

Dear Family, Parents and Guardians,

We welcome you to Connect Kids Early Learning Centre & Kindergarten and thank you for choosing us to look after your precious child. We understand and celebrate the uniqueness of each child and collate information and use it to support the care and education where appropriate.

The enrolment form serves to provide educators with valuable confidential information about you and your child, assisting us to meet children's individual needs.

We maintain the strictest confidence with sensitive information contained in the enrolment form. We collate this information with the specific purpose of ensuring that we support the well-being, education, protection and development of children in our care.

If at any time the enrolment form details require updating or changing please request the enrolment form from our administrative staff at the office.

All information at the time of enrolment must be true and correct, providing detailed information as requested. Thank you for your cooperation.

Kind Regards,

**Rajesh Sharma**  
**Centre Director**

## ENROLMENT FORM

### ABOUT THE PARENTS/GUARDIANS

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Connect Kids Early Learning Centre and Kindergarten is required to collect the child's enrolment information in this form.

#### *Parent / Guardian #1*

<b>Full Name:</b>		<b>Relationship to Child:</b>	
<b>Date of Birth:</b>		<b>Country of Birth:</b>	
<b>Aboriginal/Torres Strait Islander Descent?</b>	No	Aboriginal	Torres Strait Islander Both
<b>Languages Spoken:</b>			
<b>Religion/Cultural Celebrations:</b>			
<b>Address:</b>			
<b>Email address:</b>		<b>Home Phone:</b>	
<b>Mobile Phone:</b>		<b>Work Phone:</b>	
<b>Occupation:</b>		<b>Employer Name:</b>	
<b>Address:</b>			
<b>Disabilities:</b>			
<b>Claiming parent/guardian CRN:</b>			

#### *Parent / Guardian #2*

<b>Full Name:</b>		<b>Relationship to Child:</b>	
<b>Date of Birth:</b>		<b>Country of Birth:</b>	
<b>Aboriginal/Torres Strait Islander Descent?</b>	No	Aboriginal	Torres Strait Islander Both
<b>Languages Spoken:</b>			
<b>Religion/Cultural Celebrations:</b>			
<b>Address:</b>			
<b>Email address:</b>		<b>Home Phone:</b>	
<b>Mobile Phone:</b>		<b>Work Phone:</b>	
<b>Occupation:</b>		<b>Employer Name:</b>	
<b>Address:</b>			
<b>Disabilities:</b>			
<b>Claiming parent/guardian CRN:</b>			

## COURT ORDERS

<b>Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?</b>		No	Yes
If Yes, please complete the following:			
1. Bring the court order/s for staff to see and a copy to attach to this enrolment form		Attached	
2. Do these orders affect the powers of a parent or guardian of the child to:			
<ul style="list-style-type: none"> <li>• Authorise the taking of the child outside the service by a staff member of the service;</li> </ul>		No	Yes
<ul style="list-style-type: none"> <li>• Consent to the medical treatment of the child;</li> </ul>		No	Yes
<ul style="list-style-type: none"> <li>• Request or permit the administration of medication to the child;</li> </ul>		No	Yes
<ul style="list-style-type: none"> <li>• Collect the child,</li> </ul>		No	Yes
<b>Please Describe:</b>			

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<b>Centre Director Signature</b>		<b>Date</b>	
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## AUTHORISED NOMINEES

Your consent is required for other people to collect the child from the children's service on your behalf. Please list the details of those people who can collect the child in the table below. Any changes to this authorisation must be provided in writing. **Your child will not be released to anybody that does not have authority** to pick them up.

In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will assist us to arrange someone to collect the child. Details of who can collect the child may be added to or changed throughout the year.

There may also be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child after accident, injury or illness.

### Nominee #1

<b>Full Name:</b>		<b>Relationship to Child:</b>	
<b>Address:</b>			
<b>Email address:</b>		<b>Home Phone:</b>	
<b>Mobile Phone:</b>		<b>Work Phone:</b>	
<b>I authorise this Nominee to:</b>			
<input type="checkbox"/> Be contacted to be notified during a child's accident, injury, trauma or illness and parents/guardians cannot be contacted			
<input type="checkbox"/> Collect the child from the children's service on my behalf			
<b>Parent/Guardian Signature</b>		<b>Date</b>	

### Nominee #2

<b>Full Name:</b>		<b>Relationship to Child:</b>	
<b>Address:</b>			
<b>Email address:</b>		<b>Home Phone:</b>	
<b>Mobile Phone:</b>		<b>Work Phone:</b>	
<b>I authorise this Nominee to:</b>			
<input type="checkbox"/> Be contacted to be notified during a child's accident, injury, trauma or illness and parents/guardians cannot be contacted			
<input type="checkbox"/> Collect the child from the children's service on my behalf			
<b>Parent/Guardian Signature</b>		<b>Date</b>	



### Nominee #3

<b>Full Name:</b>		<b>Relationship to Child:</b>	
<b>Address:</b>			
<b>Email address:</b>		<b>Home Phone:</b>	
<b>Mobile Phone:</b>		<b>Work Phone:</b>	
<b>I authorise this Nominee to:</b> Be contacted to be notified during a child's accident, injury, trauma or illness and parents/guardians cannot be contacted Collect the child from the children's service on my behalf			
<b>Parent/Guardian Signature</b>		<b>Date</b>	

### Nominee #4

<b>Full Name:</b>		<b>Relationship to Child:</b>	
<b>Address:</b>			
<b>Email address:</b>		<b>Home Phone:</b>	
<b>Mobile Phone:</b>		<b>Work Phone:</b>	
<b>I authorise this Nominee to:</b> Be contacted to be notified during a child's accident, injury, trauma or illness and parents/guardians cannot be contacted Collect the child from the children's service on my behalf			
<b>Parent/Guardian Signature</b>		<b>Date</b>	

### Nominee #5

<b>Full Name:</b>		<b>Relationship to Child:</b>	
<b>Address:</b>			
<b>Email address:</b>		<b>Home Phone:</b>	
<b>Mobile Phone:</b>		<b>Work Phone:</b>	
<b>I authorise this Nominee to:</b> <input type="checkbox"/> Be contacted to be notified during a child's accident, injury, trauma or illness and parents/guardians cannot be contacted <input type="checkbox"/> Collect the child from the children's service on my behalf			
<b>Parent/Guardian Signature</b>		<b>Date</b>	

## ABOUT THE CHILD

### Personal Details

<b>Given Names:</b>		<b>Preferred Name:</b>	
<b>Date of Birth:</b>		<b>Gender:</b>	<b>Male/Female</b>
<b>Home Address:</b>			
<b>*Child's CRN:</b>		<b>Enrolment Date:</b>	

\*If known, otherwise contact then Family Assistance Office.

### Cultural Background

<b>Aboriginal/Torres Strait Islander Descent?</b>	No	Aboriginal	Torres Strait Islander	Both
<b>Languages spoken at home</b>				
<b>Does the child speak English</b>	No	Yes		
<b>Religion/Cultural Celebrations</b>				

### DAYS FOR CARE

Please tick (✓) the required days and durations.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Full Day</b>					
<b>Half Days</b>					
<b>Kindergarten Days</b>					

### Photography Permissions

Do you give permission for your child to be photographed, videotaped, photos within the following contexts?

Journal books and photos for portfolio by staff? Some photos may contain other children in them.	No	Yes
In the event of media report?	No	Yes
Do you give permission for your child to be identified with photographs?	No	Yes

#### ADMIN USE ONLY

<b>Centre Director Signature</b>		<b>Date</b>	
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## MEDICAL AND HEALTH INFORMATION

### Primary Practitioner Information

<b>Medicare Number:</b>		<b>Practice Name:</b>	
<b>GP Name:</b>		<b>Phone Number:</b>	
<b>Address:</b>			

### Specialist Information

Is your child under the care of specialist or therapist due to medical reasons or a disability? For example, Speech Therapist, Physiotherapy, Occupational Therapists, Paediatrician, SIRT, SCOPE, Early Intervention.

<b>Condition:</b>		<b>Practice/Agency Name:</b>	
<b>Specialist Name:</b>		<b>Phone Number:</b>	
<b>Address:</b>			

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<b>Address:</b>			

<b>Condition:</b>		<b>Practice/Agency Name:</b>	
<b>Specialist Name:</b>		<b>Phone Number:</b>	
<b>Address:</b>			

### Declaration and Consent

We require your permission to be able to administer medication in the case of an emergency.

We also require your permission to apply sunscreen to your child. For more information, please refer to our sun smart policy which is in our policy manual. Please let us know if you have any concerns, especially if your child is allergic to sunscreen. You may supply your own sunscreen if you wish.

<b>Full Child's Name</b>		<b>Date of Birth:</b>	
I _____ (parent/guardian's full name), give consent to authorised nominees to administer the following to my child <input type="checkbox"/> 30+ sunscreen <input type="checkbox"/> Emergency Medical Treatment and Medication			
<b>Signature</b>		<b>Date</b>	

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<b>Centre Director Signature</b>		<b>Date</b>	

### *Anaphylaxis or Asthma*

Anaphylaxis/Asthma management plans should have medical doctor's endorsement with your child recent photo on it. The plan will be placed on the wall in your child's room.

<b>Asthma/Breathing Problems</b>	No	Yes
If yes, Does your child have an Asthma Ventolin and puffer?	No	Yes
Does your child have any breathing difficulties due to environmental changes?	No	Yes
Has the Asthma risk management plan been completed by the service in consultation with you?	No	Yes
<b>Anaphylaxis</b>	No	Yes
If yes, Does your child have an auto injection device-Epi pen?	No	Yes
Does your child have any dietary restrictions/requirements?	No	Yes
Has the Anaphylaxis risk management plan been completed by the service in consultation with you?	No	Yes

### *Food/Environmental Allergies and Sensitivities*

Please provide details of any known allergies or sensitivities in the table below.

Allergy/Sensitivity	Reaction	Management Plan Provided

### *Chronic Conditions and Disabilities*

Please provide details of any ongoing medical conditions in the table below.

Condition	Management Plan

### *Dietary Restrictions*

Please provide details of any known allergies or sensitivities in the table below.

Item	Restriction

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## Medical History

Has your child experienced the following conditions?

<b>Chicken Pox</b>	No	Yes
<b>Croup</b>	No	Yes
<b>Diphtheria</b>	No	Yes
<b>German Measles</b>	No	Yes
<b>Measles</b>	No	Yes
<b>Mumps</b>	No	Yes
<b>Scarlet Fever</b>	No	Yes
<b>Whooping Cough</b>	No	Yes
<b>Other conditions/specific needs (please list)</b>	No	Yes

## Current Conditions

Does your child have any current health issues? .

<b>Epilepsy</b>	No	Yes
<b>Ear Infections</b>	No	Yes
<b>Throat Infections</b>	No	Yes
<b>Tonsillitis</b>	No	Yes
<b>Vision Problems</b>	No	Yes
<b>Hearing Problems</b>	No	Yes
<b>Sleeping Problems</b>	No	Yes
<b>Toileting Problems</b>	No	Yes
<b>Other conditions/specific needs (please list)</b>	No	Yes

## Hospital/Accident History

Has your child been hospitalised? If so, please provide details in the table below.

<b>Date</b>	<b>Summary</b>

<b>ADMIN USE ONLY</b>			
<b>Centre Director Signature</b>		<b>Date</b>	

## IMMUNISATION RECORD

For confirmation and to remain consistent with current legislative requirements please provide your original immunisation records for a staff member to photocopy.

Age	Immunisations	Date Received	Records Sighted
Birth	<ul style="list-style-type: none"> <li>Hepatitis B</li> </ul>		
2 months (from 6 weeks)	<ul style="list-style-type: none"> <li>Diphtheria-tetanus-pertussis-hepatitis B-poliomyelitis-Haemophilus influenzae type b</li> <li>Pneumococcal</li> <li>Rotavirus</li> </ul>		
4 months	<ul style="list-style-type: none"> <li>Diphtheria-tetanus-pertussis-hepatitis B-poliomyelitis- Haemophilus influenzae type b</li> <li>Pneumococcal</li> <li>Rotavirus</li> </ul>		
6 months	<ul style="list-style-type: none"> <li>Diphtheria-tetanus-pertussis- hepatitis B-poliomyelitis-Haemophilus influenzae type b</li> <li>Pneumococcal</li> </ul>		
12 months	<ul style="list-style-type: none"> <li>Measles-mumps-rubella</li> <li>Haemophilus influenzae type b-meningococcal C</li> </ul>		
18 months	<ul style="list-style-type: none"> <li>Measles-mumps-rubella-chickenpox</li> <li>Diphtheria-tetanus-pertussis</li> </ul>		
4 years	<ul style="list-style-type: none"> <li>Diphtheria-tetanus-pertussis-poliomyelitis</li> </ul>		

## FUNDED SERVICES INFORMATION

As a funded service we seek to support and access service that are available to the service to support children with special needs. Information about your child's development will assist us to seek support from specialised professional services, inclusion support services and programming advise. To help provide accurate information please answer the following questions:

Does your child have a developmental delay or disability?	No	Yes
Does your child have an intellectual, sensory or physical impairment?	No	Yes
Has your child been diagnosed by a medical practitioner or specialist?	No	Yes
Is your child being supported with a medical or behaviour management plan?	No	Yes

### ADMIN USE ONLY

Centre Director Signature		Date	
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## ABOUT OUR FAMILY

### *Siblings*

Does the child have any siblings?

Name	Age	Things we do together

### *Adults*

Who else lives with the child?

Name	Relationship	Things we do together

### *Animals*

Are there any pets or animals? And how does the child interact with them?

Name	Type of Animal	Things we do together

### *Issues/Fears*

Does the child have any particular fears or issues (i.e. separation?)

Issue	Coping Strategy



### *Our Routine*

Does your child sleep during the day? If Yes, for how long and when?	
Does your child have any security toys or rest items?	
Has your child previously attended any long day care, family day care, playgroup or kinder?	
Have there been any recent major changes within your family? If Yes, please specify	
Do you or your partner have any hobbies, skills or interests which you would like to share with the children in the centre (e.g. Play a musical instrument, talk about something you collect, etc.)?	
Current toilet training skills and interest	
Other Information that educators may find helpful?	



### *Interests and Hobbies*

<b>Favourite toys and games</b>	
<b>Favourite activities</b>	
<b>Favourite books</b>	
<b>Favourite rhymes or songs</b>	
<b>Responses to new situations</b>	
<b>Best way to comfort</b>	



## ENROLMENT & ELIGIBILITY

We provide care and education for children from six weeks to 6 years of age. We follow the priority of access guidelines as set out by the Commonwealth Government, which states eligibility for care is based on the following order:

- Priority 1 – Aboriginal or Torres Islander descents
- Priority 2- a child at risk of serious abuse or neglect
- Priority 3 – a child of a single parent/guardian who satisfies or of parents/guardians who both satisfy the work/training/study test under section 14 of the A New Tax System (Family Assistance) Act 1999.
- Priority 4 – any other child (socialization)

Non-working parents may be asked, to change days of care, to allow another priority child to have the position. Parents/Guardians are required to be flexible about changing their booked days if required. There is also a restriction to 24hours of care per week for social children (you are responsible to give the Family Assistance Office this correct information). Children's places are open to review if circumstances change.



## AGREEMENT

Please note that your child can only be enrolled at Connect Kids Early Learning Centre and Kindergarten if the following agreements have been authorised by a parent or guardian. Please note that your child cannot be enrolled at Connect Kids Early Learning Centre and

I,

(Print full name)

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

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the service in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service.
- Fees for care are to be paid within the week of care.
- A charge of \$5 will be charged daily if the payment is overdue
- Agree to pay outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses.
- Two weeks' notice must be given in writing before ceasing care or payment in lieu of will be charged.
- A charge of \$15 for every 15 minutes or part thereof will be charged for children left at the centre after 6.30 pm.
- That in the case of an accident or emergency resulting in the need for immediate medical attention. I hereby give my/our permission for the Director or other staff member to arrange for my child to seek emergency medical, hospital or ambulance service.
- I agree to abide by the health policy of the centre and realise that a medical certificate must be provided if requested before my child can be readmitted following an infectious illness of any kind. I understand that the director, or person acting on their behalf, reserves the right to exclude my child if the staff considers them not well enough to attend the centre.
- In the event of a child needing medical treatment while in the care and control of the centre, the Management reserves the right to have the child attended to by the centre's medical advisors, at the financial responsibility of the child's parents.
- Children with infectious illnesses (i.e. Measles, Chicken Pox, Diarrhoea.....) are not permitted to attend the centre in accordance with Health Regulations.
- I have a copy of the parent Handbook and understand it is a living document to be updated as needed.

**I have read and understood the conditions of enrolment and agree to abide by them.**

Parent/Guardian Signature		Witness Signature		Dated	
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### ADMIN USE ONLY

Centre Director Signature		Date	
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