

Start Date: _____
Room: _____

ENROLMENT FORM AND AGREEMENT

KinderPlay Early Learning Centre requires this form to be completed and all documentation attached prior to your child’s first day of childcare with us. This information must be completed by one of the child’s parents/carers, who has lawful authority in relation to the child.

Please notify us of any change of details, as soon as they arise.

Confidentiality of enrolment records

KinderPlay Early Learning Centre will ensure that the information in your child’s enrolment record is not divulged to another person unless necessary for the care or education of the child, or to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Services National Law Act 2010 (National Law) and the Education and Care Services National Regulations 2011 (National Regulations) (Regulation 160 – 162)

Information about the enrolling child:

**Please note parent and child have their own individual Centrelink reference Number (CRN)*

Child’s CRN:		Child’s Medicare Number:	
First Name(s):		Middle Name(s):	
Surname:			
Date of Birth:		Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/>
Home Address:			
			Post Code:
Place/Country of Birth:		Cultural Background:	
Language(s) Spoken at Home:			
Copy of Birth Certificate given:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your child:	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Neither <input type="checkbox"/>

Information about Parents/ Guardians of enrolling child:

PARENT/GUARDIAN 1: (this should be the parent/guardian who CCS is linked to)

First Name:		Surname:	
Relationship to child		Parent/Guardian CRN:	
Address:			
Email:		Contact No.	
D.O.B.:		Driver's Licence:	
Occupation:		Cultural Background:	
Nationality:		Language Spoken at home:	
Do you have a health care card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Effective From:		Expiry Date:	

PARENT/GUARDIAN 2:

First Name:		Surname:	
Relationship to child		Parent/Guardian CRN:	
Address:			
Email:		Contact No.	
D.O.B.:		Driver's Licence:	
Occupation:		Cultural Background:	
Nationality:		Language Spoken at home:	
Do you have a health care card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Effective From:		Expiry Date:	

EMERGENCY/AUTHORISED PERSON CONTACTS

*In case of an emergency, KinderPlay Early Learning Centre will contact the parents/carer initially. **If contact is unsuccessful, we will contact the following people, in the order that they are listed.***

Contact Person 1 (Not Parent)	Contact Person 2 (Not Parent)
Relationship to Child:	Relationship to Child:
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Driving Licence No.	Driving Licence No.
Home:	Home:
Work:	Work:
Mobile:	Mobile:
<p>The above person has my permission to: (Please tick)</p> <ul style="list-style-type: none"> – Collect the child from the KinderPlay ELC (Authorised Nominee) <input type="checkbox"/> – Be notified of an emergency involving the child if any parent/guardian cannot be immediately contacted <input type="checkbox"/> – Consent to medical treatment or administration of medication for the child from a registered medical practitioner, hospital or ambulance service <input type="checkbox"/> – Consent to the transportation of the child by an ambulance service <input type="checkbox"/> – Consent to sign Incident, Injury Trauma Records and Medication Records <input type="checkbox"/> – Authorise an Educator to take the child outside of the education and care service premises <input type="checkbox"/> 	<p>The above person has my permission to: (Please tick)</p> <ul style="list-style-type: none"> – Collect the child from the KinderPlay ELC (Authorised Nominee) <input type="checkbox"/> – Be notified of an emergency involving the child if any parent/guardian cannot be immediately contacted <input type="checkbox"/> – Consent to medical treatment or administration of medication for the child from a registered medical practitioner, hospital or ambulance service <input type="checkbox"/> – Consent to the transportation of the child by an ambulance service <input type="checkbox"/> – Consent to sign Incident, Injury Trauma Records and Medication Records <input type="checkbox"/> – Authorise an Educator to take the child outside of the education and care service premises <input type="checkbox"/>

COURT/CUSTODIAL ORDERS

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

YES NO

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

YES NO

If **YES**, please bring the original court orders for staff to see. A copy will be attached to this enrolment form.

MEDICAL INFORMATION

Family Doctor Name(s):	
Service Name:	
Address:	Phone:

Family Dentist Name (s):	
Service Name:	
Address:	Phone:

Medicare Number:	Health Insurance Fund: YES <input type="checkbox"/> NO <input type="checkbox"/>
Ambulance Cover: YES <input type="checkbox"/> NO <input type="checkbox"/>	Insurance Number:
Health Insurance Name:	

CHILD HEALTH INFORMATION

Immunisation Record - please attach a copy of all relevant documentation

Is your child fully immunised for his/her age? YES NO

If YES, provide details by attaching the [Immunisation History Statement from the Australian Immunisation Register](#)

Is your child on a vaccination catch-up program? YES NO

If YES, evidence must be provided to the children's service

Is your child unable to be fully immunised for medical reasons? YES NO

If YES, evidence must be provided to the children's service?

A copy of your child's immunisation record **must be sighted by a member** of the service's staff and a copy attached to this form.

Under the government's 'NO JAB, NO PLAY' legislation, all children enrolled in an early childhood service in Victoria should meet one of the above immunisation requirements and provide evidence to the children's service. 'Conscientious objection' is not an exemption under this legislation. More information is available at www.health.vic.gov.au/immunisation.

Please ensure you notify KinderPlay ELC upon the completion of each immunisation and provide an updated Immunisation History Statement from the Australian Immunisation Register.

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

German Measles	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Seizures	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mumps	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Convulsions	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Whooping Cough	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Chicken Pox	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Measles	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Other (please specify):					

If you have ticked YES to any in the list above, please specify relevant details below and a Doctor's Risk Assessment Plan is required.

MORE ABOUT YOUR CHILD

Does your child suffer from any allergies or sensitivity, including food allergies? YES NO

If **YES**, please provide relevant details below including your child's allergy, side effects, treatment. Please attach a current Action Plan or Medical Management Plan signed by the Doctor.

Does your child have a diagnosed disability or special needs? YES NO

If **YES**, please provide relevant details below:

Does your child take prescribed medication or treatment on a regular basis? YES NO
(including Asthma).

If **YES**, please provide relevant details below and attach a current Action Plan or Medical Management Plan signed by the Doctor.

Does your child suffer from Anaphylaxis? YES NO

If **YES**, please provide relevant details below and attach a current Action Plan or Medical Management Plan signed by the Doctor.

MORE ABOUT YOUR CHILD

Does your child have any special dietary or cultural restrictions or particular food dislikes or likes? If yes, please provide relevant details below:

Does your child sleep in a bed or a cot?

Bed Cot

Please describe your child's sleeping times/habits (including day/night, comforters, and fears/phobias):

Has your child been toilet trained?

YES NO

Please provide details, if necessary:

Is there anything else you would like us to know about your child (e.g. favourite activities, excessive fears, etc.)

SUNSCREEN APPLICATION:

Please refer to **KinderPlay Early Learning Centre Sun Smart Procedure** (*available from staff upon request*)

The use of sun hats and sunscreen at the centre is encouraged at all times. As per the Education and Care Services National Regulations 2011 (Regulations 168 (2)(ii), you are required to provide your child with an appropriate wide brimmed hat or legionnaire hat with a back flap to wear during outdoor activity from September through to April and to apply 30+ (or higher), broad spectrum, water-resistant sunscreen before they arrive at centre.

In order to comply with the Sun Smart Procedure, the Educator will apply 30+ (or higher), broad spectrum, water-resistant sunscreen to your child as required.

Does your child have a sensitivity to sunscreen? Yes No

If **Yes**, I agree to provide a suitable product (with my child's name and in original packaging) and within the use-by date, to be stored appropriately by Educators and applied by Educators as per KinderPlay Early Learning Centre the Education and Care Services Sun Smart Procedure.

Name and details of specific sunscreen:

Parent/Carer Signature: _____

Date: _____

Photos and Video Footage - please tick YES/NO to authorise

I/We give permission for my/our child's photo/video to be used internally within KinderPlay ELC:

For photos and video footage to be taken of my/our child for centre use and staff training purposes (footage will not leave centre)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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I/We give permission for my/our child's photo/video to be **shown publicly**, reproduced and shown in:

KinderPlay ELC Notice Board	YES <input type="checkbox"/>	NO <input type="checkbox"/>
KinderPlay ELC Newsletter/Promotional Material	YES <input type="checkbox"/>	NO <input type="checkbox"/>
KinderPlay ELC Facebook Page	YES <input type="checkbox"/>	NO <input type="checkbox"/>
KinderPlay ELC Website	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Special Events

I give permission for my child to celebrate Birthdays	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I give permission for my child to celebrate Festival eg. Christmas, CNY etc	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I give permission for my child to celebrate Mother's Day	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I give permission for my child to celebrate Father's Day	YES <input type="checkbox"/>	NO <input type="checkbox"/>
At times children may bring a cake along to celebrate with their friends, do you give permission for your child to share this cake?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

IN CASE OF AN EMERGENCY:

While all efforts are taken to prevent illness or injury to your child, we reserve the right to seek and/or provide medical and/or emergency treatment for your child if deemed necessary by centre educators. In the event of an emergency every effort will be made to contact parents/carers and emergency contacts first. At the same time, we will contact 000 to seek help from medical personnel. The parents/guardians will be responsible for any costs incurred by this treatment or transportation. The parents/guardians will notify the centre in writing of any restrictions regarding medical treatment of the child.

I _____ authorise educators of the centre to seek and/or provide medical and/or emergency treatment for my child including the administration of life saving medication (eg. Epipen or Ventolin) should this be considered necessary and agree to meet all costs incurred by this treatment and or transport.

In accordance to the Education and Care Services National Regulations (Regulations 160 (3b) (i) (ii) (iii), parents/carers must list contacts for the Education and Care service to contact in the event that we require consent to medical treatment or administration of medication and we are unable to reach the parent or guardian of the child.

DAYS AND TIMES REQUIRED

Day/Times Requested	Monday	Tuesday	Wednesday	Thursday	Friday
Please Tick					

ENROLMENT AGREEMENT AND DECLARATION

I/We understand and agree to the following information in regards to:

1. Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information.
2. Have viewed the KinderPlay Early Learning Centre (hereafter called the service) and consent to the enrolment of the admitting child (hereafter referred to as the child)
3. Understand that the person/s nominated as parent/carer are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
4. Agree to provide enrolment information to the Australian Government Department of Education and Training and the Department of Human Services (Centrelink) so that I/we can be contacted and provided with information on the new Child Care Subsidy and the Additional Child Care Subsidy that can be claimed for the first time at this service.
5. Agree to comply with all Government requirements in relation to the service.
6. Are aware that the service may occasionally have visitors, or volunteers at the service, and consent to my/our child being in the presence of volunteers or visitors, with the service's appropriate supervision.
7. I have read, understood and agree to abide by the terms of KinderPlay Early Learning Centre's Policies and Procedures.

Fees and Attendance

1. Fees must be paid one week in advance at all times to secure my placement.
2. The centre uses a third-party provider called "Debitsuccess" to collect childcare payments. A setup fee and a per-transaction surcharge apply for direct debit. Please check with the office for current charges. Fees are subject to change.
3. Have viewed the centre's Fee Policy and agree to pay those fees as specified, and acknowledge that the Fee Policy may be varied from time to time
4. Where a bond is required to be paid to the service for term booking, I will ensure this is paid prior to commencing care.
5. I/we understand that a system of payment for late collection operates at the service, to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the service. Any late collection will result in a fee being charged.
6. I/we are aware that to cancel childcare or reduce bookings, we are required to give notice in writing **Two weeks** prior to the date of withdrawal; otherwise, **all booked days fees** will continue to be charged. During this period,
7. I/we are aware that if my child does not attend, I/we are still **liable to pay full fees**.
8. **I/we are aware that fees are payable for all booked days, including absent days, i.e. sick days and family holidays.**
9. I/we understand and agree to abide by the Fees and Attendance Policy and Fee Schedule including payment for **public holidays, Christmas Eve, New Year Eve, days absent, sick leave, family holiday and any late fees resulting from late collection.**
10. I/we are aware of the Centre's may implement measure to minimise and prevent the risk of introduction of Covid-19 to the centre. KinderPlay ELC will review and update our CovidSafe Plan regularly, especially when restrictions or public health advice changes. Care will be refused in the case of a default.
11. I/we are aware of the Centre's CovidSafe Plan and will be refused in the case of a default.
12. I/we, the parent/guardian acknowledge that care may be refused in the case of a default.

Enrolment Fee

I/we understand that the enrolment fee as outlined on the Fee schedule must be paid for each child prior to commencement at the centre.

Evacuation from Premises

In the case of a required emergency evacuation, I/we give the educators permission to escort my child off the premises to safety.

Illness and Medication

1. I/we agree to keep my child away from the centre when she/he is not feeling well and/or suffering from an infectious disease or condition as per the Infectious Disease policy of the centre.
2. I/we understand that for my child to receive medication whilst at the centre I must complete a medication form for the administration of any medication to my child. This includes prescription and over the counter medications and creams as per the Education and Care Services National Regulation 2011.
3. As a lawful authority to consent to the medical treatment of my child, authorise the children's service to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service, and agree to reimburse any expenses incurred.
4. I/we are aware that my child will be excluded from care at the service if he/she has contracted a contagious disease or condition as listed on Infectious Disease Policy and/or Staying Healthy Booklet from National Health and Medical Research Council.
5. I/we are aware that if my child has symptom such as running nose, coughing, fever, sore throat will be excluded from care.
6. I/we are aware if my child's symptom persists eg. running nose, coughing, sore throat or rashes etc, my child will only be accepted back into the service once a 'clearance certificate' for the child from a medical practitioner is received.
7. I/we are aware that the service may require presentation of a medical certificate in the event of my child developing a medical disability or abnormality
8. I/we agree to provide the service with **all current information** regarding the health of my/our child

By signing this form, I acknowledge that I have read, understood and agree to abide by the information and conditions contained in the enrolment form, enrolment agreement and KinderPlay Early Learning Centre's Policies.

Parent's Signature / Date

Centre Director's Signature