

## CHILD ENROLMENT

We look forward to working in partnership with you and your family.

***This form is required to be completed by one of the child's legal guardians, who have lawful authority in relation to the child, and returned with all documentation to the service prior to your child's first day. All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff. Please complete a separate form for each child you are enrolling.***

***We are proud to be a non for profit parent based committee centre.***

### CHILD INFORMATION

Child's Surname: \_\_\_\_\_ School Attending: \_\_\_\_\_

Child's Given Names: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Gender:  M  F

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Is your child:  Aboriginal  Torres Strait Islander  Other Cultural Identity \_\_\_\_\_

Proposed start date: \_\_\_\_\_ Confirm days required in the Written Arrangement – Pg. 2

### CHILD CARE SUBSIDY (CCS) INFORMATION

Child Care Subsidy assists with the cost of approved child care and will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements. You may be eligible for CCS if you or your partner:

- Care for your child at least 2 nights per fortnight or have 14% care
- Are liable for fees for care provided at an approved child care service
- Meet residency requirements
- Your child meets immunisation requirements
- Your child is 13 or under and not attending secondary school, unless exempt

Have you completed the Child Care Subsidy assessment on the [myGov](https://my.gov.au) website? YES  NO

Have you received confirmation about your Child Care Subsidy? YES  NO

*For further information contact the Australian Government Department of Human Services*

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

LAST REVIEWED	11/10/2018	NEXT REVIEW	1/10/2020
VERSION	1	PAGE	1 of 12

## WRITTEN ARRANGEMENT

A Parent/Guardian/Account Holder and Service must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance is maintained. As part of enrolling in our service we require you to complete a Written Arrangement and confirm acceptance in order to be eligible to receive the Government subsidy if available.

Complying Written Arrangement (CWA)	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement (RA)	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy (ACCS)	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child

This Written Arrangement is between the parent/guardian/account holder and the service provider, and is an ongoing agreement between the two parties listed, to provide care in return for fees.

WRITTEN ARRANGMENT						
Arrangement Type: (Please circle)	CWA	RA	ACCS	Arrangement with an organisation		
Name of Provider:	<b>North Kiama Combined OOSH Care</b>					
Name of Service:	<b>North Kiama Out of School Hours Care</b>					
Address of Service:	<b>Charles Avenue Minnamurra NSW 2533</b>					
Parent/Guardian Full Name:						
Parent/Guardian Contact Details:						
Parent/Guardian CRN:						
Child Full name:						
Child Date of Birth:						
Child CRN:						
Child Start date:						
<b>Permanent Session of Care: (Days of attendance)</b>	Mon	Tues	Wed	Thurs	Fri	
Before School Care:						
After School Care:						
<b>Casual Session of Care: (Days of attendance children could use)</b>						
Before School Care:						
After School Care:						
Vacation Care						
Fees charged for individual sessions of care provided:	<b>BSC Perm</b> \$15.00 <b>BSC Casual</b> \$18.00	<b>ASC Perm</b> \$25.00 <b>ASC Casual</b> \$30.00 <b>ASC 3.30</b> \$15.00	<b>KIAMA ASC Perm</b> \$30.00 <b>ASC Casual</b> \$35.00	<b>VACATION CARE</b> <b>Early Bird Fee</b> \$60.00 <b>Late Fee</b> \$65.00		

Please read the following items and confirm your acceptance by ticking the boxes:

- I confirm that my details on this document as well as the details of the child I am enrolling are correct
- I confirm that care may be provided on a casual or flexible basis where available at my service at my request

LAST REVIEWED	11/10/2018	NEXT REVIEW	1/10/2020
VERSION	1	PAGE	2 of 12

### CONTACT DETAILS FOR THE CHILD'S PARENTS OR GUARDIANS OR AUTHORISED PERSON

<u>Contact Details - Enrolling Parent/Guardian</u> <i>Enrolling parent is claiming CCS from Centrelink &amp; child will come under enrolling parent CRN.</i>	<u>Contact Details - Second Parent/Guardian</u>
<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other _____	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other _____
Full Name: _____	Full Name: _____
Date of Birth: _____	Date of Birth: _____
Relationship to the Child: _____	Relationship to the Child: _____
Address: _____ _____	Address: _____ _____
Telephone (H): _____	Telephone (H): _____
Telephone (M): _____	Telephone (M): _____
Email: _____ _____	Email: _____ _____
Occupation: _____	Occupation: _____
Hours of Work: _____	Hours of Work: _____
Hours of Activity: _____	Employer Name: _____
Employer Name: _____	Employer Address: _____
Employer Address: _____	Telephone (W): _____
Telephone (W): _____	Do you hold a current Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a current Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	

#### ADDITIONAL AUTHORISED CONTACTS

In accordance with the Education and Care Services National Regulations we are required to have, on file, the name, address and telephone numbers of the individuals who you authorised to act on your behalf. Please be aware that only persons named on this enrolment form will be permitted to enact the following tasks as authorised by you. Please update authorisations if they change.

**Note:** Authorised persons must provide photo identification and be over 18 years of age.

In the interests of the safety of your child, please note the following:

- If someone arrives to collect your child and we have not been notified via the authorised contact list, we cannot allow your child to leave the service with them.
- If authorised persons under the age of 18 are to deliver or collect children, they must have a current photo ID or a current photo on the enrolled child's file. E.g. Student ID
- Any changes to the authorised contact must be done personally by completing an Adding an Authority to Collect Child form.
- Parents not named in a parenting agreement will not be given access to children under any circumstances.
- Prescribed medication will only be given to a child if a Medication Authorisation form has been completed and signed by an authorised person.

<u>Authorised/ Emergency Contact Details One</u>	<u>Authorised/ Emergency Contact Details Two</u>
<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other _____ Name: _____ Date of Birth: _____ Relationship to the Child: _____ Address: _____ _____ Telephone (H): _____ Telephone (M): _____ Telephone (W): _____ _____ _____ Authorised to: <ul style="list-style-type: none"> <li>• collect the child <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• consent to medical treatment <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• consent to administration of medication <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• consent to an educator taking your child outside the premises <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ul>	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other _____ Name: _____ Date of Birth: _____ Relationship to the Child: _____ Address: _____ _____ Telephone (H): _____ Telephone (M): _____ Telephone (W): _____ _____ _____ Authorised to: <ul style="list-style-type: none"> <li>• collect the child <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• consent to medical treatment <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• consent to administration of medication <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• consent to an educator taking your child outside the premises <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ul>

<u>Authorised/ Emergency Contact Details Three</u>	<u>Authorised/Emergency Contact Details Four</u>
<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other _____ Name: _____ Date of Birth: _____ Relationship to the Child: _____ Address: _____ _____ Telephone (H): _____ Telephone (M): _____ Telephone (W): _____ _____ _____ Authorised to: <ul style="list-style-type: none"> <li>• collect the child <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• consent to medical treatment <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• consent to administration of medication <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• consent to an educator taking your child outside the premises <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ul>	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other _____ Name: _____ Date of Birth: _____ Relationship to the Child: _____ Address: _____ _____ Telephone (H): _____ Telephone (M): _____ Telephone (W): _____ _____ _____ Authorised to: <ul style="list-style-type: none"> <li>• collect the child <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• consent to medical treatment <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• consent to administration of medication <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• consent to an educator taking your child outside the premise <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ul>

## PERMISSIONS AND AGREEMENTS TO TERMS

***The below section outlines various procedures and policies of our OOSH service as followed by service Educators. Please ensure you read over these carefully and initial each item to indicate understanding and then sign the last page approving permission for these to occur.***

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. **Emergency or Incidents**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

In the event of an emergency, illness or incident (when the Service is unable to contact the Parent/Guardian/Authorised Contacts), I/We give the responsible person in charge at the service consent to seek Medical attendance or Hospital treatment for our child. I/We also authorise transportation by ambulance if deemed necessary. I/We agree to pay any expenses incurred for Medical treatment.

2. **Administer Emergency dose of Paracetamol**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We agree for service Educators to administer **ONE** age appropriate emergency dosage of Paracetamol as guided by Staying Healthy 5<sup>th</sup> Edition. I/We understand that an Educator will make contact with either of the Parents/Guardian/Authorised Person to gain permission to administer and discuss at the time any further actions and the required collection of the child.

3. **Permission for Internal Photography and Video**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We hereby give consent for our child's photograph, name and age to be used for our centre programming, Service displays and/or publications (e.g. Newsletters).

4. **Permission for External Photography and Video**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We hereby give consent for our child's photograph, name and age to be utilised outside of the Service. E.g. Service website, advertising and marketing.

5. **Permission for Observation**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We give permission for our child to be observed by an Educator, student or visitor purposes. Students and visitors may be from accredited training programs and will work in conjunction with your child's caregivers or Government departmental authorities. If questioning or testing is to be carried out I/we will be asked for further permission.

6. **Payment of Fees**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We agree to maintain our fees one week in advance as per the service's fee policy. We will ensure our fees are kept up to date by making payments on the required day.

I/We are aware that failure to pay due fees causing our account to fall behind by more than one week may jeopardise my child's position in the service, and that a payment plan will be tailored to recover all outstanding fees over a 4 week period. I/We further agree to the service late fee policy of \$1.00 per minute after closing time.

As per Family Assistance Law, I understand that if my child does not attend the service on their first or last day of care, I will be charged full fees and CCS will not apply in this circumstance.

LAST REVIEWED	11/10/2018	NEXT REVIEW	1/10/2020
VERSION	1	PAGE	5 of 12

In the event of the Customer being in default of their obligation to pay and the overdue account is then referred to a debt collection agency, and/or law firm for collection, the Customer shall be liable for the recovery costs incurred and if the agency charges commission on a contingency basis the Customer shall be liable to pay as a liquidated debt.

7. **Permission for Evacuations**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We hereby give permission for our child to participate in regular evacuation drills or actual evacuation when necessary. I/We understand that our child will be relocated from the service under the supervision of their educators and service Educators to a safety zone for evacuation purposes. (Please refer to the Service’s Emergency Management Plan for information.)

8. **Sunscreen Application**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We agree for the Service Educator to apply any sunscreen that is labelled broad spectrum, water-resistant and SPF30 or above regularly to our child for outdoor play purposes. I/We understand that the Service may use a variety of sunscreen brands from time to time, and this information will be advised to us within in the Service. If my child requires special sunscreen I/We agree to supply this product to the Service.

9. **Topical Insect Repellent**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We agree for Educators to apply topical insect repellent throughout the day.

10. **Child Care Subsidy (CCS)**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We understand that it is our responsibility to notify the Service of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Subsidy, and we must complete and agree to a written arrangement, prior to our child beginning care at the service.

11. **Parent Handbook**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We acknowledge that we have read the Parent Handbook downloadable on the website. I/We understand any changes to this Handbook will be advised to us within the service.

12. **Service Policies**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We acknowledge that the Service Policies and procedures are available upon request. I/We understand that any changes to these policies will be carried out, where appropriate, in consultation with us as Parents/Guardians and any changes to these policies will be advised to us in the Service or via email as appropriate.

13. **Cancellation of Care**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

Your daily fee will be charged if three days’ notice is not given of the child’s absence. A medical certificate must be provided if a child is ill by 5pm Friday of the week the illness occurred. (Absences when a child is sick but no certificate is provided will be charged full fee.)

14. **Priority of Access**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We understand that if our family falls under Priority of Access we may be required to alter our days or give up our place in the Service in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Service Policies: First Priority – children at risk of serious abuse or neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government and Third

LAST REVIEWED	11/10/2018	NEXT REVIEW	1/10/2020
VERSION	1	PAGE	6 of 12

Priority – all other children.

15. **Infectious Diseases/Clearance Certificates**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We understand that our child will be excluded from the Service if they contract a contagious disease or condition. I/We understand that our child will not be accepted back into the Service until a 'clearance certificate' is issued from a Medical Practitioner. The Service Manager has the discretion to make a final decision on the child's re-attendance at the service. Please refer to our Service Policies for further information.

16. **Non - Immunisation**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We understand that in the event of a disease that may be immunised against breaks out at the service and our child is **NOT** immunised in accordance to the Government requirements, our child will be excluded from the service until the infectious period of the disease or condition has passed. (Please refer to our Service Policies for further information.)

17. **Presence of Visitors and Volunteers**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We understand that occasionally the Service may have visitors and/or volunteers assisting in the Service. I/We consent to our child being in the presence of visitors and/or volunteers under Educator supervision.

18. **Privacy Statement**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

By enrolling in the service, I/We are entering into an agreement for this service and have downloaded a copy of, and read, the services Confidentiality and Privacy Policy from website. I/We understood and agree to the use of confidential information as stated in the a fore mentioned policy.

19. **Emergency Administration of Adrenalin or Asthma Medication**  Yes Initial \_\_\_  No Initial \_\_\_\_\_

I/We authorise employees of the service to administer an adrenalin injection in the case of suspected anaphylactic shock, if the service has a generic pen on sight.

I/We authorise employees of the service to administer emergency Asthma Medication in the event of a suspected severe Asthma attack.

20. **Medical Condition Requirements**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I understand that if my child has a condition that requires a 'Medical Conditions Risk Minimisation and Communication Plan', it will be provided upon enrolment and updated every 12 months. Please refer to Service Policies for further information.

21. **Self-Administering Medication**  Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

I/We give permission for our child to self-administer their own prescribed medication. Please note, this is only an option for children over 6 years of age.

LAST REVIEWED	11/10/2018	NEXT REVIEW	1/10/2020
VERSION	1	PAGE	7 of 12



North Kiama OOSH  
 Phone: 02 42 37 88  
 Mobile: 0413498533

Charles Avenue  
 Minnamurra  
 NSW 2533

Email: nkoosh@bigpond.com.au  
 Website: northkiamaoosh.com.au

**CHILD ENROLMENT**

<b>FAMILY DETAILS</b>	Please provide details of siblings or family details you would like to share regarding your child:  _____ _____ _____ _____
<b>SCHOOL INFORMATION</b>	Does this child usually attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No What school do they attend if applicable? _____ If not currently attending school what year will they attend school? _____
<b>CULTURAL INFORMATION</b>	Does your child have any religious and/or cultural requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____ _____ _____ _____
<b>PARENTING ARRANGEMENTS</b>	Who do the children live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father Other: _____ Details of any parenting plans or court orders are attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Any additional information about parenting arrangements: _____ _____ _____  <b><i>Without copies of current court orders or documentation, educators cannot enforce requests.</i></b>
<b>MEDICAL INFORMATION</b>	Child's Medicare Number: _____ Medicare Expiry Date: _____ Do you have private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Fund Name: _____ Member Number: _____ Type of Cover: _____ Level of cover: _____ <b><i>Please complete the following</i></b> Family Doctor's Name: _____ Family Doctor's Telephone: _____ Family Doctor's Address: _____ Preferred Hospital in Emergency: _____ Family Dentist's Name: _____ Family Dentist's Telephone: _____ Family Dentist's Address: _____ Other: _____ _____



**CHILD ENROLMENT**

<b>IMMUNISATION DETAILS</b>	<p><b>Is your child fully immunised?</b>   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>Date of last Immunisation: _____</p> <p>To be eligible for Child Care Subsidy, your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements, your child must be:</p> <ul style="list-style-type: none"> <li>• Fully immunised or up-to-date according to the Australian Immunisation Register; or</li> <li>• On a catch-up vaccination schedule certified by a medical practitioner; or</li> <li>• You have an approved exemption for your child certified by a medical practitioner.</li> </ul> <p>A copy of your child's Immunisation History Statement must be sighted by a member at the service <b>and</b> have a copy attached to this form. Please notify the nominated supervisor and bring an update of your child's Immunisation History Statement into the service upon every scheduled completion. <i>Please note: An Immunisation History Statement is the only form of documentation accepted.</i></p> <p><b>Immunisation History Statement sighted?</b>   <input type="checkbox"/> Yes      <b>Copy attached?</b>   <input type="checkbox"/> Yes</p> <p>Signature of Educator: _____</p> <p><b>Has your child ever been diagnosed with any of the following?</b></p> <p>German measles                      <input type="checkbox"/> Yes <input type="checkbox"/> No    Details: _____</p> <p>Mumps                                      <input type="checkbox"/> Yes <input type="checkbox"/> No    Details: _____</p> <p>Whooping Cough                      <input type="checkbox"/> Yes <input type="checkbox"/> No    Details: _____</p> <p>Measles                                      <input type="checkbox"/> Yes <input type="checkbox"/> No    Details: _____</p> <p>Seizures                                      <input type="checkbox"/> Yes <input type="checkbox"/> No    Details: _____</p> <p>Convulsions                              <input type="checkbox"/> Yes <input type="checkbox"/> No    Details: _____</p> <p>Chicken Pox                              <input type="checkbox"/> Yes <input type="checkbox"/> No    Details: _____</p>
---------------------------------	--

<b>CHILD'S HEALTH DETAILS</b>	If you answer yes to any items below, you must provide a supporting letter from your local doctor and a completed action plan. Please complete a Medical Condition Risk Minimisation and Communication Plan and Medication Authorisation or Long Term Medication Authorisation Form as required for your child's specific medical condition.
Food Allergies	<p><b>Does your Child suffer from any food allergies?</b>      <input type="checkbox"/> Yes – Please provide details    <input type="checkbox"/> No</p> <p>Please specify which foods and the signs/symptoms to be aware of, if any:</p> <p>_____</p> <p>_____</p>
Other Allergies	<p><b>Does your Child suffer from any allergies?</b>      <input type="checkbox"/> Yes – Please provide details    <input type="checkbox"/> No</p> <p>Please specify details of allergy and the signs/symptoms to be aware of, if any:</p> <p>_____</p> <p>_____</p> <p>_____</p>
Dietary Requirements or Intolerances	<p>Does your child have any dietary requirement or intolerances?      <input type="checkbox"/> Yes – Please provide details    <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p>
Long term illness or medical condition	<p>Does your child suffer from anaphylaxis or diabetes or other long term illness or medical condition?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, a health care management plan and/or Medical Conditions Risk Minimisation and Communication Plan, must be provided and updated every 12 months by a doctor or authorised medical practitioner.</p>
Asthma	<p>Does your child suffer from asthma?      <input type="checkbox"/> Yes – Please provide details    <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p>
History of illness or injury	<p>Does your child have a history of illnesses or injuries?    <input type="checkbox"/> Yes – Please provide details    <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p>
Current medical conditions	<p>Does your child have any current medical conditions?    <input type="checkbox"/> Yes – Please provide details    <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p>
Long term prescribed medication	<p>Is your child currently on any long term prescribed medications?      <input type="checkbox"/> Yes – Please provide details    <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p>

**ADDITIONAL INFORMATION ABOUT YOUR CHILD**

Are there any foods your child particularly likes?

---

---

---

Does your child have any fears? (E.g. noise, animals):

---

---

---

Does your child get upset when left with other people?

Yes  No

---

---

---

What strategies do you use to assist you child through this transition?

---

---

---

Does your child have any additional needs?

Yes  No

---

---

---

Does your child have any diagnosed disabilities or special needs (please detail):  Yes  No

---

---

---

---

Are there any words that we may need to know that have special meaning to your child (translate where necessary):

---

---

What do you love about your child that you would like to share with us?

---

---

---

Are there any skills or special talents that you or family members have that you would like to contribute to the Service's program?

---

---

---

Yearly Equipment Fee: An equipment fee is charged per family. This is an annual fee and is payable during first term or the first time children attend if enrolling throughout the year. The fee being:

\$25.00 for 1 child

\$45.00 for 2 children

\$55.00 for 3 or more children

This fee covers all craft costs and the replacement of equipment.

**By signing this form, I/We declare and confirm:**

- I/We are lawfully authorised in relation to the Child referred to in this Enrolment Form
- All information provided in this Enrolment Form is true and correct
- I/We have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 22 above, and any other policies and procedures advised by the service either directly or by making them available for perusal at the service.
- I/We have provided accurate and up to date information on the written arrangement.
- I/We agree to notify the service as soon as practicable to any changes to the information provided in this document i.e. Immunisation status, contact details, emergency contacts, Medical details and required plans etc.

Signature of Primary Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Secondary Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Nominated Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Lead Educator: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE ENSURE ALL OF THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS APPLICATION BEFORE SUBMISSION:	Parent / Guardian	Nominated Supervisor
<i>Please tick to indicate documents are attached</i>	√	√
IMMUNISATION HISTORY STATEMENT		
PARENTING PLAN OR COURT ORDERS PROVIDED (IF APPLICABLE)		
ALLERGY/ANAPHYLAXIS/ ASTHMA MANAGEMENT PLANS (IF APPLICABLE)		
MEDICAL CONDITIONS RISK MINIMISATION AND COMMUNICATION PLAN (AS REQUIRED)		