



# BERRIMBA CHILD CARE CENTRE

## ENROLMENT FORM

**Enrolment Date:** \_\_\_\_\_

### ENROLMENT INFORMATION:

Berrimba Childcare 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 have lawful authority in relation to the child.

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

### DAYS AND TIMES REQUIRED

**Please tick the days that your child will require care:**

Monday	Tuesday	Wednesday	Thursday	Friday	Arrival time	Departure time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

### CARE TYPE REQUIRED

**Please tick the care type your child will require:**

Ongoing Care: <input type="checkbox"/>		Casual/Flexible Care: <input type="checkbox"/>	
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**Start Date:** \_\_\_\_\_

<b>Number of children attending other childcare services:</b> .....	<b>Number of children you are claiming Child Care Subsidy (CCS) For (only relevant from 2 July 2018):</b> .....	<b>Number of children you are Claiming Child Care Benefit (CCB) For (if relevant up to 28 June 2018):</b> .....
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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 Services must collect the child's enrolment information in this form, as required by the Children's Services Regulation 1998 (Regulations). Question marked with an asterisk \* are not required by Regulations, but you are encouraged to answer these to assist in providing relevant Children Services.

### INFORMATION ABOUT THE CHILD:

**Family Name:** \_\_\_\_\_ **Sex:**  M  F **Date of Birth:** \_\_\_\_\_  
(please tick)

**Given Names:** \_\_\_\_\_ **Usually Called:** \_\_\_\_\_

**Centrelink Reference Number:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Language(s) spoken in the home:** \_\_\_\_\_

**\* 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 your child have a Confirmation of Aboriginality?      Yes / No***

***\* Please provide copy of confirmation of Aboriginality***

***Does your child have a Birth Certificate?      Yes / No***

***\* If so please provide a copy. If not Berrimba staff can help you to get one.***

**\* Does the Child have development delay or disability including intellectual, sensory or physical impairment?**  Yes  No

**INFORMATION ABOUT THE CHILDS PARENTS, GUARDIANS OR CARERS:**

<b>MOTHER</b>	<b>FATHER</b>
<b>NAME:</b>	<b>NAME:</b>
Address – as per child or:	Address - as per child or:
Telephone/s (H)_____ (W)_____	Telephone/s (H)_____ (W)_____
Mobile:	Mobile:
Does the child live with the Mother? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick)	Does the child live with the Father? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick)
Date of Birth:	Date of Birth:
Centrelink Reference Number:	Centrelink Reference Number:
<b>Please note parent and child have their own individual Centrelink reference Number (CRN)</b>	<b>Please note parent and child have their own individual Centrelink reference Number (CRN)</b>
<b>GUARDIAN</b>	<b>GUARDIAN</b>
<b>NAME:</b>	<b>NAME:</b>
Address – as per child or:	Address - as per child or:
Telephone/s (H)_____ (W)_____	Telephone/s (H)_____ (W)_____
Mobile:	Mobile:
Does the child live with the Mother? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick)	Does the child live with the Father? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick)
Date of Birth:	Date of Birth:
Centrelink Reference Number:	Centrelink Reference Number:

**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 the accident, injury, trauma or illness. Emergency contacts may be asked for legal photo ID on their first visit if they are unknown to staff members.

<b>NAME:</b>	<b>NAME:</b>
Address:	Address:
Telephone/s (H)_____ (W)_____	Telephone/s (H)_____ (W)_____
Mobile:	Mobile:
Relationship to child:	Relationship to child:

**COLLECTING THE CHILD FROM THE CHILDREN'S SERVICE:**

Please note: For the purpose of using the Berrimba Childcare Centre Bus please see list of Staff below who will be responsible for collection and delivery of your child when using the bus service.

<b>Position</b>	<b>Name</b>	<b>Contact Number</b>
Bus Driver	Graeme Kissell	0409 464 223
Bus Assistant	Kylie Goddard	0409 464 223
Early Years Manager	Leona Cooper	03 5481 1900
Educator	Jennah Ferris	03 5481 1900
Educator	Kaiella Bulled	03 5481 1900
Educator	Sharnie Celli	03 5481 1900
Educator	Casey McHale	03 5481 1900
Educator	Cathleen Andrews	03 5481 1900
Educator	Skye Cemino	03 5481 1900
Educator	Molly Handy	03 5481 1900
Educator	Therese Shelley	03 5481 1900
Educator	Marley Day	03 5481 1900
Koori Preschool Assistant	Sissy Cooper	03 5481 1900
Best Start Facillitator	Tina Thompson	03 5481 1900
Cradle to Kinder Coordinator	Gabby Johnson	03 5481 1900

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 Parent or Guardians cannot be contacted, this list will also be used to arrange for someone to collect the Child.

**Details of people who can collect the child:** (This list may be added to or changed throughout the year.)

<b>NAME:</b>	<b>NAME:</b>
Address:	Address:
Telephone/s (H) _____ (W) _____	Telephone/s (H) _____ (W) _____
Mobile:	Mobile:

<b>NAME:</b>	<b>NAME:</b>
Address:	Address:
Telephone/s (H) _____ (W) _____	Telephone/s (H) _____ (W) _____
Mobile:	Mobile:

<b>NAME:</b>	<b>NAME:</b>
Address:	Address - as per child or:
Telephone/s (H) _____ (W) _____	Telephone/s (H) _____ (W) _____
Mobile:	Mobile:

<b>NAME:</b>	<b>NAME:</b>
Address:	Address - as per child or:
Telephone/s (H) _____ (W) _____	Telephone/s (H) _____ (W) _____
Mobile:	Mobile:
<b>NAME:</b>	<b>NAME:</b>
Address:	Address - as per child or:
Telephone/s (H) _____ (W) _____	Telephone/s (H) _____ (W) _____
Mobile:	Mobile:

## CONFIDENTIAL

### 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?

Yes  **if yes, please complete the following**      No  **if no, go to the next section**

- 1) Bring the original court order/s for staff to see  
**and 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:
    - Collect the child AND/OR
  - (b) give the powers to someone else

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

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### LAWFUL AUTHORITY:

#### **Parents:**

All parents have the powers and responsibilities in relation to their children that can be changed by a court order. The *Children's Service 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.

**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/her parents and there are not 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.

Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, **CONFIDENTIAL** which requires a Privacy Collection Statement to accompany any enrolment form.

**CHILDS IMMUNISATION RECORD:**

Has the child been immunised? Yes  No  (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 Register OR
- Completing the table below using the Child's Immunisation Record to provide the dates of immunisation received.

Immunisation	2 months	4 months	6 months	12 months	18 months	4-5 Years
DTP (Diphtheria/tetanus/Pertussis)						
OPV (Oral Polio Vaccine – Sabin)						
MMR (Measles, Mumps, Rubella)						
Hib – titer OR Hib – Pedvax HIB						
Meningococcal C						

You may have also purchased additional immunisation for the child. If so, please provide the dates these have been given:

Hepatitis B (three injections)	1	2	3
Childhood Pneumococcal Vaccine			
Chicken Pox			

**PERMISSION FORM FOR EARLY YEARS SERVICE:**

I consent for my child/ren to participate in Berrimba Childcare Centre's Early Years Service which includes:

- Speech Pathology
- Audiology
- Maternal Child Health Checks
- Early Intervention Services
- or any other specialist service provided at Berrimba

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## \* OTHER INFORMATION:

If there is anything else that the Children's Service should know about the Child (eg: excessive fears, favourite activity, attending other Early Childhood Service or Early Intervention Service, etc) this is as follows:

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## DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT:

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 Children's 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 she/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

## CHILD'S MEDICAL AND HEALTH INFORMATION:

Family <b>Doctor</b> Title:	First Name(s):	Surname:
Service Name:		
Address:		Postcode:
Contact Phone:		

Family <b>Dentist</b> Title:	First Name(s):	Surname:
Service Name:		
Address:		Postcode
Contact Phone:		

Medicare Number:	Ambulance Cover: YES NO
Health Insurance Fund: YES NO	Insurance Number:
Health Insurance Name:	

\* Maternal & Child Health (MCH) Centre: \_\_\_\_\_

\* Has the Child has their 3 ½ year old assessment? Yes  No  (please tick)  
If yes, please provide details by attaching a copy of the 3 ½ year assessment from the Child Health record book.

Does the child have any allergy or sensitivity? Yes  No  (please tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

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Does the child have any medical conditions and/special needs (eg epilepsy, diabetes, etc) which are relevant to the Children's Services? Yes  No  (please tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

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Does the Child have any dietary or cultural restrictions or particular food dislikes or likes? Yes  No  (please tick)

If yes, the following restrictions apply:

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Does the Child have any special needs? Yes  No  (please tick)

If yes, please provide details of any special needs and management procedures to be followed with respect to the special need:

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Does the Child take prescribed medication or treatment on a regular basis?

Yes  No  (please tick)

If Yes please provide details:

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**Anaphylaxis**

Has the Child been diagnosed at risk of anaphylaxis? Yes  No  (please tick)

Does the Child have an auto injection device (e.g. EpiPen) Yes  No  (please tick)

Has the anaphylaxis medical management plan been provided to this service? Yes  No  (please tick)

Has a risk management plan been completed by the service in consultation with you? Yes  No  (please tick)

In the case of anaphylaxis you will be provided with a copy of the Services Anaphylaxis Management Policy. You will be required to provide the Service with an individual medical management plan for your child signed by the Medical Practitioner who is treating your child. This will be attached to your child's enrolment form. More information can be found at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)

Does your child have a Child Health Record? Yes  No  (please tick)  
If yes, please provide to the Service for sighting.

*Child Health Record means a record that documents a child's health and development assessments and immunisations.*

**Name and position of person at the Children's Service who has sighted the Child's Health Record**

\_\_\_\_\_

\_\_\_\_\_

**ABOUT YOUR CHILD:**

Please provide the name and ages of your child's siblings:

Name	Age

Please provide the name and ages of any other close relations attending the same centre:

Name	Age



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):

Empty box for describing sleeping habits.

Has your child been toilet trained?

YES

NO

Please provide details, if necessary:

Empty box for providing details of toilet training.

**CONFIDENTIALITY OF ENROLMENT:**

*The proprietor of the Children's Service must ensure that information in the Child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorized by the parent or prescribed in the Children's Services Regulations 2009 (Regulation 35 (1) (d-e))*

I \_\_\_\_\_ (name) declare as the person with lawful authority of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the Children's Service in the event of any change to this information.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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 clauses to authorise:**

**General:**

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 centre)	YES		NO	
Have sunscreen applied prior to sun exposure ( <i>If not, please provide a letter releasing the centre of any Liability</i> )	YES		NO	
Have Band-Aids or sticking plasters applied when necessary	YES		NO	
Have staff apply Nappy Cream/Paste	YES		NO	
Have staff apply Insect Repellent	YES		NO	

Empty box for additional notes or comments.

**Photos and Video Footage:**

I/We give permission:

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		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 centre	YES		NO	
I consent for my child's photo, name and age being taken and published within the Centre or Centre orientated publications.	YES		NO	
I also consent for my child's photo, name and age being taken and published in newsletters, promotional material and general publication by the Njernda Aboriginal Corporation for circulation within the local and state-wide Koori Community.	YES		NO	

**VIDEO SURVEILLANCE:**

In order to ensure the safety of children, families and staff, Berrimba have video surveillance cameras located in each of the rooms and in the foyer. This footage is only used for safety and security purposes and is operated meeting legislative guidelines. You are able to access a copy of the policy by asking the centre manager.

I acknowledge being made aware of the video surveillance cameras and offer my consent.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FORM FOR EXCURSIONS:**

I consent for my child's to participate in any excursions or cultural activities run by Berrimba Childcare Centre and Staff. This includes Holiday Program, Bush Kinder and Long Day care activities, smoking ceremonies, dancing, art activities, community visits to library, parks, Njernda Medical.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FORM FOR STORYPARK:**

I consent for my child's learning development to be documented on the Story Park App used by educators at Berrimba Childcare Centre.

My email address is: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**AGREEMENT:**

I/We:

1. Have viewed the Berrimba Childcare Centre (hereafter called the service) and consent to the enrolment of the admitting child (hereafter referred to as the child)
2. Understand that the person/s nominated as parent/carer are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
3. 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. (Note families are required to register for these subsidies from April 2018 and the first claims will be from 2 July 2018). More information can be found on the Department of Human Services website:  
[www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy#a1](http://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy#a1)
4. Agree to comply with all Government requirements in relation to the service
5. Agree that in the case of accident or injury, the service will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred
6. Are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition
7. Understand that the child will be accepted back into the service once a 'clearance certificate' for the child from a medical practitioner is received
8. Are aware that the service may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality
9. Agree to provide the service with all information regarding the health of my/our child
10. 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
11. Agree to pay the fees on the due day by providing the service or its appointed representative with permission to direct debit fees from my/our bank account
12. Are aware that to cancel child care we are required to give notice in writing four weeks prior to the date of withdrawal; otherwise fees will continue to be charged. During this period, we are aware that if our child does not attend we are liable to pay full fees.
13. Are aware that fees for public holidays are payable if the day is a usual day of attendance
14. Are aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays
15. 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.

**I/We have read, understood and agree to abide by the conditions of this Enrolment Agreement.**

**Primary Parent / Carer**

**Service Coordinator**

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Your commitment to us:**

**Please note: failure to pay fees is a breach of the Conditions of Enrolment and may initiate the procedure for termination of care.**

**I, \_\_\_\_\_, have read and understood the above mentioned and agree to the terms.**

Signature \_\_\_\_\_

Date \_\_\_\_\_