



**Southern Highlands
Early Childhood Learning Centre**

Enrolment Form - Confidential

100 Beaconsfield Rd, MOSS VALE NSW 2577
Ph: 02 4869 1761 Email: info@sheclc.com.au
CRN 407 019 477L

Child Details

Surname: _____ Given Names: _____

Any other names or former names by which the child is known: _____

Date of Birth : _____ Place of Birth: _____ Sex: M F

Address: _____ State: _____ P/C: _____

Cultural Background: _____ Religion (optional): _____

Main Language/s spoken at home: _____

Child's Medicare Number: _____

Booking Information

Start Date: _____

Days Required: Monday Tuesday Wednesday Thursday Friday

Contact Details for the Child's Parents or Guardians

Contact details – Primary Guardian

Miss Ms Mrs Mr Other _____

Name

Any other name known by

Address

Postcode

Telephone (H)

Telephone (M)

Email Address

Marital Status

Relationship to the Child

Contact details – Secondary Guardian

Miss Ms Mrs Mr Other _____

Name

Any other name known by

Address

Postcode

Telephone (H)

Telephone (M)

Email Address

Marital Status

Relationship to the Child

Employment Details for the Child's Parents or Guardians

Primary Guardian

Employer Name

Address

Telephone (W)

Occupation

Secondary Guardian

Employer Name

Address

Telephone (W)

Occupation

Other Persons to be notified in an Emergency

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions when the child has an accident, injury or illness and the parents or guardians cannot be contacted. If this situation should arise, a staff member will need to contact an alternate person who is authorised to collect and care for the child. Personal identification will be required from these people in order to collect your child on your behalf.

Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Relationship to the child

Authorised to collect the child? Yes No

Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Relationship to the child

Authorised to collect the child? Yes No

Medical Contacts

Family Doctor Name

Address

Phone

Family Dentist Name

Address

Phone

Other Persons Authorised to Collect your Child

The following people are authorised to pick up your child on your behalf. Personal photo identification will be required from these people in order to collect your child. This list can be added to or changed throughout your child's enrolment. Any one NOT listed below will not be permitted to collect your child with prior permission.

Person 1 - Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Relationship to the child

Person 3 - Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Relationship to the child

Person 2 - Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Relationship to the child

Person 4 - Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Relationship to the child

Child Custody Information – Persons not authorised to collect

Provide details of specific persons NOT authorised to collect your child. In cases of child custody copies of custody orders or access arrangements MUST be supplied and attached to this form.

Name of unauthorised person: _____

Relationship to child: _____

Instructions for staff in the event person comes to collect the child: _____

Additional Information: _____

Family Details

Please provide details of any siblings or other family members that live in your household.

1. Name: _____ Relationship: _____ D.O.B: _____
2. Name: _____ Relationship: _____ D.O.B: _____
3. Name: _____ Relationship: _____ D.O.B: _____
4. Name: _____ Relationship: _____ D.O.B: _____

Centre to Parent Communication

In an effort to reduce our impact on the environment we are striving to use email as our main form of written communication with our families about special events, newsletters and notes. Please indicate below the most appropriate method of communicating management information to you.

- I access email regularly and I am happy to receive written communication from the centre using this method. My nominated email address is _____
- I would like paper communication via my parent pocket
- I prefer the centre to display posters or signs
- I require information to be verbally communicated
- I require written information to be translated into my home language, where possible.

Parent to Parent Communication

Day care and preschool is a very social atmosphere for the children and friendships are formed very quickly.

May we provide simple contact details (limited to your child's name, your first name and phone number - if required) to another parent who wishes to contact you for a socially related purpose.

- Yes No

Family Participation

Are there any skills, talents or interests that you or your family members have that you would like to contribute to the Centre's program?

Details _____

Are there any ways you would like to participate or become involved in the centre?

Details _____

What information do you consider important for you to know each day and what is the best means of communicating this with you?

CCB & CCMS Information

To ensure that you are linked to our centre through the Child Care Management System (CCMS) and to have Child Care Benefit (CCB) applied to your child care fees or lump sum, you must contact Centrelink to confirm that they have the correct name and date of birth for both the parent & child who are registered for CCB.

Please complete the following information accurately to ensure that your Customer reference Number (CRN) is linked to our centre CRN (407 019 477L) and to enable you to receive CCB:

Person Registered for CCB with Centrelink (details must be EXACTLY as per Centrelink Records)

Full Name: _____

Date of Birth: _____ CRN: _____

Child Registered for CCB with Centrelink (details must be EXACTLY as per Centrelink Records)

Full Name: _____

Date of Birth: _____ CRN: _____

Has this child attended another child care centre this financial year? No Yes

If yes, name of service: _____

Is the child attending multiple child care centres? No Yes

If yes, name of service: _____

Verification of Details held by Centrelink

I confirm that:

1. The information I have provided above is true and correct and that I have provided Centrelink with this same information.
2. I am responsible for communicating this information to Centrelink.
3. I understand that I am responsible for all fees charged by the centre in relation to this enrolment.
4. I understand that if any details are incorrect then full child care fees are payable by me directly to the centre until the details are corrected with Centrelink.

Name: _____ Signature: _____ Date: _____

Other Children in Care/Multiple Child CCB Percentage

If you have other children who are registered for CCB at another service, please complete the following information to ensure that you have the Multiple Child CCB Percentage applied to your account. As this information may change, we will ask you for updates periodically throughout the year to ensure the correct CCB percentage is applied.

Details of Other Children in Care

1. Full Name: _____ Type of Service: _____ Weekly Hrs _____

2. Full Name: _____ Type of Service: _____ Weekly Hrs _____

3. Full Name: _____ Type of Service: _____ Weekly Hrs _____

4. Full Name: _____ Type of Service: _____ Weekly Hrs _____

Agreement & Consent to Terms

Initial each item as acknowledgment that you have read and understand each agreement. If you do not consent to any of the items 1-16 below please speak to the Centre Director BEFORE starting.

Child's Name: _____ Date of Birth: _____

1. Emergency or Accidents

In the event of an emergency, illness (child's temperature 40C or higher) or serious accident (when the Centre is unable to contact the Parent / Guardian or the other nominated emergency contact persons), I give the staff at the centre consent to seek medical, ambulance, hospital or dental treatment for my child. I authorise the centre director or delegate to make such medical decisions that may be reasonably seen to be in the best interests of my child. I agree to pay any expenses incurred for medical treatment and transport of my child. Initial_____

2. Administering of Paracetamol

I agree for a first aid qualified staff member to administer ONE dosage of Paracetamol in the event of my child's body temperature rising above 38°C. I understand that the staff will make all efforts to contact the Parents / Guardians before administering Paracetamol and request arrangements to be made for collection of my child. I acknowledge that the centre uses 'Children's Panadol' and if I have a preference for another brand of paracetamol I will inform the director and supply an unopened bottle in original packaging on enrolment for my child's use. Initial_____

3. Payment of Fees

I agree to pay the required fees and understand that I am required to pay a bond equivalent to 2 weeks fees within the first month of starting at the centre. The bond amount will be allocated to your final fees at the centre. I will ensure that I keep my fees payments up to date and am aware that failure to pay due fees within 14 days may result in cancellation of care at the centre's option. I agree to pay any costs incurred by the centre (including debt collection commission fees, court costs and legal fees) in collecting any arrears owed. Initial_____

4. Cancellation of Care

I understand and agree that a full 2 week's written notification in advance is required when cancelling care and that payment is to be made for those 2 weeks. Initial_____

5. Fees for Public Holidays, Sick Days and Personal Holidays

I understand that Public Holidays, sick days and personal holidays that fall on my child's attendance days are charged at the normal daily fee rate and that complimentary make-up days may not be available. Initial_____

6. Late Fees

I / We understand that late fees will be charged if our child is not collected promptly by 5.30pm. Late fees charged are as follows: \$2 per minute for each minute that your child has not been collected after closing time. Initial_____

7. Permission for Publication

I give consent for my child's photograph and name to be used for the room programming, INTERNAL Centre displays and/or publications (e.g. Newsletters). Where this information may be utilized outside of the Centre, further permission will be sought. Initial_____

8. Parent Handbook

I acknowledge that we have received and read the Centre's Parent Handbook. I understand any changes to this Handbook will be displayed on the Parent Communication Boards in the Centre foyer. Initial_____

9. Permission for Evacuations

I hereby give permission for our child to participate in regular evacuation drills. I understand that our child will be relocated under the supervision of their caregivers and centre staff to a safety zone for evacuation purposes. (Please refer to the Centres Evacuation Plans and Procedures for information.) Initial_____

10. Sunscreen Application

All children must have their OWN roll on sunscreen. I agree to have the cost of roll-on sunscreen (Sunscreen Australia Roll-On SPF 30+, broad spectrum and water resistant \$4.50) for my child automatically added to my fees, as required. I understand that if I prefer to buy my own roll on sunscreen I will discuss with the Director prior to starting my first day. I understand I am responsible for applying my child's sunscreen in the morning and agree for the Centre Staff to apply sunscreen regularly to our child throughout the day for outdoor play purposes. Initial_____

11. Centre Policies

I acknowledge that the Centre Policies are available in the Centre's foyer at all times to view. I 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 displayed on the Parent Communication Boards in the Centre foyer. Initial_____

12. Infectious Diseases / Clearance Certificates

I understand that our child will be excluded from the Centre if they contract or are suspected of a contagious disease or condition. I understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to centre exclusion policy for further information. Initial_____

13. Non - Immunisation

I understand that if my child is NOT immunised or for whom the centre does not have a complete immunisation record may be temporarily excluded from the centre at my own cost when a vaccine preventable disease is present or suspected. It is my responsibility to provide the centre with up to date immunisation records for my child. Initial_____

14. Children's Behaviour

I understand that my child's enrolment at the centre maybe terminated if serious behaviour incidents or unacceptable behaviour occur on an ongoing basis. Please refer to the centre policies for our positive behaviour guidance for further information. Initial_____

By signing this form I/we declare and confirm:

- All information provided in this Enrolment Form is true and correct;
- I /We will notify the centre of changes to any of the above details, address or phone numbers;
- 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 16 above, and any other policies and procedures advised by the centre either directly or by making them available for perusal at the Centre.
- I / We request that my/our child be enrolled at Southern Highlands Early Childhood Learning Centre. I/ We understand that all the agreements signed in this document are intended to cover all occasions of attendance of my child at the centre and are not limited by date.

Signature of Primary Parent/Guardian: _____ Date: _____

Signature of Secondary Parent/Guardian: _____ Date: _____

OFFICE USE ONLY

- Enrolment Details on Computer System
- Enrolment Fee Paid
- Copy of Immunisation Record
- Copy of Birth Certificate
- Child Photograph for Parent Pocket ID – Parent Pocket Created
- “Information about your Child” sheet to room teacher

Enrolled Date: _____

Start date: _____

Comments :

Information about your Child

Childs Name: _____ Date of Birth: _____

Routines

Does your child have a daytime nap No Yes, how long _____

Any special bedtime routines: (ways in which they are put to bed or positions they like to lie in)

Does your child have a security item/ toy? *details* _____

Does your child use a dummy? No Yes - *details* _____

Toileting: Nappies Toilet training – requires assistance Toilet trained – independent

Are there any special words your child uses to indicate...

Toilet _____ Dummy _____ Comforter _____

Drink _____ Food _____ Other _____

Food and Eating

Are there any foods your child particularly likes? _____

Does your child have any cultural requirements or any issues related to food other than allergies?

If Yes, please provide details _____

Health and Medical Information

Does your child have any allergies/ sensitivities to food? No Yes, please provide details

Does your child have any other allergies? No Yes, please provide details

Does your child have a history of illnesses or injuries? No Yes, please provide details

Does your child have any current medical conditions/ special requirements/ additional needs?

No Yes, please provide details

Is your child currently on any regular medications? No Yes, please provide details

Social and Emotional Development

Has your child been in care before (at another centre or at home with family)?

details _____

How does your child usually respond to a new situation?

details _____

Does your child have any particular fears? (e.g. noise, animals) _____

What are your child's interests or play preferences? _____

Languages spoken by the child: _____

Main language spoken at home: _____

Cultural Background: _____

Are there any words that we may need to know that have special meaning to your child

(translate where necessary) _____

Is there any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child? (e.g. recent significant events, family situation, religious beliefs etc): _____

Are there any specific areas that you would like extra attention for your child? In the space below please add any other comments that you may feel are relevant.

Information Required for Children under 2 years of age

Please tick where appropriate and provide comments where necessary.

Childs Name: _____ Date of Birth: _____

Feeding and Eating Routines

- Feeds Self – dependent with assistance independently
- Uses spoon or utensils – dependent with assistance independently
- Uses sipper cup – not able with assistance independently
- Uses bottle – dependent with assistance independently
 - in cot lying down sitting up

Milk/ Drink Breast Milk Fed Formula Fed Cow's Milk Water
details _____

Diet – Milk only Pre solids Solids Other _____
Details _____

Day Sleeping Routines

- Sleeps in cot – wrapped patted rocked independent
 - with bottle with comforter other _____
- Sleeps in bed– wrapped patted rocked independent
 - with bottle with comforter other _____

Daily Routine

Please detail the approximate times your child usually feeds, sleeps and plays during the day.

- 8.00am _____
- 8.30am _____
- 9.00am _____
- 9.30am _____
- 10.00am _____
- 10.30am _____
- 11.00am _____
- 11.30am _____
- 12.00pm _____
- 12.30pm _____
- 1.00pm _____
- 1.30pm _____
- 2.00pm _____
- 2.30pm _____
- 3.00pm _____
- 3.30pm _____
- 4.00pm _____
- 4.30pm _____
- 5.00pm _____

Please advise the staff when any of the above information changes. Thank You ☺

