

Child's Name:

EARLY CHILDHOOD ENROLMENT FORM

OFFICE USE:

Date Entered: _____

Entered By: _____

ATTACHED DOCUMENTS CHECKLIST

Please ensure ALL of the following documents are attached to the enrolment form: Any documents that are not attached need to be pursued and followed up.

Child's birth certificate	
Immunisation record	
Parent CRN number	
Child CRN number	
Emergency contacts	
Any Medical documents provided	
Court Orders	
Dietary Requirements	
Cultural Requirements	



St Paul's Lutheran Kindergarten Enrolment Form

289 Desborough Road
St Mary's NSW 2760
9623 6556 or 0415 435 055

stpkindy@tpg.com.au

or

directorstpkindy@gmail.com

www.stpaulslutheran kindergarten.com.au

CHILD DETAILS

Given name(s)	
Middle name	
Surname	
Name usually called	
Date of birth	
Sex (please circle)	Male/Female
Centrelink Reference Number (CRN) Please note: Parent and child have their own individual CRN number	Child's CRN Number
Child's home address	
Child lives with	
Days of attendance (Please circle)	Mon Tues Wed Thurs Fri
Child's start date	
Please state the times you expect to drop off and pick up child	Drop off Pick up

CULTURAL CONSIDERATION

Language spoken at home	
Ethnicity	
Religion	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please circle)	Yes/No
Please outline any cultural practices you would like followed:	
Please outline the Child's religious background and if relevant any religious practices you would like followed:	

Religious celebrations:	
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MEDICAL INFORMATION

Medicare Number:	
Medicare Expiry Date:	
Number of child on card:	
Child's Registered Medical Practitioner	
Practitioner's Name:	
Contact Numbers:	
Address:	
Child's Registered Dental Practitioner	
Practitioner's Name:	
Contact Numbers:	
Address:	
Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? (Please Circle) Yes/No If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include: <ul style="list-style-type: none"> • A photo of the child • If relevant, state what triggers the medical condition, allergy or anaphylaxis • First aid needed • Contact details of the doctor who signed the plan • When the Plan should be reviewed. 	What are your child's health care needs:

<p>Does the child have any dietary restrictions? (Please Circle) Yes/No</p>	<p>If yes, please write down any dietary restrictions.</p>
<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> • The label must contain the child’s name and • Parents must provide any verbal or written instructions provided by the medical practitioner. <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 Medication” form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	<p>Parent/Guardian 1 Name: _____</p> <p>Parent/Guardian 1 Signature: _____</p> <p>Parent/Guardian 2 Name: _____</p> <p>Parent/Guardian 2 Signature: _____</p>
<p>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?</p>	<p>Parent/Guardian 1 Name: _____</p> <p>Parent/Guardian 1 Signature: _____</p> <p>Parent/Guardian 2 Name: _____</p> <p>Parent/Guardian 2 Signature: _____</p>
<p>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?</p>	<p>Parent/Guardian 1 Name: _____</p> <p>Parent/Guardian 1 Signature: _____</p>

	Parent/Guardian 2 Name: _____ Parent/Guardian 2 Signature: _____
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IMMUNISATION DETAILS

I have chosen not to have my child immunised.	Yes/No Please note: [Approved documentation must be provided before your child can attend – See Immunisation Policy]
Are your child’s immunisations up to date?	Yes/No Please provide a copy of your child’s: <ul style="list-style-type: none"> • Immunisation History Statement provided by Medicare
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle) Yes/No	Parent/Guardian 1 Name: _____ Parent/Guardian 1 Signature: _____ Parent/Guardian 2 Name: _____ Parent/Guardian 2 Signature: _____

Please be advised that if the 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.
Education and Care Services National Regulations Regulation 94.

Parent/Guardian 1 Name:

Parent/Guardian 1 Signature:

Parent/Guardian 2 Name:

Parent/Guardian 2 Signature:

DEVELOPMENTAL INFORMATION

Please provide us with any other information we should know about your child (For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)

TRANSITION TO SCHOOL

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

Parent/Guardian 1 Name:

Parent/Guardian 1 Signature:

Parent/Guardian 2 Name:

Parent/Guardian 2 Signature:

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FAMILY INFORMATION

Does the child have any siblings? If so, please provide their names and ages.	
Does the child have any other close relations attending the centre? E.g. cousins. If so, please provide their names and ages.	

CHILD ROUTINE

Time	Routine

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PRIMARY PARENT/GUARDIAN

Parent/Guardian First Name	
Parent/Guardian Surname	
Address	
Phone Number	(H) (M) (W)
Parent/Guardian Date of Birth	
Email address:	
Relationship to child	
Parent Centrelink Reference Number (CRN)	
Country of Birth	
Please provide any relevant cultural background details:	
Does the child live with you? (Please circle)	Yes/No

Occupation	
Place of employment:	

SECONDARY PARENT/GUARDIAN

Parent/Guardian First Name	
Parent/Guardian Surname	
Address	
Phone Number	(H) (M) (W)
Parent Date of Birth	
Email address:	
Relationship to child	
Parent Centrelink Reference Number (CRN) if relevant	
Country of Birth	
Please provide any relevant cultural background details:	

Does the child live with you? (Please circle)	Yes/No
Occupation	
Place of employment:	

COURT ORDER

Are there any 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 If yes, please provide all relevant documentation paperwork
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation paperwork
Please note that without this documentation we cannot legally enforce the Order/s.	

First Emergency Contact

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. To deal with these circumstances the service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.
Please obtain the person's consent before listing them as an emergency contact

Full Name:	
Relationship to child:	
Address:	
Phone Number:	(H) (M) (W)
Email address:	
Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to	Parent/Guardian 1 Name: _____

<p>the child in the event that you cannot be contacted? (Please Circle) Yes/No</p>	<p>Parent/Guardian 1 Signature: _____</p> <p>Parent/Guardian 2 Name: _____</p> <p>Parent/Guardian 2 Signature: _____</p>
<p>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</p>	<p>Parent/Guardian 1 Name: _____</p> <p>Parent/Guardian 1 Signature: _____</p> <p>Parent/Guardian 2 Name: _____</p> <p>Parent/Guardian 2 Signature: _____</p>

Second Emergency Contact

Full Name:	
Relationship to child:	
Address:	
Phone Number:	<p>(H)</p> <p>(M)</p> <p>(W)</p>
Email address:	
<p>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</p>	<p>Parent/Guardian 1 Name: _____</p> <p>Parent/Guardian 1 Signature: _____</p> <p>Parent/Guardian 2 Name: _____</p> <p>Parent/Guardian 2 Signature: _____</p>

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/Guardian 1 Name: _____
	Parent/Guardian 1 Signature: _____
	Parent/Guardian 2 Name: _____
	Parent/Guardian 2 Signature: _____

Third Emergency Contact

Full Name:	
Relationship to child:	
Address:	
Phone Number:	(H) (M) (W)
Email address:	
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/Guardian 1 Name: _____
	Parent/Guardian 1 Signature: _____
	Parent/Guardian 2 Name: _____
	Parent/Guardian 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/Guardian 1 Name: _____
	Parent/Guardian 1 Signature: _____
	Parent/Guardian 2 Name: _____

	Parent/Guardian 2 Signature: <hr/>
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CHILD CARE BENEFIT/CHILD CARE REBATE

If you plan to claim Child Care Benefit (CCB) and/or Child Care Rebate (CCR) please answer the following questions advising how you choose to claim CCB and/or CCR

1) Do you have a child attending this Service who has already attended another approved Child Care Service in the current financial year?

YES NO

2) Do you have a child attending this Service who is also attending another approved Child Care Service?

YES NO

3) Does the child enrolled have a sibling listed on the assessment notice who is attending another approved Long Day Care Centre, Family Day Care Scheme or specialised Outside Hours Care Service?

YES NO

4) Have you completed the required registration with Centrelink advising your child will be attending the service?

YES NO

5) Have you received confirmation of your CCB and/or CCR entitlements?

YES NO



We look forward to caring for your child and welcome your family into our centre. If you have any suggestions you would like us to put forward, please talk to any educator or the Nominated Supervisor. We also hope that you will approach us with any concerns about the service we provide, so that we can further improve our care to your child/ren.

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 items to authorise:

HEALTH & SAFETY:

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 Service)	Yes	No
I/We are aware as part of St Paul's Lutheran Kindergarten's Christian Ethos that Grace is said before lunch	Yes	No
I/We are aware as part of St Paul's Lutheran Kindergarten's Christian Ethos that the children will be visited by Pastor David Thompson to read stories and sing songs on friendship, sharing and caring for each other	Yes	No
I/We will ensure that my/our child is brought to and taken from St Paul's Lutheran Kindergarten by me/us or by a responsible person known to the educators/staff beforehand and that I/we have signed the EMERGENCY PICK UP FORM. I/We are aware that the person picking up my/our child must produce identification and is over 18 years of age	Yes	No
I/We are aware that no NUT PRODUCTS are to be brought into the centre in any shape or form, in particular peanuts in shells. This also includes peanut butter, Nutella or any muesli bars containing nuts	Yes	No
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	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

PHOTOGRAPHY & VIDEO

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave Service)	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 Service	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 organisation's resources	Yes	No
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	Yes	No

Parent/Guardian 1 Name, Signature and Date:

Parent/Guardian 2 Name, Signature and Date:

Please tick box to confirm you have read each point.

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the policy manual.
- 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 understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- I am aware that a \$20 late fee will be applied to my fees if I am 2 weeks in arrears.
- I am aware that a washing fee of \$2.50 will be charged to my account if I do not bring my child's bedding at the beginning of the week.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family

and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.

- I agree to giving two weeks written notice to withdraw my child or reduce booked days
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (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).
- I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's 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 Service's 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 give permission for my child to be observed by the Educators of the Service and students 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 students will not be left with children without an Educator present.
- I have read the Parent Handbook and am familiar with the Service's Policy Manual located in each room and in the office. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I am able to make this suggestion in person to a staff member or anonymously in the suggestion box.
- I am interested in being a part of a Parent Committee that meets occasionally to update policies, etc.
- I, or someone I know has a skill they could share with the children.

Skills you would like to share

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Parent/Guardian 1 Name, Signature and Date:

Parent/Guardian 2 Name, Signature and Date:

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
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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.