ALLAMBIE HEIGHTS CHILDREN'S CENTRE

RATED EXCEEDING NATIONAL QUALITY STANDARD

Enrolment Pack

www.allambiekids.com.au

Enrolment Information:	
Proposed Start Date:	Orientation Date/s:
Booking pattern: BSC: - Mon Tues Wed Thurs Fri ASC: - Mon Tues Wed Thurs Fri	Casual session

Child's Details	
First name:	Gender: Male Female
	D.O.B:

Middle name: Last name:	
Home Address:	
Home Phone Number:	

Is the child of Aboriginal descent? **YES/NO** Is the child of Torres Strait Islander descent? **YES/NO**	Religious/Cultural/Ethnic Identity: Does your child speak a language other than English at home? If so, what:

Are there any issues or considerations relating to any specific needs or requirement for your child? **YES/NO**
If **YES** please provide details:

Parent/Guardian Details	
Parent/Guardian One	**Parent/Guardian Two**
First name: Middle name: Last name:	First name: Middle name: Surname:
Date of Birth:	Date of Birth:
Relationship to Child:	Relationship to Child:
Email Address:	Email Address:
Mobile Number:	Mobile Number:
Home Phone Number:	Home Phone Number:
Home Address:	Home Address:
Occupation:	Occupation:
	Name of Employer:
Work telephone:	Work telephone:
Languages Spoken:	Languages Spoken:

Court Orders/Restricted Access

Is there anyone who is prohibited from, or limited in, having contact with or access to your child (for example under a Court order, AVO etc)? **YES/NO**

If **YES**, please provide details and a certified copy (a certified copy of any subsequent documents if any changes to this situation occur at any time are also to be provided) of any documents relating to such issues:

Fee Subsidies and Customer Reference Numbers (CRN)

Child Care Subsidy is managed by the Department of Human Services. In order to receive your subsidy, you are required to have a myGov account and be registered with Centrelink. A CRN is supplied to you and you are assessed by the Department of Human Services for the Child Care Subsidy (CCS).

You will need to supply us with your CRNs. These numbers allow all your attendance records to be forwarded onto the Department of Human Services and they use this information to calculate rebates owed to you.

Please complete the following information accurately to ensure that your CRN is linked to the service and to enable you to receive CCS. (Please Note: Only one parent's CRN is applicable for these rebates. It will be the parent whose name appears on the confirmation letter from the Department of Human Services or alternately you can call the Department to find out this information.) All information is required to finalise your enrolment.

Parent's Name:	Parent's CRN:	Parent's DOB:
Child's Name:	Child's CRN:	Child's DOB:
I don't have the CRN numbers from the Department of Human Services yet but I intend to apply for these rebates and will notify Allambie Heights children's centre of this information as soon as it is available to me. **YES/NO**		

Emergency Contacts/Collection of Child:

Please nominate up to four other people who you authorise to:

- act as 'Emergency Contacts' in the event that parents are unavailable
- pick up your child on a regular basis
- consent to medical treatment or to authorise administration of medication to your child
- give permission for an educator to take the child outside the education and care service premises, in the case of an emergency
- give authorisation for the service to take the child on regular outings
- give authorisation for service to transport your child or arrange transportation of your child.

Person One	**Person Two**
Authorise medical treatment **Yes/ No**, Authorise excursion **Yes/No** Authorise transport/arrange transport **Yes/No** Pick Up and drop off permitted **Yes/No**	Authorise medical treatment **Yes/ No**, Authorise excursion **Yes/No** Authorise transport/arrange transport **Yes/No** Pick Up and drop off permitted **Yes/No**
Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:

Mobile Phone:	Mobile Phone:
Person Three	**Person Four**
Authorise medical treatment **Yes/ No**, Authorise excursion **Yes/No** Authorise transport/arrange transport **Yes/No** Pick Up and drop off permitted **Yes/No**	Authorise medical treatment **Yes/ No**, Authorise excursion **Yes/No** Authorise transport/arrange transport **Yes/No** Pick Up and drop off permitted **Yes/No**
Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:

Health Information

It is important to keep the following information correct at all times as the information can be valuable in an emergency.

DOCTOR	**DENTIST**
Name	Name
Address	Address
Phone Number	Phone Number

Medicare Number:
Health Fund Name: Health Fund No:
Past relevant illnesses, injuries or operations:

Immunisation

You will need to provide a copy of your child's immunisation history, and it needs to be in an approved format – Immunisation History Statement from the Australian Childhood Immunisation Register.

Please indicate if your child's immunisations are up to date at time of enrolment **YES/NO**
Please note, in order to receive CCS on your fees, the Family Assistance Office requires your child to be fully immunised and up to date.

Indicate if your child has had any of the following childhood diseases:

Chicken pox	**YES/NO**	German Measles	**YES/NO**	Measles	**YES/NO**
Mumps	**YES/NO**	Other	**YES/NO**		

Asthma, Allergies and Other Medical Conditions

Does your child suffer from any of the following? If yes, please provide details.

Allergies	**YES/NO**	Epilepsy/Convulsions	**YES/NO**	Ear Infection	**YES/NO**
Anaphylaxis	**YES/NO**	Diabetes	**YES/NO**	Throat Infection	**YES/NO**

Asthma **YES/NO** Other **YES/NO**

If you answered **YES** to any of the above, please supply details, (e.g. Asthma Action Plan for Asthma, Action plan for Anaphylaxis, Health Plan for anything else) prior to the commencement of care at Allambie Bush Kindy. Action plans will be displayed in your child's room and the kitchen with a photograph of your child.

Does your child require any form of on-going treatment for anything noted above? **YES/NO**
If yes, please supply details:

_____
_____
_____
_____

If you answered **YES** to allergies - known or suspected, please supply details. (Please supply any relevant documentation relating to treatment methods or other relevant information).

_____
_____
_____
_____

Does your child have any special needs, or are they on regular medication? **YES/NO**
If yes, please supply details, including copies of any supporting documentation and fill in an Ongoing Medication Form in case of long term medication needs which will be provided on request.

_____
_____
_____
_____

Dietary Requirements

Does your child have any known or suspected **food intolerances or allergies** to foods?
YES/NO
If yes, please supply details in full and documentation from your medical professional relating to management of these:

_____
_____
_____
_____

Acknowledgements and Consents

Following are a number of standard questions we need your acknowledgement and consent for on an ongoing basis. Please answer yes or no for each question.

Do you consent to your child being photographed and his/her photos appearing on display at the Centre – not for the purpose of advertising?	YES	NO
Do you consent to your child being photographed and his/her photos used for the purpose of advertising and on the Allambie Heights children's centre website?	YES	NO
Do you give permission for your child to attend excursions within a one kilometre radius of the centre (walking distance only) and with the Director/Nominated Supervisor abiding by the Regulations as stated in the Education and Care Services Regulations?	YES	NO
Do you give permission for Allambie children's centre staff, in the event of an emergency to seek urgent medical, dental or hospital treatment, ambulance service and transportation on an ambulance?	YES	NO
Do you give consent, in the event of an emergency if an ambulance is NOT AVAILABLE, for our staff to transport your child, by car, to seek urgent medical, dental or hospital treatment?	YES	NO
Do you give consent, in the event of evacuation due to bushfire, if you are unable to pick up your child, for our staff to transport your child by car, to Dee Why RSL, if a bus is	YES	NO

unavailable?		
Do you consent to our staff applying Sunscreen SPF30+ UVA – UVB brand to all unprotected areas of your child's skin as required?	YES	NO
Do you consent to our staff administering First Aid to your child where necessary, using contents of the First Aid Kit when appropriate? (a detailed list is available upon request)	YES	NO
Do you understand, if your child is injured or ill at the service and any medical attention is required, all costs associated with your child's medical care will be your responsibility. This includes costs for transporting the child to hospital via ambulance and any ongoing medical expenses.	YES	NO
Do you understand and accept that in the event that our staff consider your child too ill, or too contagious, to attend (or remain at) the Centre that you will be required to collect your child promptly?	YES	NO
Do you agree that if your child is suffering from a contagious illness that you will not return your child to the Centre until cleared by a registered Medical Practitioner, supplying a medical certificate to confirm this?	YES	NO
Do you understand and accept that if there is an outbreak of a vaccine preventable disease at the Centre, AND if your child is not immunised against this disease, that your child may be excluded from attending the Centre by the order of the NSW Department of Health?	YES	NO
Do you understand and accept that the fees for our Centre are payable 2 weeks in advance in line with Centre's Debit Schedule Calendar?	YES	NO
Do you acknowledge that in the event that you withdraw your child from the Centre that you need to give us at least two (2) weeks written notice, and that the fees relating to these last four weeks are payable regardless of whether your child attends?	YES	NO
Do you understand and accept the fee policy relating to the late collection of your child and the policy relating to the late payment of fees including being liable for collection costs?	YES	NO
Do you understand all of the information presented in Allambie Heights children's Centre "Family Handbook"?	YES	NO
Do you acknowledge that the centre will operate according to the policies stated in the "*Allambie Heights Children's Centre Policy and Procedure Folders*", which is available for you to review at any time?	YES	NO

Names	Signature	Date
Parent/Guardian One:		
Parent/Guardian Two:		

Checklist of Required Documents

Completed Enrolment form – signed on page 8 by Parents/Guardians	YES	NO
Copy of Approved Immunisation Records – Australian Childhood Immunisation Register statement supplied by NSW Government and Medicare	YES	NO
Direct Debit Form	YES	NO
One time registration fee $50	YES	NO
Medical Management Plans – if applicable	YES	NO