

Service Name: _____
Date Completed: _____
Date Commencing: _____

Enrolment Form

Child details				
Given name/s _____	Family name _____			
Preferred name _____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of birth _____	CRN (if applicable) _____			
<i>Please provide a copy of Birth Certificate, Australian Citizenship Certificate or Passport</i>		County of birth _____		
Child's address _____				
Language/s spoken _____		Cultural identity _____		
Aboriginal or Torres Strait Islander		<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander		
Any special considerations e.g. family customs, cultural, religious or dietary requirements?				
Days and hours of attendance <i>only where offered</i>				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Before School Care	<input type="checkbox"/> Before School Care	<input type="checkbox"/> Before School Care	<input type="checkbox"/> Before School Care	<input type="checkbox"/> Before School Care
<input type="checkbox"/> After School Care	<input type="checkbox"/> After School Care	<input type="checkbox"/> After School Care	<input type="checkbox"/> After School Care	<input type="checkbox"/> After School Care
<input type="checkbox"/> Vacation Care	<input type="checkbox"/> Vacation Care	<input type="checkbox"/> Vacation Care	<input type="checkbox"/> Vacation Care	<input type="checkbox"/> Vacation Care
Booking Type		<input type="checkbox"/> Casual <input type="checkbox"/> Permanent		
School where enrolled/registered _____				
Family details				
Parent/Guardian 1		Title <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Dr		
Given name/s _____	Family name _____			
Preferred name _____	Relationship to child _____			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth _____	
CRN (if applicable) _____	Country of birth _____			
Address _____				
Home phone _____		Work phone _____		
Mobile _____		Home email _____		
Employment status		Work email _____		
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not employed <input type="checkbox"/> Studying		Occupation _____		
Employer _____		Occupation _____		
Employment address _____				
Main language/s spoken at home _____		Cultural identity _____		
Aboriginal or Torres Strait Islander?		<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander		
Do you have a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Preferred contact method		<input type="checkbox"/> Home Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Work phone <input type="checkbox"/> Work email		

Parent/Guardian 2		Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr
Given name/s	_____	Family name	_____				
Preferred name	_____	Relationship to child	_____				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	_____				
CRN (if applicable)	_____	Country of birth	_____				
Address _____							
Home phone	_____	Work phone	_____				
Mobile	_____	Home email	_____				
Employment status	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not employed <input type="checkbox"/> Studying		Work email	_____			
Employer	_____	Occupation	_____				
Employment address _____							
Main language/s spoken at home	_____	Cultural identity	_____				
Aboriginal or Torres Strait Islander?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander						
Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Preferred contact method	<input type="checkbox"/> Home Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Work phone <input type="checkbox"/> Work email						
Family status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> De facto <input type="checkbox"/> Single							
Who is responsible for fees? <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Shared care <input type="checkbox"/> Other							
<i>Families with children attending OSHC may be eligible for CCB. Please contact the Family Assistance Office on 13 61 50 for further information. In order to provide a record of your child's attendance to the Family Assistance Office you are required to provide the service with the Customer Reference Number (CRN) and date of birth of at least one claimant.</i>							
Are there any court orders, parenting orders or parenting plans that relate to the residence, contact or access to your child? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<i>Please provide a copy of the relevant court orders</i>							
Please give details of any special living arrangements e.g. lives with grandparents, step family etc.							
Other children in family		Gender	Date of birth				
		<input type="checkbox"/> Male <input type="checkbox"/> Female					
		<input type="checkbox"/> Male <input type="checkbox"/> Female					
		<input type="checkbox"/> Male <input type="checkbox"/> Female					
Number of children attending LDC/OSHC/Occasional Care _____							
Family religion (optional) _____							
Please provide details of any family practices in relation to religious background, celebrations or medical treatment that the service should know							

Emergency contacts and authorisations			
<p>Please supply at least two people's contact details (other than the parent or guardian) that you authorise to collect your child and/or contact in case of an emergency. It is your responsibility to notify these people and inform them that they are an authorised nominee or emergency contact for your child at the service. Authorised nominees must be able to provide photo identification upon request. <i>Please use additional emergency contacts page, if required.</i></p>			
Contact 1			
Full name	_____		
Address	_____		
Home phone	_____	Work phone	_____
Mobile	_____	Relationship to child	_____
<p>This person has the authority to (please select):</p> <p><input type="checkbox"/> Collect your child or authorise another to collect your child from the service (authorised nominee)</p> <p><input type="checkbox"/> Authorise an educator to take your child on excursions and regular outings from the service</p> <p><input type="checkbox"/> Consent to medical treatment by a medical practitioner, hospital or ambulance service and/or transportation by ambulance service for your child</p> <p><input type="checkbox"/> Consent to medication being given to your child</p> <p><input type="checkbox"/> Be notified of an emergency involving your child if you can not be contacted (emergency contact)</p>			
Contact 2			
Full name	_____		
Address	_____		
Home phone	_____	Work phone	_____
Mobile	_____	Relationship to child	_____
<p>This person has the authority to (please select):</p> <p><input type="checkbox"/> Collect your child or authorise another to collect your child from the service (authorised nominee)</p> <p><input type="checkbox"/> Authorise an educator to take your child on excursions and regular outings from the service</p> <p><input type="checkbox"/> Consent to medical treatment by a medical practitioner, hospital or ambulance service and/or transportation by ambulance service for your child</p> <p><input type="checkbox"/> Consent to medication being given to your child</p> <p><input type="checkbox"/> Be notified of an emergency involving your child if you can not be contacted (emergency contact)</p>			
Contact 3			
Full name	_____		
Address	_____		
Home phone	_____	Work phone	_____
Mobile	_____	Relationship to child	_____
<p>This person has the authority to (please select):</p> <p><input type="checkbox"/> Collect your child or authorise another to collect your child from the service (authorised nominee)</p> <p><input type="checkbox"/> Authorise an educator to take your child on excursions and regular outings from the service</p> <p><input type="checkbox"/> Consent to medical treatment by a medical practitioner, hospital or ambulance service and/or transportation by ambulance service for your child</p> <p><input type="checkbox"/> Consent to medication being given to your child</p> <p><input type="checkbox"/> Be notified of an emergency involving your child if you can not be contacted (emergency contact)</p>			

Extra-curricular activities				
Does your child attend extra-curricular activities during Before or After School Care? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide details of the activity and day/s attending				
Monday	Tuesday	Wednesday	Thursday	Friday
An authorised nominee from the organising activity has authority to collect and return your child to the service <input type="checkbox"/> Yes <input type="checkbox"/> No				
Health and medical information				
Child's Medicare number _____	Private Health Insurer (if applicable) _____			
Medical Centre name _____				
Doctor's name _____	Phone _____			
Address _____				
Dentist's name _____	Phone _____			
Address _____				
Does your child have any distinguishing birth marks or recurring skin condition? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide details _____				
Has your child had any of the following? <input type="checkbox"/> Recurring ear, nose and throat Infections				
<input type="checkbox"/> Chickenpox <input type="checkbox"/> Measles <input type="checkbox"/> Hepatitis <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps				
Is your child immunised? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is your child's immunisation up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Please provide evidence of immunisation</i>				
Has your child ever been hospitalised? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide details including child's age and cause of hospitalisation				
Has your child been diagnosed with Asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has the Asthma medical management plan been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has your child been diagnosed at risk of Anaphylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your child have an auto injection device e.g. EpiPen® <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has the Anaphylaxis medical management plan been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your child have any allergies? <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Animals <input type="checkbox"/> Insects <input type="checkbox"/> Other				
If yes, please provide details _____				
Does your child have other specific healthcare need or medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide details _____				
Does your child have any special dietary requirements or restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide details _____				
Does your child have additional needs or a diagnosed disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide details and a copy of referral or assessment by a relevant professional e.g. Paediatrician, Speech or Occupational Therapist				
Does your child take any regular medication or require medical procedures to be performed on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No				

If yes, please provide details _____

Does the medication or procedure have any side affects? Yes No

If yes, please provide details _____

Parent/guardian permissions

1. Emergency Medical Treatment

I agree that the service may seek medical treatment from a registered medical practitioner, hospital, or ambulance service and transportation by an ambulance in the event that my child has been injured or becomes ill at the service. **Your child's enrolment will not be accepted unless agreed.**

Yes No

Parent/Guardian 1 _____ (Signature) Parent/Guardian 2 _____ (Signature)

2. Paracetamol

I agree that if my child has a temperature higher than 38.5° Celsius that an educator may administer a single dose of Paracetamol (such as Panadol drops/elixir) after natural methods have been used to reduce the temperature. The service will attempt to contact me before the administration of the medication and I will arrange for my child to be collected immediately.

Yes No

Parent/Guardian 1 _____ (Signature) Parent/Guardian 2 _____ (Signature)

3. Sunscreen

I agree for the service to use SPF30+ broad-spectrum, water-resistant sunscreen on my child's face and exposed limbs. Where my child is allergic to this sunscreen, I/we will provide a hypoallergenic sunscreen of equal sun protection.

Yes No

Parent/Guardian 1 _____ (Signature) Parent/Guardian 2 _____ (Signature)

4. Regular outings

I agree that educators at the service may take my child on regular outings e.g. walk to nearby library or park. Authorisation for such outings will be obtained every 12 months.

Yes No

Parent/Guardian 1 _____ (Signature) Parent/Guardian 2 _____ (Signature)

5. (a) Photographs, video and sound recordings

I agree that my child may be photographed, video and/or sound recorded for display or view at the service or included in other children's learning and assessment records.

Yes No

(b) Photographs, video and sound recordings by UCCS or UCCYPF

I agree that photographs, videos and/or sound recordings of my child taken individually or in a group at the service may be used by UCCS and/or UCCYPF for educational displays and in presentations at professional development courses and conferences. My child's name will not be used without my prior knowledge and consent.

Yes No

(c) Use of child's drawings, paintings and other works

I agree that my child's drawings, paintings and other works may be used by UCCS and/or UCCYPF for educational displays and in presentations at professional development courses and conferences.

Yes No

Parent/Guardian 1 _____ (Signature) Parent/Guardian 2 _____ (Signature)

Parent/guardian declaration and agreement

I/we also agree that:

- 1. All information given on this *Enrolment Form* is correct. I/we will inform the service immediately of any changes to this information. I understand that my/our child's enrolment will not be valid unless this enrolment form is completed in its entirety.
- 2. I/we have read the Service Handbook and will abide by the policies and procedures of the service. I/we understand that policies and procedures will be reviewed on a regular basis and that I/we will be given 14 days notice before any significant change to a policy or procedure that could impact on my child, my ability to use the service or fees.
- 3. My child will be the subject of observations by educators to assist in the planning and implementation of the educational program and by early childhood students. If questioning or testing of my child is to be undertaken, my permission will be sought. Strict confidentiality will be observed if this occurs and only my child's first name will be recorded.
- 4. A staff member with appropriate training and/or first aid certificate will administer emergency asthma or anaphylaxis medication. I understand that in this circumstance the service will contact me and emergency services as soon as possible.
- 5. My child will not attend the service when suffering from infectious and contagious illnesses.
- 6. The adult delivering or collecting my child from the service will sign the Attendance Record and following my child's absence will sign the Attendance Record and give reason for the absence.
- 7. I/we are liable for all fees associated with my/our child's enrolment at this service and understand that I/we are responsible for updating Child Care Benefit information (if applicable) whilst my child is in care and, where no longer eligible, will be required to pay the full fee.
- 8. I/we will give the required written notice (service operating days) when withdrawing my child and understand that the holding deposit (bond) may be withheld if the required notice is not given.
- 9. Failure to pay fees, non-attendance without advice, unwillingness to comply with the service's policies and procedures or other reasons determined unsatisfactory by the service will result in termination of my child's enrolment.
- 10. Any information provided on this form may be used for the purpose of meeting legislative requirements and provision of the approved service. I/we understand that the information may be accessed by UnitingCare Children Young People and Families and UnitingCare Children's Services (Approved Provider delegates) and any authorised officers under relevant Law. I/we may access my/our personal and sensitive information kept by the service by speaking with the Privacy Officer, UnitingCare CYPF. A copy of the Privacy Policy can be provided.

Parent/Guardian 1

Parent/Guardian 2

Name _____
Signature _____
Date _____

Name _____
Signature _____
Date _____

Office Use Only	
Commencement date _____	Room (if applicable) _____
Orientation visit date/s _____	Standard attendance <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Responsibility for payment <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> DFCS <input type="checkbox"/> Other	
<input type="checkbox"/> EFT <input type="checkbox"/> cheque <input type="checkbox"/> credit <input type="checkbox"/> bank transfer	
Enrolment bond paid \$ _____	<input type="checkbox"/> direct debit
CCB Priority of Access <input type="checkbox"/> 1 At Risk <input type="checkbox"/> 2 Single Parent <input type="checkbox"/> 3 Other <i>(Note priority children within these main categories)</i>	
Evidence of Priority <input type="checkbox"/> Yes <input type="checkbox"/> No	CCB/GCCB <input type="checkbox"/> Lump Sum <input type="checkbox"/> Reduced Fees
Eligible hours <input type="checkbox"/> 24 <input type="checkbox"/> 50 <input type="checkbox"/> 50+	JETCCFA approval sighted <input type="checkbox"/> Yes <input type="checkbox"/> No
Low Income Health Care Card Number _____	Expiry date _____
Evidence of birth date	<input type="checkbox"/> Yes <input type="checkbox"/> No
Court order, parenting order/plans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunisation record sighted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of medical requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical management & risk minimisation plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Routines & Interests Form</i> completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorisation for the application of first aid and other health products	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorisation for routine excursion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acceptance of Enrolment – Coordinator to Complete	
Coordinator	
Name	_____
Signature	_____
Date	_____
<i>This enrolment record is to be kept until the end of 3 years after the child's last attendance</i>	