



ATTACHED DOCUMENTS CHECKLIST

Please ensure ALL of the following documents are attached to this application before submission:

PLEASE TICK TO INDICATE DOCUMENTS ARE ATTACHED	X
1. CHILD BIRTH CERTIFICATE	
2. IMMUNISATION RECORDS	
3. PARENT ONE CRN ELIGIBILITY LETTER	
4. COURT ORDERS (IF APPLICABLE)	
5. PHOTO IDENTIFICATION OF ALL PARENTS AND EMERGENCY CONTACTS	
6. ALLERGY/ANAPHYLAXIS ASTHMA MANAGEMETN PLANS. (IF APPLICABLE)	
7. HEALTH CARE CARD – KINDERGARTEN ONLY (IF APPLICABLE)	
8. COMPLETED EZI DEBIT FORM	

Welcome to Kuluin Early Learning Centre

ABN 13 119 256 950



Family Enrolment Form

TOTAL CHILDCARE SOLUTIONS AUSTRALIA

Enrolment Form



Kuluin Early Learning Centre

'Committed to caring for your child'



Please note: We require this form to be completed and all documentation returned prior to your child's first day with us. The information must be completed by one of the child's legal guardians, who have lawful authority in relation to the child.

CHILD INFORMATION

Child's Surname: _____ Child's Given Names: _____

Preferred Name/Nickname: _____ Date of Birth: ___/___/___ Sex: M F

Please provide a copy of your child's birth certificate

Home Address: _____

State: _____ P/C: _____

Country of Birth: _____

Language(s) spoken at home: _____

Is your child: Aboriginal Torres Strait Islander N/A

BOOKING INFORMATION

To ensure that you are linked to our centre through the Child Care Management System ('CCMS') and to have Child Care Benefit ('CCB') applied to your child care fees, you must contact Centrelink **via the phone** to confirm that they have the correct name and date of birth for both the parent & child who are registered for CCB.

Please complete the following information accurately to ensure that your CRN is linked to our centre and to enable you to receive CCB:

Proposed Start Date: _____ Child's Age on First Day: _____ years _____ months

Days required: (please tick) Monday Tuesday Wednesday Thursday Friday

Person Registered for CCB with Centrelink (details must be exactly as per centrelinks Records)

Full Name: _____

Date of Birth: _____ CRN: _____

CCB Percentage: _____ CCB Eligible Hours: 20hrs 50hrs Other: _____

Do you hold a current health care card? Yes/No Please provide a copy of your health care card

Child Registered for CCB with Centrelink (details must be exactly as per centrelinks Records)

Full Name: _____

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

Verification of Details held by Centrelink:

I confirm that:

1. The information I have provided above is true and correct and that I have provided Centrelink with the same information.
2. I am responsible for communicating this information to Centrelink.
3. I understand that I am responsible for all fees charged by the centre in relation to this enrolment.
4. I understand that if any details are incorrect then FULL child care fees are payable by me directly to the centre until the details are corrected with centrelink.

Name: _____ Signature: _____ Date: _____

For more information – Contact FAO (Family Assistance Office) on 13 61 50 (8am – 8pm Monday to Friday) or www.centrelink.gov.au

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CONTACT DETAILS FOR THE CHILD'S PARENTS OR GUARDIANS

Contact Details - Primary Parent/Guardian

Parent 1 is claiming CCB from Centrelink & child will come Under Parent 1 CRN.

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Email Address: _____

Driver's License Number: _____

Occupation: _____

Employer Name: _____

Employer Address: _____

Telephone (W): _____

Authorised to Collect the Child? Yes No

Contact Details - Secondary Parent/Guardian

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Email Address: _____

Driver's License Number: _____

Occupation: _____

Employer Name: _____

Employer Address: _____

Telephone (W): _____

Authorised to Collect the Child? Yes No

Contact Details - Third Parent/Guardian

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Email Address: _____

Driver's License Number: _____

Occupation: _____

Employer Name: _____

Employer Address: _____

Telephone (W): _____

Authorised to Collect the Child? Yes No



ADDITIONAL AUTHORISED CONTACTS

In accordance with the Education and Care Services National Regulations 2011 we are required to have, on file, the name, address and telephone numbers of the individuals who are:

- Permitted to drop off and collect your child from the centre
- Authorised to consent to medical treatment for your child
- Authorised to consent to the administration of medication to your child
- Authorised to consent to an educator taking your child outside the service premises.

In the interests of the safety of your child, please note the following:

- If someone arrives to collect your child and we have not been notified via the list below, we cannot allow your child to leave the centre with them.
- No child will be released into the care of a person under the age of eighteen (18) years, unless authorised by the Nominated supervisor.
- Any changes to the information below must be done personally by completing an additional authorised Contacts form.
- Non-custodial parents will not be given access to children under any circumstances.
- Prescribed medication will only be given to a child if a medical form has been completed and signed by an authorised person.

Enrolment Form



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Authorised Contact Details – Person One

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Email Address: _____

Driver's License Number: _____

Person One Signature: _____

Authorised to:

- collect the child Yes No
- consent to medical treatment Yes No
- consent to administration of medication Yes No
- consent to an educator taking your child outside the premises Yes No

Authorised Contact Details – Person Two

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Email Address: _____

Driver's License Number: _____

Person One Signature: _____

Authorised to:

- collect the child Yes No
- consent to medical treatment Yes No
- consent to administration of medication Yes No
- consent to an educator taking your child outside the premises Yes No

Authorised Contact Details – Person Three

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Email Address: _____

Driver's License Number: _____

Person One Signature: _____

Authorised to:

- collect the child Yes No
- consent to medical treatment Yes No
- consent to administration of medication Yes No
- consent to an educator taking your child outside the premises Yes No

Authorised Contact Details – Person Four

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Email Address: _____

Driver's License Number: _____

Person One Signature: _____

Authorised to:

- collect the child Yes No
- consent to medical treatment Yes No
- consent to administration of medication Yes No
- consent to an educator taking your child outside the premise Yes No

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FAMILY DETAILS

If you have other children who are registered for CCB at another service, please complete the following information to ensure that you have the Multiple Child CCB Percentage applied to your account. As this information may change, we will ask you for updates periodically throughout the year to ensure the correct CCB percentage is applied.

1. Name: _____ DOB: ___/___/___ CRN: _____
2. Name: _____ DOB: ___/___/___ CRN: _____
3. Name: _____ DOB: ___/___/___ CRN: _____
4. Name: _____ DOB: ___/___/___ CRN: _____

SCHOOL AND CULTURAL INFORMATION

(OSHC only) Does this child usually attend school? Yes No

(OSHC only) What school do they attend if applicable? _____

If not currently attending school what year will they attend school? _____

Does your child have any religious or cultural requirements? (Please include any dietary restrictions) Yes No

Details: _____

CHILD CUSTODY INFORMATION

If parents are separated /divorced, is there a legal document specifying who has custody of or access to the child

No- (go to the next section) Yes (please complete the following)

Name of the custodial parent: _____

Any additional information about access arrangements: _____

Please supply the Centre with copies of Custody Orders, Parenting order, Parenting Plan or Access Arrangements that are in place for your child. Without copies of current court orders or documentation, educators cannot enforce requests.

MEDICAL INFORMATION

Child's Medicare Number: _____ Medicare Expiry Date: _____

Do you have private health insurance? No Yes (*please complete the following*)

Fund Name: _____ Member Number: _____

Type of Cover: _____ Level of cover: _____

Family Doctor's Name: _____ Family Doctor's Telephone: _____

Family Doctor's Address: _____

Preferred Hospital in Emergency: _____

Family Dentist's Name: _____ Family Dentist's Telephone: _____

Family Dentist's Address: _____

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IMMUNISATION DETAILS

Please attach a copy of all relevant documentation in regards to the following.

Is your child fully immunised? YES NO Date of last Immunisation:

To be eligible for Child Care Benefit, your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements, your child must be:

- fully immunised or up-to-date according to the Australian Standard Vaccination Schedule; or
- on a catch-up vaccination schedule; or
- you have an approved exemption for your child.

A copy of your child's immunisation record must be sighted by a member at the service and a copy attached to this form. Please notify the nominated supervisor and bring an update of your child's immunisation into the service upon every scheduled completion.

Has your child ever been diagnosed with any of the following?

German Measles Yes No Details: _____

Mumps Yes No Details: _____

Whooping Cough Yes No Details: _____

Measles Yes No Details: _____

Seizures Yes No Details: _____

Convulsions Yes No Details: _____

Chicken Pox Yes No Details: _____

CHILD'S HEALTH DETAILS

Does your Child suffer from any allergies? No Yes (please complete the following)

If you answer yes to any of the questions below you must provide a supporting letter from your local doctor and a completed action plan. *(Service will also supply you with a copy of the related policy prior to commencement)*

Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any): _____

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Other Allergies (please detail and specify the signs/symptoms to be aware of, if any): _____

Does your child suffer from anaphylaxis or diabetes? No Yes (please give details)

If you answer yes to any of the questions below you must provide a supporting letter from your local doctor and a completed action plan. *(Service will also supply you with a copy of the medical conditions policy and procedure prior to commencement)*

Does your child suffer from asthma? No Yes (please give details)

Does your child have a history of illnesses or injuries? No Yes (please give details)

Does your child have any current medical conditions? No Yes (please give details)

Is your child currently on any prescribed medications? No Yes (please give details)

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INFORMATION REQUIRED FOR CHILDREN UNDER THREE YEARS OF AGE

Please tick where appropriate and provide comments where necessary.

Eating Routines

- Feeds Self _____
- Uses spoon or utensils _____
- Uses cup _____
- Uses bottle _____

Toileting Routines

- Nappies _____
- Being toilet trained _____
- Toilet trained _____

Sleeping Routines

- Sleeps in cot _____
- Sleeps in bed with safety guard _____
- Sleeps in bed without safety guard _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD

The following information pages will be shared with your child's educators. Confidential copies will be kept with your child's developmental profile in their room as well as on the main file for office use.

Usual time awake: _____ Usual evening bedtime: _____

Daytime sleep (approximate time of day and length): _____

What does your child take to bed? _____

Any special bedtime routines while at home: (ways in which they are put to bed or positions they like to lie in):

Are there any foods your child particularly likes? _____

Does your child have any fears? (e.g. noise, animals): _____

Does your child get upset when left with other people? _____

Any special dietary considerations such as cultural, dietary, religious or additional needs?

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Does your child have any disabilities or special needs (please detail): _____

Are there any words that we may need to know that have special meaning to your child (translate where necessary): _____

Has your child been in care before (at another centre or at home with family)? No Yes (please give details)

What do you love about your child that you would like to share with us? _____

How can we assist your child this year? What would you most want for your child at our centre? Are there any particular areas of concern that you feel we need to know about? _____

What information do you consider important for you to know each day and what is the best means of communicating this with you? _____

Is there any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child? (e.g. recent significant events, family situation, religious beliefs etc.): _____

Are there any skills or special talents that you or family members have that you would like to contribute to the Centre's program? _____



PERMISSIONS AND AGREEMENTS TO TERMS

The below section outlines various procedures and policies of Total Childcare Solutions Australia as followed by centre Team Members. Please ensure you read over these carefully and tick each item to indicate understanding and then sign the last page approving permission for these to occur.

Child's Name: _____ Date of Birth: _____

1. **Emergency or Accidents**

Yes

No

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 Team Member at the centre consent to provide Medical or Hospital attention for our child. I / We agree to pay any expenses incurred for Medical treatment and Transport.

2. **Administering of Paracetamol**

Yes

No

I / We agree for centre Team Member to administer ONE emergency dosage of Paracetamol in the event of our child's body temperature rising above 37.5°C. I / We understand that a Team Member will make contact with either of the Parents / Guardians or the Emergency Contacts to get permission to administer and discuss at the time any further actions.

3. **Permission for Publication**

Yes

No

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 utilised outside of the Centre, further written permission will be sought.

4. **Permission for Observation**

Yes

No

I / We give permission for our child to be observed for Team Member, 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**

Yes

No

I / We agree to maintain our fees one week in advance as per the centre's fee policy. We will ensure our fees are kept up to date by making payments on the required day via Ezi Debit. I / We are aware that failure to pay due fees causing our account to fall behind by more than one week may jeopardize my child's position in the centre.

In the event of the Customer being in default of his obligation to pay and the overdue account is then referred to a debt collection agency, and/or law firm for collection the Customer shall be liable for the recovery costs incurred and if the agency charges commission on a contingency basis the Customer shall be liable to pay as a liquidated debt.



6. **Ezi Debit Transactions**

Yes

No

Where an Ezi Debit (direct debit) arrangement has been entered into, I/we authorise the centre to make withdrawals from my/our nominated account as specified in the Direct Debit Request Form, as determined the centre in accordance with the terms and conditions here in and in any subsequent agreement with the centre. I/we acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us. I / We understand that any costs incurred by the centre in collecting any arrears owed will be charged to my/our account. If there are insufficient funds in my/our account and a dishonor fee is incurred I/we understand that this fee will be charged to my/our account.

7. **Permission for Evacuations**

Yes

No

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 Team Member to a safety zone for evacuation purposes. (Please refer to the Centre's Evacuation Plans and Procedures for information.)

8. **Sunscreen Application**

Yes

No

I / We agree for the Centre Team Member to apply 30+ SPF 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, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special sunscreen I/we agree to supply this product to the centre.

9. **Insect Repellant Applications**

Yes

No

I / We agree for Centre Team Member to apply Insect Repellant to our child where necessary for indoor or outdoor purposes. I / We understand that the Centre may use a variety of insect repellant brands from time to time, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special repellant I/we agree to supply this product to the centre.

10. **Child Care Benefit (Lump Sum Claims)**

Yes

No

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.

11. **Parent Handbook**

Yes

No

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 Parent Communication Boards in the Centre foyer and rooms.

12. **Centre Policies**

Yes

No

I / We acknowledge that the Centre Policies are available in the Centre's foyer at all times to view. I / We understand that any changes to these policies will be carried out where appropriate in consultation with



us as Parents / Guardians and any changes to these policies will be displayed on the Parent Communication Boards in the Centre foyer.

13. **Cancellation of Care** Yes No

I / We understand that two week's written notification is required in advance when cancelling care and all fees must be paid in full on completion.

14. **Fees for Public Holidays and Absent Days** Yes No

I / We understand that Public Holidays, Absent Days and Pupil Free Days are charged at the normal daily fee rate and that complimentary make-up days will not be available.

15. **Late Fees** Yes No

I / We understand that late fees will be charged if our child is not collected by the advertised closing time. Late fees charged are as follows: \$20.00 for 15 minute blocks or part thereof per family.

16. **Priority of Access** Yes No

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.

17. **Infectious Diseases / Clearance Certificates** Yes No

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.

18. **Non – Immunisation** Yes No

I / We understand that if our child is NOT immunised in accordance to the Government requirements our child will be excluded from the centre until the infectious period of the disease or condition has passed. (Please refer to our Centre Policies for further information).

19. **Presence of Visitors and Volunteers** Yes No

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



20. Privacy Statement

Yes

No

By enrolling in the centre I /We are entering into an agreement for this centre and have received a copy of the services Privacy Statement. I / We have read and understood the Privacy Statement and agree to the use of confidential information as stated in the Privacy Statement.

21. Emergency Administration of Epi-Pen/Ana-Pen or Asthma Medication I / We authorise employees of the service to administer an Epi Pen or Ana Pen injection in the case of suspected anaphylactic shock.

Yes No

I / We authorise employees of the service to administer emergency Asthma Medication in the event of a suspected severe Asthma attack.

Yes No

I/We authorise approved trained team members to administer an EpiPen or Ana Pen injection in the case of suspected anaphylactic shock if the service has a generic Anapen available.

Yes No

I/We authorise approved trained team members to administer emergency Asthma Medication in the event of a suspected severe Asthma attack if the service has generic Asthma medication.

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 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 21 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 Primary Parent/Guardian: _____ Date: _____

Signature of Secondary Parent/Guardian: _____ Date: _____