 Enrolment Form

**Park Beach Child Care Centre**

45 Park Beach Road, Coffs Harbour NSW 2450

pbccc@bigpond.com

[www.parkbeachchildcare.com.au](http://www.parkbeachchildcare.com.au)

P: 02 6650 0280 M: 0499799791

ABN: 75618083195

**CHILD DETAILS**

Child’s official given name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M / F Not specified

Child’s Customer Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cultural/religious background\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander origin?

* No
* Yes, Aboriginal
* Yes, Torres Strait Islander
* Date child to start\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN**

First name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Customer Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cultural/religious background\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone (mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN 2**

First name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Customer Reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cultural/religious background\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone (mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD’S MEDICAL AND HEALTH INFORMATION**

Medicare number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of registered medical practitioner or medical service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child have any allergies or sensitivities? – (including, for example, bee stings, grass, band aids allergies to sun creams or antiseptics?

Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergic reaction to any medication? YES / NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been diagnosed as at risk of anaphylaxis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORDERS RELATING TO THE CHILD**

Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? If yes, please give current details and provide photocopies of any court orders.

 Yes No

This relates to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child.

**You must give the centre a copy of any Order or Orders of the family court which detail(s) contact arrangements, child’s residence or the child’s contact with a parent or other person.**

Person/s who **CANNOT** collect your child from the centre.

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

 .

**OTHER PERSONS TO BE NOTIFIED IN THE CASE OF EMERGENCY**

The following emergency contacts are taken to be authorised nominees

 Note- **Authorised nominee** means a person who has been given permission by a parent or a family member of the child to collect the child from the education and care service. Section 170(5) of the Law.

To assist us to deal with these situations, one of the following people authorised to collect and care for your child after an accident, injury, and/or trauma or while they are ill will be notified. The emergency contacts listed on this form are the only people who can collect your child/ren if you cannot collect them yourself. All emergency contacts **must be over 18 years of age.** At least one emergency contact is required.

The below emergency contacts have my authority to consent to medical treatment from a registered medical practitioner, hospital or ambulance service and also to authorise excursions in any case where any parent of the child cannot be immediately contacted.

 I have contacted all emergency contacts and advised them they are a nominated person for my child.

**Note:** *Only parents & guardians named in this form will be able to collect children from the centre. If you wish to have anybody else collect your child, please inform the centre in writing prior to collection.*

**Emergency Contact 1**

Name of contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact numbers: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Authority to drop off and collect child from service**

Yes/No-please circle one choice

**Authority for collecting and caring for your child after an accident, injury, and or trauma or while they are ill**

 Yes / No - Please circle one choice

**Authority to authorise excursions**

 Yes / No - Please circle one choice

**Authority to consent to medical treatment from a registered medical practitioner, hospital or ambulance service**

Yes / No - Please circle one choice

**Emergency Contact 2**

Name of contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact numbers: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Authority to drop off and collect child from service**

Yes/No-please circle one choice

**Authority for collecting and caring for your child after an accident, injury, and or trauma or while they are ill**

 Yes / No - Please circle one choice

**Authority to authorise excursions**

 Yes / No - Please circle one choice

**Authority to consent to medical treatment from a registered medical practitioner, hospital or ambulance service**

Yes / No - Please circle one choice

**Emergency Contact 3**

Name of contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact numbers: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact 3**

Name of contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/guardian’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIETARY NEEDS**

Does your child have any special dietary restrictions/needs? Yes No

If yes, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact 3**

Name of contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact numbers: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Authority to drop off and collect child from service**

Yes/No-please circle one choice

**Authority for collecting and caring for your child after an accident, injury, and or trauma or while they are ill**

 Yes / No - Please circle one choice

**Authority to authorise excursions**

 Yes / No - Please circle one choice

**Authority to consent to medical treatment from a registered medical practitioner, hospital or ambulance service**

Yes / No - Please circle one choice

**ONGOING ILLNESS/MEDICATION**

Does your child have any medical management plans or risk minimisation plans to be followed with respect to a specific health care need/s, condition or allergy? YES / NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If YES, have copies of these been provided to Park Beach Child Care Centre? YES / NO

Does your child currently have any serious illness? YES / NO

Does your child require any medical procedures to be performed on a regular basis? YES / NO

If YES, please give details and complete the appropriate medical forms.

Is your child receiving regular medication? YES / NO

* If YES, name and reason for medication

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does the medication have any side effects of which centre staff need to be aware? YES / NO

Does your child have an allergic reaction to any foods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special dietary restrictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do they have any special needs at mealtimes-e.g. cultural/religious requirements?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical certificates or medical plans sited and photocopied by staff member? YES / NO

Staff to sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff member’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEDIA**

Occasionally the centre is involved in publicity and the media. Please tick and sign below if you agree or disagree for your child to be involved on these occasions.

**HEALTH AND MEDICATION**

I consent to band aids being applied to my child.

In the event that my child becomes unwell or shows symptoms of any transmittable infection/disease, I am aware that my child may be excluded from the service until the condition has been treated or a clearance has been provided.

I authorise educators at the service to apply sunscreen (Woolworths Every Day Sunscreen SPF 50+) to my child regularly during the day. If my child is allergic to the sunscreen the services uses, I will provide sunscreen to be used on my child.

I authorise educators at the service to use nappy wipes (Dymples brand) on my child. If my child is allergic to the nappy wipes the service uses, I will provide nappy wipes to be used on my child.

If my child is sick, I will find alternative care arrangements and notify the service of my child’s absence.

If my child becomes unwell while at the service, I will be contacted to collect my child as soon as possible and I understand that my child will be cared for away from other children (where possible) until he/she is collected.

I understand that staff will take every care of my child while he/she is at the service but cannot be held responsible for any accidents that may occur.

If my child requires medication, I will hand the medication to a staff member on arrival with the relevant completed Education and Care services medical authority form. **I will not leave medication of any type in my child’s bag.**

I must collect my child’s medication at the end of each day.

I am aware that almost all Education and Care services are “nut free”. Should my child arrive at the service with a nut product this will be replaced with a nut free substitution?

I understand that my child will participate in emergency evacuation drills and in the event of an emergency, e.g. fire at the service: the children will be required to evacuate the premises and will assemble at a central point of safety.

The children will be fully supervised by educators.

**EMERGENCY MEDICAL ASSISTANCE**

1. Do you agree that if your child has a temperature higher than 38.C whilst in Park Beach Child Care Centre, a staff member may administer a single dose of paracetamol mixture (such as Panadol) to your child?
2. After all other efforts to cool your child down (such as tepid bath). Please note that an attempt to contact you before paracetamol is administered will be made.

Please tick for authorisation - **I agree**  **I do not agree**

Comments -

**Signed - (Parent/Guardian)**

1. Although every care will be taken of your child while at the centre, unforeseen accidents may occur.

Do you agree that if your child has been injured or is ill while at the centre or otherwise and only if staff think it is necessary, they may arrange for medical treatment for the child from a registered medical practitioner, hospital or ambulance service and/or transportation of the child by an ambulance service.

1. To meet all/any costs related to any such treatment or transportation.

**NB** - Every possible effort will be made to contact the parent(s) and those listed as emergency contacts on the list provided.

Please tick for authorization - **I agree**

Comments -

**Signed - (Parent/Guardian)**

**PREVENTATIVE HEALTH**

**Please tick the appropriate box and sign accordingly:**

I consent for the centre staff to discreetly check my child for head lice and agree to abide by the Centre’s head lice policy.

I consent to the centre staff applying sunscreen lotion to my child at the discretion of staff.

**Signed - (Parent/Guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMMUNISATION RECORD**

**Please tick the appropriate box and sign accordingly:**

My child has been immunised in accordance with the NSW Health Department routine child immunisation schedule as shown on my child’s actual immunisation record.

I have an original copy of my child’s immunisation to show staff.

 I understand that Park Beach Child Care Centre will take a photo copy of my child’s immunisation record.

What forms are required to be provided at enrolment after 1 January 2018?

From 1 January 2018, parents must provide a copy of one or more of the following documents to enrol in a child care centre:

* an [AIR Immunisation History Statement](https://www.humanservices.gov.au/individuals/services/medicare/australian-immunisation-register) which shows that the child is up to date with their scheduled vaccinations or
* an [AIR Immunisation History Form](https://www.humanservices.gov.au/health-professionals/forms/im013) on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
* an [AIR Immunisation Medical Exemption Form](https://www.humanservices.gov.au/health-professionals/forms/im011) which has been certified by a GP.

No other form of documentation is acceptable (i.e. the Interim Vaccination Objection Form or Blue Book). The documents must be stored by the director in a secure location for 3 years, unless a child transfers to another child care centre.

Parent signed: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signed: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMMUNISATION RECORD SIGHTED BY STAFF MEMBER**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Photocopy to be retained by the centre)

**MEDIA**

Occasionally the centre is involved in publicity and social media which may include photographs, first name and age/ or their work. i.e. In our Facebook Page and Park Beach Child Care Centre website. Please tick and sign below if you agree or disagree for your child to be involved on these occasions.

Samples of my child’s work may be displayed in the centre. **I agree**  **I do not agree**

Photographs of my child may be displayed in the centre. **I agree**  **I do not agree**

Photographs that may contain images of my child being taken and may be used for advertising and promotional material and may be distributed to other parents. **I agree**  **I do not agree**

Photographs of children will be included in your own as well as in other children’s portfolios.

**I agree**  **I do not agree**

**Signed (Parent/Guardian)**

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENTS/TRAINEES**

Students from TAFE and University come to the centre for practical experience regularly. Please tick and sign if you agree or disagree for your child to be involved in the studies of the students.

Please tick for authorization - **I agree**  **I do not agree**

**The centre has many policies and procedures. I am aware of these policies and procedures and agree to their content.**

**Please see a staff member for further information, if required.**

I am aware of the policies and procedures of Park Beach Child Early Learning Centre.

**Signed (Parent/Guardian)**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DUAL ENROLMENT DECLARATION**

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Park Beach Child Care Centre.

Parent/Guardian’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGN IN / SIGN OUT**

I must sign the attendance register each day that my child attends on arrival and departure.

This is a legal requirement from the Department.

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

**PARENT DECLARATION**

I declare that all the above information is true and correct to the best of my knowledge.

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

**SERVICE DECLARATION**

On behalf of Park Beach Child Care Centre, I declare that this form has been checked and all relevant sections have been completed.

Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide staff with information regarding your child’s family circumstances, including information affecting residence and contact with parents. Also any other details you feel would benefit your child and the care we provide.

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**SPECIAL OCCASIONS**

Please indicate special occasions you celebrate (please tick)

Easter Father’s Day

Christmas Mother’s Day

Birthdays Chinese New Year

Other

Is your child permitted to participate in festivities including birthdays and activities involving Santa and the Easter Bunny?

 YES / NO

Please specify any traditional/cultural/religious celebrations that you **do not** want your child to participate in.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPECTATIONS OF BEHAVIOUR**

The positive guidance of children’s behaviour by educators is essential to the provision of a safe, interesting and relaxed recreational learning environment.

The purpose of educator support and guidance is to ensure:

 the successful placement of your child at the service

 the safety and the security of the children and educators

 the rights and feelings of children and educators are respected

 the smooth running of the service

 children’s self-management of behaviour

While most children settle well into child care a few children find it more difficult to become familiar and comfortable in this setting.

In order to protect all children and staff within our services and provide a safe place to play and engage, it is important that we monitor and review children’s behaviours.

If your child’s behaviour at the service causes injury or a threat to others, then your child’s ongoing placement within our service will be reviewed.

Park Beach Child Care Centre staff and educators can assist families and children with support referrals to agencies to assist if required.

Every attempt will be made to work with your family and child and implement strategies to assist and support your child.

However should this not be successful and the behaviour continues, we will have no choice but to review and/or discontinue your child’s position at the service.

Review of a child’s position may include suspending or discontinuing care. This is never an easy decision to make, however, in order to ensure safety and security for all children and educators it is sometimes the only step that can be taken.

**FEES**

**Are to be paid by Direct Debit (Debit Success), Centrepay, Eftpos or Direct Deposit into Park Beach Child Care Centre at National Australia Bank**

**BSB : 084-512**

**ACC : 90 336 3195**

Unless other arrangements have been made with management.

Families attending Park Beach Child Care Centre are eligible for Child Care Subsidy through Centrelink. Please apply to Centrelink for your fee relief.

**I the (undersigned) hereby agree to abide by the centre policy that fees are to be paid for ALL days that my child is absent from the centre due to illness, holidays or public holidays. I further acknowledge that if my fees fall behind more than (2) weeks, without arrangement with the Centre Management my child’s position in the Centre will be cancelled.**

**I also agree to give the Centre 2 weeks’ notice of any changes to my child’s booked days or pay the *FULL FEE* in lieu.**

**Signed - (Parent/Guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fees to be paid by Debit Success (preferred), Direct Deposit, EFTPOS or Cash**

**A Fee Advance payment of $200 is payable on your first day**

**Fees are due to be paid by Friday Weekly**

**These details you have provided will change over the time your child is in our care, perhaps even next week!**

**Feel free to update as regularly as you feel needed.**

**Acknowledgments:**

I understand that payments are to be kept two weeks in advance.

I understand that Park Beach Child Care Centre requires 2 weeks’ notice to cancel my bookings. Otherwise a cancellation fee of two weeks will apply.

I agree to pay any outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses including mercantile agent fees, court and legal fees which are reasonably incurred by the Centre.

In the case of a default the parent/ caregiver acknowledges that any enrolment information specifically required for the purposes of debt recovery and identification of individuals in default may be forwarded to Legal & Commercial Recoveries for legal recovery action.

I acknowledge that care may be refused in the case of default.

Signature of parent/ guardian 1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date…………/……………/………..

 Date…………../…………./………..

Signature of parent/ guardian 2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information Management Statement

*At Park Beach Child Care Centre protection of privacy and the need for confidentiality, is fundamental in providing high quality childcare.*

* The primary purpose for collection of information at Park Beach Child Care Centre is to enable us to provide your child with an individual and developmentally appropriate program that is educational, stimulating, nurturing and safe.
* Park Beach Child Care Centre requires certain information to be collected in accordance with administration of child care subsidy, regulations or legislation that directly relate to the operation of our service.
* Park Beach Child Care Centre discloses personal and sensitive information to the centre staff, for the specific purpose of administration and education of your child. This information remains private within our centre.
* Park Beach Child Care Centre will obtain parent /care giver permission before disclosing a child’s personal and sensitive information to a professional attending our centre for the specific purpose of providing a service for your child. This includes early intervention teachers, speech, therapists, occupational therapists, doctors and counsellors.
* Personal information collected about children is regularly disclosed to their own parents or caregivers. On occasion’s information such as children’s personal achievements, child portfolio and photos are displayed within the centre.
* Parents/Caregivers have the right to access personal information collected about them or their child. However, there may be occasions when this access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in breach of the Centre’s duty of care to the child or where the child has provided information in confidence.
* Park Beach Child Care Centre will include your child’s name, age, and specific needs in their development folder. Your child’s name and emergency contact details will be recorded in an enrolment directory and class roll, these are limited to staff only.
* If you provide Park Beach Child Care Centre with Personal information of others, such as doctors or emergency contact persons, we encourage you to inform them that you are disclosing that information and why.
* Park Beach Child Care Centre takes all reasonable precautions to ensure personal information that we collect, use and disclose is accurate, complete and up to date.
 **Please ensure you inform our centre of any changes to the information supplied**

Park Beach Child Care Centre would also like to inform new families that CCTV cameras were installed on the premises on 4th October 2013. These cameras are for the safety of staff, children, families and visitors and for the protection of property and buildings.

Cameras record in a continuous mode of operation.

I have read the Information management Statement for Park Beach Child Care Centre and will inform the staff of any changes to the information supplied

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.2 Priority of Access Policy

This policy has been developed to ensure that our Centre complies with the Priority of Access Guidelines set by Family Assistance Law and defined by NSW State Government Funding Agreements

Failure to meet these Guidelines is a breach of the conditions of continued approval for receiving Child Care Subsidy and State Government funding.

Our service will use the Priority of Access Guidelines to prioritise the waiting list and to allocate available education and care places to families. The waiting list application will reflect these guidelines to ensure that care is provided to families using these priorities.

**The Priority of Access Guidelines followed by Long Day Care and Outside School Hours Care services are set by Family Assistance Law.**

These are:

• Priority 1: a child at risk of serious abuse or neglect

• Priority 2: a child of a single parent who satisfies, or of parents who both satisfy the Child Care Subsidy-Activity Test, information can be accessed at-

 <https://www.education.gov.au/child-care-subsidy-activity-test-0>

• Priority 3: any other child.

Within these three priority categories, precedence will also be given to:

Aboriginal and Torres Strait Islander children• Families which include a person with a disability • Families on lower incomes • socially isolated families • Single parent families • Children in their year before school (with highest priority given to children closest to school entry)

A child care service may require a Priority 3 child to vacate a place to make room for a child with a higher priority.  They can only do so if you:

* are notified when your child first entered care that the service follows this policy
* are given at least 14 days’ notice of the need for your child to vacate.

You may be eligible for Child Care Subsidy (CCS) if your income is under the Governments set limit. Application forms for CCS are available from Centrelink through a Mygov account and information can also be accessed by calling the Family Assistance Office on 13 61 50.

There is a limit of 24 hours of care per child per fortnight for parents/carers who do not meet the Governments activity test for accessing Child Care subsidy.

I have read the Priority of Access guidelines and agree to abide by the conditions stated in this policy.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHANGE OF DAYS**

Effective date of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days enrolled: Mon Tue Wed Thu Fri

 *Please circle*

Amended weekly cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**CHANGE OF DAYS**

Effective date of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days enrolled: Mon Tue Wed Thu Fri

 *Please circle*

Amended weekly cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**CHANGE OF DAYS**

Effective date of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days enrolled: Mon Tue Wed Thu Fri

 *Please circle*

Amended weekly cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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