






101 Norfolk Rd, North Epping 2121   
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Norfolkdcc@gmail.com 

## Enrolment Form

ABN: 56 052 646 890

COMMENCEMENT DATE: \_\_\_\_\_

### Parent/Guardian Details.

Title \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Parent/Guardian CRN: \_\_\_\_\_

Tel(home): \_\_\_\_\_

Mobile: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Tel(work): \_\_\_\_\_

Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address: \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Same as Above: ☐

Marital Status: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Authorised to collect child Yes/No

#### General

Occupation: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

First Language: \_\_\_\_\_

Second Language: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Need Assistance with English Yes/No

#### Work Details:

Employer Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Work Suburb: \_\_\_\_\_

## Second Parent/Guardian Details...

Title \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Gender: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Tel(home): \_\_\_\_\_

Tel(work): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address: \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Same as Above: ☐

Marital Status: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Authorised to collect child Yes/No

Primary Language Spoken: \_\_\_\_\_

Need Assistance with English Yes/No

Occupation: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

## **Emergency Contact Authority to Collect**

### **Someone other than the parent/guardians listed above**

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions when the child has an accident, injury or illness and the primary parents/guardian cannot be contacted. If this situation should arise, the centre manager will need to contact an alternate person authorised to collect and care for your child. Personal identification will be required from these people in order to collect your child on your behalf.

#### **Emergency Contact 1**

|  |  |
|--|--|
| Full Name _____                                      | Relation to the Child: _____                       |
| Phone: _____   | Mobile: _____                                      |
| Authority in Emergency (Please circle):    Yes    No | Authority to Collect (Please circle):    Yes    No |
| Address: _____                                       |  |
| Comments: _____                                      |  |

#### **Emergency Contact 2**

|  |  |
|--|--|
| Full Name _____                                      | Relation to the Child: _____                       |
| Phone: _____   | Mobile: _____                                      |
| Authority in Emergency (Please circle):    Yes    No | Authority to Collect (Please circle):    Yes    No |
| Address: _____                                       |  |
| Comments: _____                                      |  |

#### **Emergency Contact 3**

|  |  |
|--|--|
| Full Name _____                                      | Relation to the Child: _____                       |
| Phone: _____   | Mobile: _____                                      |
| Authority in Emergency (Please circle):    Yes    No | Authority to Collect (Please circle):    Yes    No |
| Address: _____                                       |  |
| Comments: _____                                      |  |

#### **Emergency Contact 4**

|  |  |
|--|--|
| Full Name _____                                      | Relation to the Child: _____                       |
| Phone: _____   | Mobile: _____                                      |
| Authority in Emergency (Please circle):    Yes    No | Authority to Collect (Please circle):    Yes    No |
| Address: _____                                       |  |
| Comments: _____                                      |  |

### Information about the Child:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Child CRN: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_

Custody Particulars: \_\_\_\_\_

Comments: \_\_\_\_\_

### Family Cultural

Languages spoken at home: \_\_\_\_\_

Cultural Background of child: \_\_\_\_\_ Of Parent \_\_\_\_\_

Special Consideration (Cultural / Religious): \_\_\_\_\_

Yes/ No Aboriginal Yes/No Torres Strait Islander

### Behaviour/Routine

Toilet Trained: yes/no Details: \_\_\_\_\_

Behaviour Difficulties: \_\_\_\_\_

General Routine: \_\_\_\_\_ Sleep Routine: \_\_\_\_\_

Fears: \_\_\_\_\_

Comforter: \_\_\_\_\_

Special Care Requirements / Additional Needs: Yes/No Details: \_\_\_\_\_

### Foods/Dietary Requirements:

Special Dietary Needs: \_\_\_\_\_

Food like: \_\_\_\_\_ Food Dislike: \_\_\_\_\_

### Child General:

Country of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

First Language: \_\_\_\_\_

Second Language: \_\_\_\_\_

## Childs Medical and Health Information

Family Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Doctor Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Private Health Fund Number: \_\_\_\_\_

Special note: \_\_\_\_\_

**Allergy Alert: Yes/No**

**Has been diagnosed at risk of Anaphylaxis? Please circle Yes/No**

**If yes please provide details (eg list of foods, management strategies, medication**

Medication: \_\_\_\_\_

Please provide a copy of their Asthma/Anaphylactic management plan from your Doctor must be signed and current.

Medication/Immunisation:

Doctors Name: \_\_\_\_\_ Doctors Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Medical condition: \_\_\_\_\_

Medication: \_\_\_\_\_

Comment: \_\_\_\_\_

**Immunisation:** Note a copy of the immunisation records needs to be provided.

**Immunisation Schedule:**

|           |               |           |               |
|-----------|---------------|-----------|---------------|
| Birth     | Yes/No/Exempt | 2 Months  | Yes/No/Exempt |
| 4 Months  | Yes/No/Exempt | 6 Months  | Yes/No/Exempt |
| 12 Months | Yes/No/Exempt | 18 Months | Yes/No/Exempt |
| 4 Years   | Yes/No/Exempt |           |               |

Child Schedule

Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐

### Family Details

Please provide details of sibling and other family members that live in your household.

- |               |                    |           |
|---------------|--------------------|-----------|
| 1. Name _____ | Relationship _____ | Age _____ |
| 2. Name _____ | Relationship _____ | Age _____ |
| 3. Name _____ | Relationship _____ | Age _____ |
| 4. Name _____ | Relationship _____ | Age _____ |

### Child Custody / Court Order Information

If parents are separated/divorced are there any court orders affecting the child? If yes, please provide JP certified copy of the Court Order to the centre.

(Office Use) Court Order on File Yes/No

Please describe any custody or access arrangements:

### CCS Information

To ensure that you are linked with our system to your Child Care Subsidy Scheme please complete the following section of the enrolment form

***To make Child Care Subsidy claims and view the status of their claims, families will be able to go to my.gov.au and sign in to access your Centrelink online account. If they do not have a myGov account, you can create one and link it to their Centrelink online account.***

Note: the CRN number will be printed on the FTB Statements

**Please copy the exact information as printed on your CCB letter from Centrelink**

#### Parent/guardian

Surname \_\_\_\_\_ First Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

#### Child

Surname \_\_\_\_\_ First Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Has the child attended another child care centre this financial year? Yes No

Is the child attending multiple child care centres? Yes No

If yes please specify the hours attending another centre \_\_\_\_\_

#### **Other Children in Care for Multiple Child CCB Percentage**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Hours in Care \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Hours in Care \_\_\_\_\_

### **Verification of Details held by Centrelink**

- I confirm that the information provided is true and correct that I have provided Centerlink with this information.
- I am responsible for communicating this information to Centrelink.
- I understand that I am responsible for all fees charged by the centre in relation to this enrolment.
- I understand that if any details are incorrect then full fees are payable to the centre.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Assistance Office for more information you may call (13 61 50).**

### Payment of Fees and Bond

Fees \$112-\$120 per day, Fees are to be paid 2 weeks in advance. (\$120 2-3 yr age \$112 for 3-6 yr age)

Administration Fee: None refundable \$150 fee, applies per family not per child.

Bond is equal to 4 weeks fees the bond will be fully refunded when the child is leaving the centre.

(4 weeks notice is required for any changes of days enrolled. Please see Fee Policy)

## Permissions and Conditions of Enrolment

Name of Child : \_\_\_\_\_ D.O.B \_\_\_\_\_

In consideration of the Norfolk Childcare Centre accepting the above named child into the Day Care Program, I/We the undersigned hereby acknowledge that:-

01. **Medication:-** I/We agree to abide by the Medication Policy and provide prescription medicine in the original container, with the child's name, dosage and administration times. Also to complete the medication form each time a new medicine needs to be administered. **Please Circle Yes No**
02. **Emergency or Accidents:-** In an emergency, illness or accident situation, if deemed necessary, I/We give permission for the centre staff to call an ambulance for my child to be treated at the centre or taken to hospital for medical or dental treatment. I/We consent for appropriate emergency medical/dental treatment to be administered to my child by professional medical officers. I/We understand that the centre staff will make every effort to contact me or one of the emergency contacts. I agree to pay any expenses incurred for Medical treatment and transport. **Please Circle Yes No**
03. **Sun Protection:-** I/We give permission for the centre staff to apply **sunscreen** protection. I understand that if my child is allergic to the sunscreen I will provide sunscreen. I will have to apply the sunscreen and sign a special note in the sign in out book. **Please Circle Yes No**
04. **Emergency Contact:-** I/We give permission for the designated emergency contact person (listed on this form) to act on my behalf in the event of an emergency **Please Circle Yes No**
05. **Evacuation:-** I/We give permission for the Centre staff to remove the Child from the premises in case of an emergency arising (such as a fire) and relocate them to a safe location and for my child to participate in fire drill procedure. **Please Circle Yes No**
06. **Payment of Fees:-** I/We agree to maintain the payment of my fees at least two (2) week in advance of attendance and that normal fees are payable at all times including for any period of absence by my/our Child for illness, holidays or for any reason whatsoever. I/We also understand that if fees are not paid my/our Child continued enrolment at the Centre cannot be guarantee. **Please Circle Yes No**
07. **Administration Fee:** I/We agree that a \$150 administration fee is payable when the child is enrolled for the first time. **Please Circle Yes No**
08. **Public Holidays:** I/We understand that if there is a public holiday on the day of my child's booked day(s) fees are payable as normal. This excludes Christmas holidays and New Years day when the centre is closed for two weeks. **Please Circle Yes No**
09. **Payment of Bond:-** I/We agree to pay bond that is equal to four(4) weeks fee. I/We understand the bond will be refunded when condition of withdrawal has been met. **Please Circle Yes No**
10. **Bank Fee:-** I/We agree to pay any bank fees incurred to the centre where my payments may be rejected due to issues caused by my bank. **Please Circle Yes No**



11. **Change of days or withdrawal of care:-**I/We agree to give Four (4) week's written notice to change my current enrolled days. I/We understand that Four (4) weeks notice must be given when cancelling enrolment. **Please Circle Yes No**
12. **Priority of Access:-** I/We understand that a Priority of Access system is applied at this Centre and under conditions laid down by Federal Government. **Please Circle Yes No**
13. **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 a accredited training programs and will work in conjunction with your child's caregiver. **Please Circle Yes No**
14. **Department view of Records:-**I /We give permission for the Department of Community Services, National Child Care Accreditation Council and other authorised persons to have access to my child's records as needed. **Please Circle Yes No**
15. **Absent Days:-**I/We agree to notify the Centre promptly before 9am of any absence on an enrolled day. **Please Circle Yes No**
16. **Infectious Diseases Clearance Certificate:** 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 until a 'Clearance Certificate' is issued from a Medical Practitioner. **Please Circle Yes No**
17. **Photographs:-** I/We agree to have our Child photographed during activity and routine times for the purpose of displays within the Centre, internal and external(centre web page) promotion and for the accreditation folio. **Please Circle Yes No**
18. **Photographs 2:** I/We agree that my child's photo may appear in another child's portfolio during observations of another child or group observations. My child's photo may also appear on the End of year photo album distributed to each child attending the centre. **Please Circle Yes No**
19. **Arrival and Departure from Centre:-**I/We will ensure that the Child is/are accompanied to and from the centre by an adult person (over 18years old) and that the teacher/person in charge of the room is notified of arrivals and departures. **Please Circle Yes No**
20. **Attendance records:-** I/We agree that the Child will be signed in and out on each day of attendance. **Please Circle Yes No**
21. **Parents Handbook:-** I/We acknowledge that we have received and read a copy of the Parents handbook (electronic copy or hard copy). **Please Circle Yes No**
22. **Policy Book:-** I/We understand that the centre policies are available at the centre foyer at all time to view. **Please Circle Yes No**

**By signing this form I/We declare and confirm:**

**I/We are lawfully authorised in relation to the Child referred to in this Enrolment Form. All information provided is true and correct. I/We fully understand and agree to comply with all policies and procedures detailed in this Enrolment form including items 1 to 23 above.**

Full Name of First Parent/Guardian: \_\_\_\_\_

First Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of second Parent/Guardian: \_\_\_\_\_

Second Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Administration fee paid: \$ 150 Y/N

Bond Amount : \$ \_\_\_\_\_

Enrolment Bond Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Copy of immunisation Certificate supplied Y/N

Birth Certificate Sighted: Y/N

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Notes: