



CHILDCARE ENROLMENT FORM

Please note: Prior to your child's position beginning at **Little Peanuts Early Learning Centre** it is essential that the following information is complete and kept up to date. This information must be completed by each known parent who has lawful authority in relation to the child. Please notify the service of any changes to details on this form as soon as possible.

We thank you for your understanding and cooperation

Child's Details	
Child's Surname:	
Child's Given Name(s):	
Name Usually Called:	
Child's CRN for CCB:	
Child's Home Address/Addresses:	
Child's Date of Birth:	
Child's Sex (Please Circle):	Male / Female
Language(s) used in the Child's home:	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please Circle)	Yes / No
Please provide a copy of the Child's birth certificate or equivalent.	Yes/No
Start Date:	Days Required:

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

Parent/Guardian 1	
Relationship to Child:	
Full Name:	
Parent 1's CRN for CCB:	
Parent 1's Date of Birth:	
Country of Birth:	
Please provide any relevant cultural background details:	
Home Address:	
Contact Numbers: (H): (W): (M):	Email: (Used for accounts and Storypark.)
Does the child live with you? (Please Circle)	Yes/ No
Occupation:	
Place of Employment:	
Parent / Guardian2	
Relationship to Child:	
Full Name:	
Other Names Known By:	
Parent 2's CRN for CCB:	
Parent 2's Date of Birth:	
Country of Birth:	
Please provide any relevant cultural background details:	
Home Address:	
Contact Numbers: (H): (W): (M):	Email: (Used for accounts and Storypark.)
Does the Child live with you? (Please Circle)	Yes/ No
Occupation:	
Place of Employment:	

Emergency Contact Person 1

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify 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.

Name of Individual:

Relationship to Child:

Address:

Main Contact number:

Other contact Numbers:

Declaration of Consent for Being an Emergency Contact Person for the Child

I _____
PRINT FULL NAME

agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person

Signature of Parent/Guardian

Date:

Date:

Emergency Contact Person 2

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached. To deal with these situations the service will notify 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.

Name of Individual:

Relationship to Child:

Address:

Main Contact number:

Other contact Numbers:

Declaration of Consent for Being an Emergency Contact Person for the Child

I _____
PRINT FULL NAME

agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person

Signature of Parent/Guardian

Date:

Date:

Considerations for the Child
Cultural Considerations

Please outline the Child's cultural background and if relevant any cultural practices you would like followed:

Religious Considerations

Please outline the Child's religious background and if relevant any religious practices you would like followed:

Dietary Considerations

Please outline any dietary restrictions or considerations the Child may have (e.g. likes and dislikes. Details of allergies etc will be expanded on in the Medical section of the form):

Special/Additional Needs Considerations

Please outline any special/additional needs the Child may have:

Please outline any sleep/rest information:

Example: How does your child sleep at home? Do they sleep in a cot or a bed? Do they use a comforter?

Medical Requirements

Child's Registered Medical Practitioner or Service Details:

Service Name:

Practitioner's Name:

Contact Numbers:

Address:

Medicare Number (if available):

Private Health Cover (Please Circle): Yes / No

Private Health Fund/Private Health Number:

Does the Child have any specific health care needs or conditions? (Please Circle) Yes/No

	If yes, please attach relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan.
Does the Child have any allergies? (Please Circle)	Yes/No If yes, Please attach relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan.
Has the Child been diagnosed as someone who is at risk of anaphylaxis? (Please Circle)	Yes/No If yes, please attach relevant details. This includes a management plan, anaphylaxis medical management plan or risk minimisation plan.
Does the Child have any dietary restrictions? (Please Circle)	Yes/No If yes, please attach relevant details.
Please provide the immunisation status of the child. Alternatively, please provide a copy of the Child's health record so that it can be sighted by an Approved Provider.	<p>Details of Immunisation Status</p> <p>Health Record Sighted by Approved Provider (Please Circle) Yes/No</p> <p>Approved Provider's Signature</p> <p>_____</p> <p>Date:</p>
Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date, from its original container, bearing the original label and instructions and before the expiry or use by date; and the medication must be administered in accordance with any instructions attached to the medication; or any written or verbal instructions provided by a registered medical practitioner. – <i>Education and Care Services National Regulations. Part 4.2, Regulation 95</i>	<p>Parent / Guardian 1 Signature:</p> <p>_____</p> <p>Parent / Guardian 2 Signature:</p> <p>_____</p>

Further Information about Child

Does the child have any siblings? If so, please provide their names and ages.

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

Does your child attend another Kindergarten program?

Cultural Needs Survey

To enable our team to provide adequate appropriate programs for all children, it is vital that we have as much information about each child as possible. Please complete this form and return it to the centre as soon as possible.

Child's Name:

Date of Birth: _____

Country of Origin:

Language spoken at home: _____

Can your child speak/ understand English? Yes No Sometimes

Would an interpreter be of benefit to your child during the settling period? Yes No

Do you have any religious or cultural practises you would like your child to be involved in? Yes No

Please give details: _____

Does your child have any older or younger siblings? Yes No

Please give details: _____

Does your child live with any non-immediate family members (Eg. Grandparents, Cousins) Yes No

Please give details: _____

Does your child have any particular eating habits? (Special diet or food) Yes No

Please give details: _____

Does your family follow specific rules with regards to affection and/or discipline? Yes No

Please give details: _____

Are there any activities in the centre that may contravene you family values or beliefs?

Please give details: _____

We would appreciate it if you could help us find pictures, posters, artefacts, cookery, dolls, musical instruments, dress-up clothes, or any other articles to assist us to share and enhance you families culture with other children in the group.

You could also help us to provide an insight into your ethnic-cultural background by speaking to the children about jobs, careers, different cultures, stories, music, food, crafts and art from your country of origin.

Implementing a Multi-cultural, anti-bias approach to childcare is of top priority at our centre. Any information you can provide to assist us would be appreciated.

Centre Celebrations

Child's Name: Date of Birth: _____

Home cultures of all families are respected. Today we live in a culture rich in diversity and we believe it is important to be aware of these difference and where appropriate to celebrate them with children and their families.

Management and staff encourage family members to share aspects of their family life. Sharing cultures of families enriches the lives of children, staff and families. The information below assists our centre when programming for special celebrations which are included in each room.

Do you Celebrate Christmas YES / NO
If No what experience would you like your child to participate in during this period?

Do you celebrate Easter? YES / NO
If no, what experience would you like your child to participate in during this period in April?

What other special events do you or your family celebrate?

Mother's Day	YES / NO
Father's Day	YES / NO
Birthdays	YES / NO
Passover	YES / NO
Islamic New Year	YES / NO
Chinese New Year	YES / NO
NAIDOC Week	YES / NO
Reconciliation Day	YES / NO

Are there any Celebrations you would like you child to be exempt from?

Medical Authorisation	
Do you authorise for the Nominated Supervisor or other educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Signature of both Parents/Guardians -----
Do you authorise for the Nominated Supervisor or other educator to seek to transport the Child in an ambulance? (Please Circle)	Yes/No Signature: -----
Do you authorise for the Nominated Supervisor or other educator at the service to administer paracetamol (Children's Panadol) as per the manufacturer's recommendations that suit the Child (e.g. age, weight etc). For Fever or Temperature over: 38 degrees A Nominated Person will be contacted each time the Child may require this. I understand the potential risks and side effects of this medication for my child. In the event of an emergency I agree to collect my child as soon as possible.	Yes/No Signature of both Parents/Guardians -----
In order to prevent a double dosage of medication being given to your child, please be advised that you must inform us if you have or haven't given your child their morning dosage before they arrive at the service. If you have not advised us, we will make contact before giving your child medication.	Signature of both Parents/Guardians -----
Do you authorise for the Nominated Supervisor or other educator at the service to administer general first aid products as per the manufacturer's recommendations (e.g. paw paw creams or nappy creams.)	Yes/No Signature of both Parents/Guardians -----
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. – <i>Education and Care Services National Regulations, Part 4.2, Regulation 94.</i>	Signature of both Parents/Guardians -----

Sunscreen Protection

As per our Sun Protection Policy we suggest all children to be protected against the sun with SPF 30+ sunscreen when exposed to sunlight. If your child is allergic, sensitive or you would like another brand used, please be advised that we ask that you provide this brand. We ask that each family apply SPF 30+ sunscreen to their child prior to their arrival at the service in the morning. Copies of our Sun Protection Policy are available for families to view. Please ask our educators to supply you with one. Please Circle which boxes are applicable to you.

Parent/Guardian

YES – I/We will apply SPF 30+ sunscreen to my child before coming to the service.

YES – Reapply SPF 30+ sunscreen to my child throughout the day to my child as required

NO – I / We will not apply SPF 30+ sunscreen to my child before coming to the service.

NO – Do not reapply SPF 30+ sunscreen to my child throughout the day.

Printed Name and Signature

Parent 1:

Signature:

Parent 2:

Signature:

Photography Policy

I consent to my Child being photographed during their time at Little Peanuts Early Learning Centre. These photos may be displayed at the service and used throughout the enrolled children's portfolio documentation or may be used to promote the service within the community. Our Photography Policy is available to view at any time, please ask educators for a copy. No outside agency or individual will be allowed to photograph the children without parental consent.

If the Child has a specific medical requirement, the Child's photo will be displayed on a sheet that details how to respond to the Child's medical requirements. This will be displayed in the service's kitchen.

Please Circle which boxes are applicable to you.

YES – I/We consent to my child being photographed while at the service and the photos displayed and used for promotional purposes.

YES – I / We consent to my child being photographed and the photos being displayed at the service and in other enrolled children's learning portfolios, but these photos cannot be used for promotional purposes.

NO – I / We do not consent to my child being photographed.

Printed Name and Signature

Parent / Guardian 1:

Signature:

Parent / Guardian 2:

Signature:

Declaration: Parent / Guardian

I/We

PRINT FULL NAME

As a person who has lawful authority of the child referred to in this enrolment form for Peanuts Early Learning Centre

- Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the 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 he/she becomes unwell.
- Consent to the educator's at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.
- Declare that I have read and understood the policies of Little Peanuts Early Learning Centre and will abide by those policies
- Consent to the educators administering medication if so requested by me or those I have nominated to do so on my behalf.
- Have read and agree with the fees, payment structure and policies of Little Peanuts Early Learning Centre and agree to pay fees one week in advance
- I agree to update any information relating to those individuals I have nominated to be a person to collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form.
- I agree that the Child's place at the service is subject to the Priority of Access scheme as outlined by the Child Care Management System.
- I agree to the Child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- I agree that I will assist with my child's learning and the service's documentation methods by completing Family Input documentation.

Parent/Guardian 1:

Parent / Guardian 2:

Date:

Date:

Privacy Disclaimer

Little Peanuts Early Learning Centre acknowledges and respects the privacy of its clients. The information that is being collected by Little Peanuts Early Learning Centre is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipients of this information is Little Peanuts Early Learning Centre, its authorised educators 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 the service's Confidentiality Policy.