



# Enrolment Form

Proposed date of entry: \_\_\_\_\_

\$100 Enrolment Fee attached:

*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. The licensed children's service must collect the child's enrolment information in this form, as required by the Education and Care Services National Regulations 2011.*

## Information about the child

Family Name:.....		Date of Birth:.....		*Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
				(please tick)	
Given Names:.....			Usually called:.....		
Home Address:.....				Suburb.....	
Language(s) spoken in the home: .....					
Is the child a sibling of an existing enrolled child in our centre?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)					
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander		<input type="checkbox"/> Yes, Aboriginal			
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander		<input type="checkbox"/> Yes, Torres Strait Islander			
*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)					

## Information about the child's parents or guardians

Mother	Father
Name	Name
Address - as per child or:	Address - as per child or:
Telephone/s (H) (W) (Mobile) (Email)	Telephone/s (H) (W) (Mobile) (Email)
<i>(Please tick)</i> Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> Is the mother the Primary Contact? No <input type="checkbox"/> Yes <input type="checkbox"/> *Religion:	<i>(Please tick)</i> Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> Is the father the Primary Contact? No <input type="checkbox"/> Yes <input type="checkbox"/> *Religion:
Guardian (if applicable)	Guardian (if applicable)
Name	Name
Address - as per child or:	Address - as per child or:
Telephone/s (H) (W) (Mobile) (Email)	Telephone/s (H) (W) (Mobile) (Email)
<i>(Please tick)</i> Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> *Religion:	<i>(Please tick)</i> Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> *Religion:



### Other persons to be notified

There may 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, trauma or illness.

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child:	Relationship to child:

### Court orders relating to the child

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? No  Go to the next section.

Yes  **Please complete the following:**

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form;
2. If these orders:
  - a) change the powers of a parent/guardian to:
    - authorise the taking of the child outside the service by a staff member of the service;
    - consent to the medical treatment of the child;
    - request or permit the administration of medication to the child;
    - collect the child, AND/OR
  - b) give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers:

.....

### Collecting the child from the children's service

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.

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 also be used to arrange someone to collect the child

### Details of people who can collect the child.

(This list may be added to or changed throughout the year. If insufficient space, add an attachment.)

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child:	Relationship to child:
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child:	Relationship to child:
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child:	Relationship to child:



### Child's medical and health information

Name Doctor/Medical Service: _____	
Telephone: _____	
Address Doctor/Medical Service: _____	
_____	
Is the child covered by Private Health Insurance?      No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(please tick)</i>	
Fund Name: _____ Membership No.: _____	
Medicare Number: _____	
*Maternal & Child Health (MCH) Centre: _____	
_____	
*Has the child had their 4-year old assessment?      No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(please tick)</i>	
<b>If yes</b> , provide details by attaching a copy of the 4-year assessment from the Child Health Record book.	
Does your child have a Health Care Card      No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(please tick)</i>	
Does the child have any allergies?      No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(please tick)</i>	
<b>If yes</b> , a copy of the child's allergy management plan is to be attached.	
<b>SEVERITY:</b> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> <i>(please tick)</i>	
Does the child have any medical conditions and needs (eg epilepsy, diabetes, etc) which are relevant to the children's service?      No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(please tick)</i>	
<b>If yes</b> , a copy of the child's medical condition management plan is to be attached.	
<b>SEVERITY:</b> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> <i>(please tick)</i>	
Does the child have any dietary restrictions?      No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(please tick)</i>	
<b>If yes</b> , please let us know what restrictions apply:	
_____	
_____	

### Child's Immunisation Record

Has the child been immunised?      No     Yes  *(please tick)*

**If yes**, provide the details by:

- Attaching a copy of the Immunisation Record from the Child Health Record book OR
- Attaching a copy of the Immunisation Record printout from local government OR
- Attaching the Child History Statement from the Australian Childhood Immunisation Register OR
- Completing the table below using the child's Immunisation Record to provide the dates of immunisations received.



**PREFERRED ATTENDANCE:**

**Carlisle Early Learning Centre operates on a fortnightly cycle. You may choose any day/s you wish up to 10 days in the fortnight.**

Please use the following legend to indicate your preferred schedule.

**A – For 1<sup>st</sup> choice days**

**B – For 2<sup>nd</sup> preference (if A days are unavailable)**

*(Please tick the relevant boxes)*

	Long Day Care Week1	Long Day Care Week2
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**\*Other information**

If there is anything else that our service should know about the child (eg comfort toys, excessive fears, favourite activities, attending other early childhood service or early intervention service, etc) this is as follows:

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**For our records:**

**How did you hear about our centre? (Please Tick the appropriate box/es)**

- Internet search
- External agency
- Roadside Signage
- Flyer or advertisement
- Word of mouth (non existing family of the centre)
- Word of mouth (Family currently attending the centre) If possible, please indicate who was the lovely person who told you about us. \_\_\_\_\_.



**Lawful Authority: Parents**

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The *Children's Services Regulations* 1998 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

**Lawful Authority: Guardians**

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the *Children's Services Act* 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

Consent to emergency medical treatment and Declarations

I,..... (Print full name)

am 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 children's service in the event of any change to this information;
- agree to make regular fee payments, ensuring that my fees are always paid two (2) weeks in advance;
- agree to give two (2) weeks notice when withdrawing my child from the centre and when altering my child's regular bookings;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.

.....  
**Signature**

.....  
**Date**

**OFFICE USE ONLY:**

Handbook Issued: \_\_\_\_\_  
Access Card Numbers: \_\_\_\_\_  
CCB Form Faxed Off: \_\_\_\_\_

Calendar Issued: \_\_\_\_\_  
Priority Assigned: \_\_\_\_\_



# Centrelink Information

The following information is provided for the purposes of receiving the Child Care Benefit and the Child Care Rebate.

Child's Name	
Child Date of Birth	
Child CRN number	
Parent /Guardian Name	
Parent / Guardian Date of Birth	
Parent / Guardian CRN number	



# Disclaimers and Authorisations

## **CHRISTIAN PHILOSOPHY:**

I am aware that the Carlisle Early Learning Centre is a Christian centre owned and operated by the Seventh-day Adventist Church. I realise that by enrolling my child in this centre that they will be exposed to a Christian world view and I agree to uphold the special character of this centre.

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_

.....

## **PHOTOGRAPHY:**

I hereby give my permission for my child to have their photograph taken or be videoed with other children for use within the centre and be given to other families in the context of their learning experiences.

(Tick if appropriate)

- I further give authorisation for my child to be photographed by people who aren't educators for use within the centre and be given to other families in the context of their learning experiences.
- I further give authorisation for my child's photographs to be used in promotional material (including social media) for Carlisle Early Learning Centre.

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_

.....

## **NAME PUBLICATION:**

I hereby give permission for my child to have their name used in conjunction with other children's names for the purposes of centre activities and documentation. I am aware that other families will have access to this information.

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_



**SUNSCREEN:**

*Please provide written details of any special requirements for your child.*

I **do** give authorisation for my child to have centre supplied sunscreen / personally supplied sunscreen, to be applied by the Carlisle Early Learning Centre staff.

**OR**

I **do not** give permission for sunscreen to be applied to my child and therefore take full responsibility for my child's sun protection.

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_

.....

**WIDER CAMPUS:**

I, hereby give my permission for my child to be taken onto the wider campus of Carlisle Adventist Christian College under the supervision of the Carlisle Early Learning Centre staff for the following regular outings:

(Tick if appropriate)

- Primary School Assembly/Chapel
- Play in multi-purpose shed
- Play on school oval
- Water based activities
- Visits to school library

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_





**INCURSIONS:**

I, hereby give my permission for my child to participate in incursion experiences at various times.

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_



**FOOD SAFETY:**

As parent or carer, I will pack my child's lunch and therefore take responsibility for the food safety thereof. If I provide high risk foods such as meat and dairy products, I will arrange with the staff to place it in the centre fridge. I understand that Carlisle Early Learning Centre is a nut free centre and so will not pack nuts or products containing nuts for my child.

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_



**INSECT REPELLENT:**

I give permission for the staff of Carlisle Early Learning Centre to apply insect repellent. Repellent will be applied sparingly and only when necessary. The repellent used will be of moderate strength.

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_



**TROPICAL ANALGESIC:**

I give permission for the staff of Carlisle Early Learning Centre to apply a tropical analgesic, such as Stingoes ® to ease pain or itching from an insect sting or bite.

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_

.....

**ADMINISTRATION OF MEDICAL TREATMENT:**

I give permission for the nominated supervisor or an educator at Carlisle Early Learning Centre to:

(Tick if appropriate)

- Administer of life saving medication (eg. Epipen, anapen or ventolin)
- Apply general first aid products (such as adhesive bandages)
- Organise ambulance transportation (if considered necessary)
- Seek medical treatment for my child from a registered medial practitioner, hospital or ambulance service

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_

.....

**DENTAL CARE:**

I give permission for my child to participate in brushing their teeth after the lunch meal break. I understand that I will supply toothpaste and toothbrush for this purpose and will replace them as needed.

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_



# Fee Structure

## Fee Structure and Payment

Fees are payable two weeks in advance. It is preferred that you use the following Direct Debit Form

## Child Care Benefit and Child Care Tax Rebate

The Federal Government provides Child Care Benefit funding and Child Care Tax Rebate to assist eligible families who use approved and registered child care. Information is available at:

[www.familyassist.gov.au](http://www.familyassist.gov.au)

Families can register with Family Assistance Office by calling 136150, or by visiting an office (which are co-located in Medicare branches)

Full fees will apply until the Centre office receives confirmation of parent / guardian **enrolment type** from DEEWR. Parents must inform the FAO of any changes that may affect their assessment.

## Priority of Access

Carlisle operates under the federal Government Child Care Benefit Scheme (CCB), and complies with Priority of Access guidelines.

## Allowable Absences

Each family is entitled to 42 days of absence per year while claiming Child Care Benefit:

- a sick day, holiday or occasional absence.

After this 42 days allowable absence, full fees will apply for subsequent absences.

## Sick Day, Family Holidays & Public Holidays

Please notify the Centre if your child is sick or unable to attend.

Public holidays and absences must be paid for and make-up days can be arranged for public holidays. All absent days must be signed for.

A holiday rate can be arranged if applied for in advance.

Full fees will be charged for any unsigned attendance or absence, as Child Care Benefit cannot be applied for these days.

## Late Fee

A late fee of \$1 per minute per staff member will be charged to any family who has not collected their child/ren from the Centre by closing time: 4.00pm.

## Standard Fees

Fees are charged at a daily rate of \$57 per day.

Enrolment payment - \$100 is payable upon lodging an enrolment form. \$50 of this amount is a booking fee, and \$50 is credited to your account. The \$50 booking fee is non-refundable.

## STATEMENTS:

**Please indicate how you would like to receive your weekly statements:**

- Email: Please write the appropriate email address: \_\_\_\_\_
- Hard copy (paper)



# Direct Debit Form

Please fill in whole form and return to  
Carlisle Early Learning Centre.

## Your Details:

Title

First Name:  Surname:

Address:

Postcode:

Telephone:  Mobile:

Email:

## Amount and Frequency of Payment:

I will pay Carlisle Early Learning Centre:  \$

Frequency (please tick)      Weekly       Fortnightly       Monthly

## Credit card holder's details:

Card number

 / 

Expiry date

Name on card: \_\_\_\_\_ Signature on card: \_\_\_\_\_