

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

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

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

Email: \_\_\_\_\_

### Child's Details Education and Care Services National Regulations - Regulation 160 (3a, e)

Child's first name\*  Child's middle name  Child's last name\*  Child's preferred name (if any)

Gender\*  Male  Female Date of birth\* (DD/MM/YEAR)  Child's Centrelink Reference Number (CRN)\*

Child's address\*  Child living details / lives with

Days of attendance (Please tick preferred days)  Monday  Tuesday  Wednesday  Thursday  Friday Start date (DD/MM/YEAR)

### Primary Parent / Carer's Details Education and Care Services National Regulations - Regulation 160 (3b)

If claiming Child Care Subsidy (CCS) - Primary parent must also be the registered Centrelink Reference Number (CRN) number holder

Parent's first name\*  Parent's last name\*  Residential Address\*

Email  Home Phone Number  Mobile Number  Work Number

CRN (Centrelink Reference Number)\*  Relationship to Child\*  Date of birth\* (DD/MM/YEAR)  Country of birth

Occupation  Place of employment  Hours of work  Does the child live with you?  Yes  No

Please provide any relevant cultural background details

### Secondary Parent / Carer's Details Education and Care Services National Regulations - Regulation 160 (3b)

Parent's first name\*  Parent's last name\*  Residential Address\*

Email  Home Phone Number  Mobile Number  Work Number

CRN (Centrelink Reference Number)\*  Relationship to Child\*  Date of birth\* (DD/MM/YEAR)  Country of birth

Occupation  Place of employment  Hours of work  Does the child live with you?  Yes  No

Please provide any relevant cultural background details

#### Privacy Disclaimer

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## Cultural Consideration Education and Care Services National Regulations - Regulation 160 (f, g, h)

Language spoken at home

Ethnicity

Religion

Is the Child of Aboriginal

or Torres Strait  
Islander descent?

Yes  No

Please outline any cultural practices you would like followed

Please outline the child's religious background and if relevant any religious practices you would like followed

Religious celebrations

## Medical Information Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Medicare Number\*

Medicare Expiry Date\* (DD/MM/YEAR)

Number of Child on card\*

### Child's registered medical practitioner or service details

Service name \_\_\_\_\_

Practitioner's Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### Child's registered dental practitioner or service details

Service name \_\_\_\_\_

Practitioner's Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### Private Health Cover

Does the Child have Private Health Cover?

Yes  No

Private Health Fund Name

Private Health Care Membership Number

Does the Child have Ambulance Cover?

Yes  No

### Does the Child have any specific health care needs or conditions, including allergies or Anaphylaxis?

Yes  No

If yes, please provide a medical management plan, which the child's medical practitioner has prepared.

#### The Plan should include:

- A photo of the child
- First aid needed
- If relevant, state what triggers the medical condition, allergy or anaphylaxis
- Contact details of the doctor who signed the plan

When the Plan should be reviewed

**If YES please attach a printed copy with this form.**

### Does the child have any dietary restrictions? If YES, please attach relevant details.

Yes  No

## Medical Acknowledgements

Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:

- The label must contain the child's name and
- Parents must provide any verbal or written instructions provided by the medical practitioner.

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Education and Care Services National Regulations Regulation 95 Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. Education and Care Services National Regulations Regulation 93.

Parent 1 - I acknowledge this. (Please initial).  Parent 2 - I acknowledge this. (Please initial).

Do you authorise the nominated supervisor or another educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?

Yes  No  Parent 1 - I acknowledge this. (Please initial).  Parent 2 - I acknowledge this. (Please initial).

Do you authorise the nominated supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?

Yes  No  Parent 1 - I acknowledge this. (Please initial).  Parent 2 - I acknowledge this. (Please initial).

Do you authorise the nominated supervisor or other educator to transport the child in an ambulance in the event of an emergency?

Yes  No  Parent 1 - I acknowledge this. (Please initial).  Parent 2 - I acknowledge this. (Please initial).

Do you authorise that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible? (*Education and Care Services National Regulations - Regulation 94*)

Yes  No  Parent 1 - I acknowledge this. (Please initial).  Parent 2 - I acknowledge this. (Please initial).

## Medical Condition and Illness

Does your child have Anaphylaxis?

Yes  No

If yes, please undertake the following:

- 1) Complete "Anaphylaxis Management, Risk Minimisation & Communication Plan - this is obtained from the service
- 2) Complete an ASCIA Action Plan for Anaphylaxis Reactions form (Found at ASCIA [www.allergy.org.au](http://www.allergy.org.au) ). Have the forms signed by your child's doctor

Does the child have any allergies?

Yes  No

If yes, please undertake the following:

- 1) Complete "Allergy Management, Risk Minimisation & Communication Plan - this is obtained from the service
- 2) Complete an ASCIA Action Plan for Allergic Reactions form (Found at ASCIA - [www.allergy.org.au](http://www.allergy.org.au) ). Have the forms signed by your child's doctor

Does your child have Asthma?

Yes  No

If yes, please undertake the following:

- 1) Complete "Asthma Management, Risk Minimisation & Communication Plan - this is obtained from the service
- 2) Complete an Asthma Australia Asthma Care Plan for Education and Care Service form Reactions form (Found at Asthma Australia - [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au) ). Have the forms signed by your child's doctor.

Does your child have another medical condition not listed above (for example diabetes, epilepsy, hearing loss, etc)?

Yes  No

If yes, please undertake the following:

- 1) Complete "Medical Management, Risk Minimisation & Communication Plan - this is obtained from the service
- 2) If required have the forms completed and signed by your child's doctor
- 3) Upload signed forms to our enrolment system section below - Medical Documents

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Does the Child Have Any Dietary Restrictions?

Yes  No

In the event that any parent/guardian cannot be contacted, I give permission for a staff member at the service to administer paracetamol to my child in line with the Administration of First Aid and Medication Policy.

Yes  No

## Immunisation Details

I have chosen NOT to have my child immunised

Yes  No

Please note: Approved documentation must be provided before your child can attend. See Immunisation Policy.

If YES please attach a printed copy with this form.

Are your child's immunisations up to date?

Yes  No

Please provide a copy of your child's: Immunisation History Statement provided by Medicare.

If YES please attach a printed copy with this form.

## Developmental Information

Is your child undertaking or have undergone assessment to support any particular developmental areas such as speech therapy, occupational therapy, Autism spectrum disorder? **Please attach supporting documents.**

Please provide us with any other information we should know about your child.

(For example, additional learning and support needs, information about the child's wellbeing, physical comfort or personal needs, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)

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## Family Information

Does the child have any siblings? If so, please provide their names and ages.

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Does the child have any other close relations attending the service? E.G. Cousins. If so, please provide their names and ages.

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## Court Order *Education and Care Services National Regulations - Regulation 160 (3c, d)*

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

Please note: Without this documentation we cannot legally enforce the Order/s.

Note: This can be attached at the end of this form.

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## First Emergency Contact Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

An authorised nominee is an acknowledged person who, with the parents/guardian's authorisation, is allowed to give permission for the following:

- 1) Dropoff / collect the child if necessary (r160(3)(b)(iii))
- 2) Authorise the taking of the child outside the service by an educator of the service (r160(3)(b)(v), r161(1)(a)(ii), r161(1)(b) & r102)
- 3) To authorise the service to take the child on a regular outing (r161(1)(b))
- 4) Give consent to the medical treatment to the child (r160(3)(b)(iv)) r161(1)
- 5) Request or permit the administration of medication or authorises administration of medication or medical treatment to the child (r160(3)(b)(iv), r161(1)(a);
- 6) Consent to the transportation of the child by an ambulance service? (r161(1)(a)(ii))

Please obtain the person's consent before listing them as an emergency contact.

Person's Name	Relationship to Child	Email	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Home Phone Number		Work Number
<input type="text"/>	<input type="text"/>		<input type="text"/>

Can this person be contacted to give consent for educators to transport the child or arrange transportation of the child?

Yes  No

Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted?

Yes  No

Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted?

Yes  No

Can this person be contacted to give consent to the transportation of the child by an ambulance service?

Yes  No

Can this person give authorisation for the service to take the child on regular outings?

Yes  No

This person can be contacted and notified of an emergency involving the child if any parent or carer cannot be immediately contacted?

Yes  No

This person has been given permission by parent or carer to drop-off and collect the child from the service

Yes  No

## Second Emergency Contact Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

Please obtain the person's consent before listing them as an emergency contact.

Person's Name	Relationship to Child	Email	Home Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Phone Number		Work Number
<input type="text"/>	<input type="text"/>		<input type="text"/>

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Can this person be contacted to give consent for educators to transport the child or arrange transportation of the child?

Yes  No

Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted?

Yes  No

Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted?

Yes  No

Can this person be contacted to give consent to the transportation of the child by an ambulance service?

Yes  No

Can this person give authorisation for the service to take the child on regular outings?

Yes  No

This person can be contacted and notified of an emergency involving the child if any parent or carer cannot be immediately contacted?

Yes  No

This person has been given permission by parent or carer to drop-off and collect the child from the service

Yes  No

## Child Care Subsidy (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

- 1) You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?  Yes  No
- 2) Are you liable for fees for care provided at an approved child care service?  Yes  No
- 3) Do you meet residency requirements?  Yes  No
- 4) Does your child meet the immunisation requirements?  Yes  No
- 5) Have you completed the child care subsidy assessment on the mygov website?  Yes  No
- 6) Have you received confirmation about your child care subsidy?  Yes  No

**Please Note** If you need assistance with filling out this form please speak to the Director who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

## Enrolment Agreement

Please read the following agreement carefully before signing. Please ask if there is anything in this document that you are unsure of. Please tick the following items to authorise:

I/we give permission for this child to: participate in outings to places of interest (Permission slip will have to be signed before allowing your child to leave the service).  Yes  No

Have SPF50+ sunscreen applied prior to sun exposure (if not, please provide a letter releasing the service of any liability).  Yes  No

Have Band-aids or sticking plasters applied when necessary.  Yes  No

Have staff apply nappy cream/paste (supplied by parents).  Yes  No

Have staff apply teething gel (supplied by parents).  Yes  No

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Have staff apply insect repellent (supplied by parents).  Yes  No

For photos and video footage to be taken of my/our child for service use and staff training purposes (footage will not leave the service).  Yes  No

For photos and video footage of my/our child to be used in learning stories, and to be shared with other families that attend the service.  Yes  No

For photos and video footage of my/our child to be used for student training purposes (photos and video footage may leave the service for students to present to lecturer and class for viewing and marking).  Yes  No

For photos and video footage of my/our child to be used on service website, social media and other internet purposes, such as advertisement and used in organisation's resources.  Yes  No

Do you only give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies.  Yes  No

## Document Checklist

Please ensure ALL RELEVANT documents are included with this application before submission.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Child's Photo             | <input type="checkbox"/> Photo Identification of All Emergency Contacts | <input type="checkbox"/> Court orders, parenting orders or parenting plans (if any) |
| <input type="checkbox"/> Child's Birth Certificate | <input type="checkbox"/> Medical Document: E.G. Action Plan (If any)    | <input type="checkbox"/> Court orders relating to the child's residence (if any)    |
| <input type="checkbox"/> Immunisation Record       | <input type="checkbox"/> Dietary Restrictions (If any)                  |   |

## How did you hear about us?

Please ensure ALL RELEVANT documents are included with this application before submission.

- |   |                                       |                                |
|---|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Word of Mouth                            | <input type="checkbox"/> Social Media | <input type="checkbox"/> Other |
| <input type="checkbox"/> Advertisement                            | <input type="checkbox"/> Website      |                                |
| <input type="checkbox"/> Internet Search (e.g. Google, Bing, etc) | <input type="checkbox"/> Radio        |                                |

## Confirmation & Signature

Full Name\*

Signature\*

This enrolment form was created by OWNA - Australia's Only True All-In-One Childcare Management Software. Oct 2022.

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