Behavior Management | <input type="checkbox"/> | Sight/Coordination | <input type="checkbox"/> |
| Chicken Pox | <input type="checkbox"/> | Skin Problems (Eczema) | <input type="checkbox"/> |
| Ear Infection | <input type="checkbox"/> | Sleeping Problems | <input type="checkbox"/> |
| Hearing | <input type="checkbox"/> | Speech/Language | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | Whooping cough | <input type="checkbox"/> |

Please describe other areas of concern? (Eg. Biting, temper, tantrums, etc) _____

Does your child have any allergies? Please specify. _____

“Curash” is used sometimes for nappy changes. Is your child allergic to Curash? _____

What type of guidance and control methods does your child respond well to? _____

What areas do you feel your child needs encouragement in? _____

Has your child attended Playgroup, Day Care or mixed with other children regularly? _____

Does he/she attend any other programs outside home? (Eg. Swimming, Toddler Gym, etc.)

Has your child been in other care situation? _____

Parents Evaluation of Childs Personality: _____

Any additional Information: _____