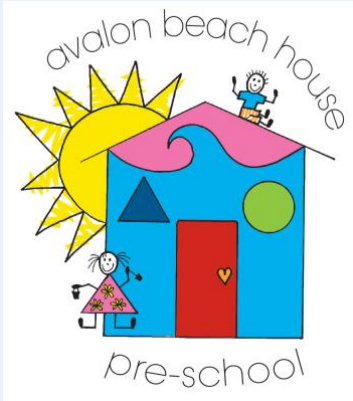


AVALON BEACH HOUSE PRE SCHOOL ENROLMENT FORM



Name:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission

Child's birth certificate/identity documents		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth		Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan	
Copies of any family law or other relevant court Orders and/or legal documents		Photo identification of all emergency contacts	

OFFICE USE ONLY	
Date Entered	Entered By

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Family Name			
First given name		Second given name	
Preferred first name			

Date of Birth		Gender	
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Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number.</i>	
---	--

Child's home address	
Child normally lives with	

Days of attendance (Please circle):	Mon	Tues	Wed	Thurs	Fri
Session Start Time					
Session End Time					

Child's Start Date	
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CULTURAL CONSIDERATION

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

<p>Is your child of Aboriginal or Torres Strait Islander origin?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both</p>
<p>Does your child speak a language other than English at home? <i>(Please circle) Yes / No</i></p>	<p>If yes, what language (s) other than English are spoken at home.</p>
<p>County of birth</p>	
<p>Child's residency status</p>	
<p>What is your child's cultural background?</p>	
<p>Please outline any cultural practices you would like followed: (Cultural, dietary)</p>	
<p>Religion</p>	
<p>Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed.</p>	

PRIMARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent Centrelink Reference Number (CRN): [Ensure Primary parent is registered as CCS Claimant]	
--	--

Please provide any relevant cultural background details	
---	--

Does the child normally live with you? (Please circle)	Yes / No
---	----------

Occupation	
------------	--

SECONDARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent Centrelink Reference Number (CRN)	
--	--

Please provide any relevant cultural background details	
---	--

Does the child live with you? (Please circle)	Yes / No
---	----------

Occupation	
------------	--

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any relevant 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	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached
Briefly outline court order requirements		

Please note that without this documentation we cannot legally enforce the Order/s.

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j) Regulation 162(d, g)

To ensure your child’s safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

Child’s Medicare Number			
Medicare Expiry Date		Child’s Medicare reference number	
Doctor’s name			
Medical Centre		Phone number	
Doctor’s address			
Dentist name			
Name of Service		Phone number	
Dentist’s address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No

CHILD’S MEDICAL DETAILS AND HEALTH CONDITIONS

Allergies- provide details of child’s allergies. These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other			
Allergy to			
Medical specialist or doctor who may be currently treating your child for this condition			
Phone contact		Address	
Risk of Anaphylaxis	Yes/No	Has a doctor diagnosed this allergy?	Yes/No
Does your child have a current ASCIA Action Plan?	Yes/No	Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes/No

A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis		Yes/No
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).		
What is the expiry date of the adrenaline autoinjector?		Month / Year
Please be advised that if your 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. <i>Education and Care Services National Regulations - Regulation 94.</i>	Yes/No	Parent 1 Signature:
		Parent 2 Signature:

Special dietary requirements

Prohibited Food	Detailed information

MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition	
Has a doctor diagnosed this condition?	Yes/No
Does your child have a current Action Management Plan (eg Asthma Plan)	Yes/No
If yes, is this plan attached?	Yes/No
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90)	Yes/No
If yes, is this plan attached?	Yes/No
Does your child take any prescribed regular medication for this condition?	Yes/No

<p>Medication Name/s</p>			
<p>Medication will only be administered if:</p> <ul style="list-style-type: none"> • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child’s name • instructions and dosage can be clearly read • expiry date or use by date is valid • any verbal or written instructions provided by the medical practitioner must be provided by the parent/s <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>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.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	<p>Parent 1 Signature:</p>		
	<p>Parent 2 Signature:</p>		

IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, i, j), Regulation 162 (f, h, i)

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

<p>Immunisation Status of Child at enrolment</p>	<p>Comment: Fully immunised/catch up schedule</p>	
<p>AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words ‘up to date’ recorded.</p>	<p>Yes/ No</p>	<p>Attached</p>

AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes/ No	Attached
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes/ No	Attached

FAMILY INFORMATION

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	

DEVELOPMENTAL INFORMATION

<p>Does your child have any problems with hearing, sight or speech?</p> <p><input type="checkbox"/> Hearing</p> <p><input type="checkbox"/> Sight</p> <p><input type="checkbox"/> Speech</p>	
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	
Does your child require additional support for learning because of disability?	

Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	
Has your child begun toilet training?	
Is this the first time your child has been in care? If yes, please indicate the type of early education and care your child has experienced.	
Is your child used to being with other adults and children?	
Does your child have any comforters? (security blanket, dummy, bottle etc)	

TRANSITION TO SCHOOL – IF APPLICABLE

Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school? Name of School: _____ Permission to exchange information: Yes/No	Yes/No	Parent 1 Signature:	
	Yes/No	Parent 2 Signature:	
While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child’s private school so we can incorporate them into your child’s program.			

FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about three people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must provide photo identification when collecting the child. These three people also have ongoing permission to collect your child without parental authorisation communications with the centre.

Please ensure you have obtained the person’s consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H)		
	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
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? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
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? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)

Full Name			
Relationship to child			
Phone Number	(H)		
	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
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? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
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? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

THIRD EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)

Full Name			
Relationship to child			
Phone Number	(H)		
	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
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? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
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? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

CHILD'S ROUTINE

TIME	ROUTINE

AUTHORISATIONS

Illness, accident and emergency treatment

Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)

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? Also if every reasonable effort to contact me has failed and the doctor considers immediate medication / aesthetic medication, aesthetic or minor/major surgery necessary he/she has my permission to take necessary action	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
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 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

TRANSPORTATION AUTHORISATION

Education and Care Services National Regulations - Regulation 102(4), 102D(4)

The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child if applicable.	
Parent 1 Signature:	
Parent 2 Signature:	

ENROLMENT AGREEMENT- CONSENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

Have SPF30+ sunscreen applied prior to sun. (If your child has sensitive skin and would prefer, they use their own sunscreen, please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name)	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 Insect Repellent (supplied by parents)	YES	NO
Have staff apply antiseptic cream	YES	NO
Have staff apply teething gels (supplied by parents)	YES	NO
Have staff give my child one (1) age and weight appropriate dose of Nurofen/Panadol should their temperature reach or exceed 38°C. No emergency medication will be administered to a child without prior verbal authorisation from a parent and/or guardian. Staff will ensure one staff member administers a single dose of Nurofen/Panadol and one staff member cross-checks the medication, dosage and administration. I agree to immediately come and collect my child, if requested.	YES	NO
Have prescribed medication be administered by staff upon my authorisation on the Centre's Administration of Medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the centres policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Director deems the child well enough to attend Service.	YES	NO
As part of our educational program, we frequently plan and carry out various food preparation and/or cooking experiences. These experiences are closely supervised, and teachers ensure that proper hygiene and safety measures are followed. In order for your child to participate in these experiences, we require your permission	YES	NO

Parent 1 Signature:

Parent 2 Signature:

PHOTOGRAPHY AND VIDEO

For photos and video footage to be taken of my/our child for Service use and KindyHub	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, observations and Kindy slideshow	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 resources for this organisation	YES	NO

Parent 1 Signature:

Parent 2 Signature:

PARENT AGREEMENT

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

Please tick box to confirm you have read each point:

- I agree to inform the centre in writing immediately of any changes to the above information.
- I hereby agree to pay child care fees four (4) weeks in advance. Failure to do so will incur a 5% per day penalty charge on all outstanding fees and will result in my child/children’s placement at the centre being forfeited. If the debt is not paid and the account is forwarded to a collection agency all additional costs for collection will be met by the undersigned. Fees must be paid for everyday your child is enrolled, regardless of illness, holidays or public holidays.
- I understand enrolments and fees are calculated from the date the centre re-opens in January from its annual break and up to and including the date of closure in December for the Christmas/New Year shutdown period. All fees for the month of December are payable irrespective of your child’s last day of care. All fees for the month of January are payable irrespective of your child’s first day of care. I agree to keep my fees paid up to date and understand that my child’s position at the Service will be in jeopardy if my fees are not kept up to date.

- I agree to pay a non-refundable administration fee of \$120 prior to my child starting at the centre and am aware these fees are non-refundable.
- I agree to pay a refundable bond prior to my child starting at the centre. This comprises of 2 (two) weeks fees without Child Care Subsidy. This will be refunded to you when your child leaves the Centre, providing all other terms in this enrolment form have been met.
- I agree to provide four (4) weeks written notice to withdraw my child or reduce booked days. I understand the Christmas closure dates are not included in these 4 weeks.
- I understand that in the event that I enrol my child but then wish to cancel his/her enrolment before the enrolment commencement date stated on the first page of this form, I understand that
 - a) I am still required to give four weeks' written notice (Christmas closure dates are not included in these 4 weeks), and
 - b) My deposit (consisting of my Bond and Administration Fee) is non-refundable and will not be returned to me.
- If I am unable to collect my child by closing time (6:00pm), I will organise for one of the people listed as an authorised contact to collect my child prior to closing time (6:00pm). I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by staff to collect my child.
- I agree to pay a late fee of \$15.00 per minute for the first 5 minutes, and \$20 per minute thereafter. In the event that a child is left at the centre for over an hour after closing and staff have been unable to contact anyone listed on this enrolment form to collect the child, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- I give permission for my child to be observed by educators of the Service and Training Staff supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that practicum students will not be left with children without an educator present. Periodically, your child may be observed by training staff; however a staff member will oversee the trainee at all times during the observations. These observation records are available for parents to view with prior arrangements with your child's teacher. Observations of your child are used to recognise their strengths and areas of development which need improving and are therefore used in assisting teaching staff with developing an educational program for your child.

- I have read and agree to abide by the rules and conditions outlined in the Avalon Beach House Pre School Parent Handbook
- I am familiar with the Service’s Policy Manual located in the Directors office. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member.
- I hereby agree not to engage, or attempt to engage, any of the Avalon Beach House Preschool staff in any babysitting or nannying employment outside of the centre. Should I require a babysitter or nanny, I understand that Avalon Beach House Preschool can only refer me to professional agencies and will not recommend any individuals from the community.
- I am interested in being a part of a **Parent Committee** that meets occasionally to update policies, provide feedback, assist with activities, fundraising and social events.
- I, or someone I know has a skill they could share with the children to enhance the educational program.

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

PRINT NAME		SIGNATURE		DATE	
PRINT NAME		SIGNATURE		DATE	

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other:	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.