

4 Year Old Kindergarten Program (if applicable)

I/We understand that we are required to advise the Director if our 4 year old child is attending another funded kindergarten, as funding is only allocated to **ONE** kindergarten program.

- My child will **only** be attending the funded kindergarten program at Geelong Children’s Centre. Yes No
- If I withdraw my child from the kindergarten program for any reasons, my child’s position in the kindergarten will be withdrawn and my child will be attending the day care program in the 3-5 room for the remaining of the year depending on the availability of the room. Yes No
- I authorize the Centre to take my child to Bush Kinder/ Beach kinder / Nature Play throughout the year as a regular outing Yes No

Parent/Guardian name _____ Signature _____ Date ___/___/___

3 Year-Old Kindergarten Program (if applicable)

I/We would like my child to attend 3 Year Kindergarten Program at Geelong Children’s Centre. Yes No

- I authorize the Centre to take my child to Bush Kinder/ Beach kinder / Nature Play throughout the year as a regular outing Yes No

Parent/Guardian name _____ Signature _____ Date ___/___/___

Court Orders Relating to the Child

Are there any **Court Orders** relating to the powers, duties, responsibilities or authorities of any person in relation to the child/ren or access to the child/ren i.e. custody arrangements, restraining orders, parenting orders, registered parenting plans?

Yes Provide details No (go to the next section)

Bring the **original** Court/Intervention Order/s for management to sight and attach a copy to this Enrolment Form. Any ongoing updates must be provided as soon as possible.

Confidentiality and Privacy of Records

We are committed to protecting your privacy. We support and are bound by privacy laws to ensure strict confidentiality is maintained. Under the Education and Care Services National Law and Education and Care Services National Regulations enrolment records and other documents must not be divulged or communicated directly or indirectly to another person other than the parent/ guardian of the child to whom the information relates. Information can be released to the Department as Regulatory Authority or in the case of a medical emergency or used by educator’s or staff members or where expressly authorised by the parent/guardian or as required by any legislation or law (Regulation 181 and 182). You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Confidentiality and Privacy Policy.

Lawful Authority

Parents

Lawful authority is also known as **parental responsibility**. All parents have the right and responsibilities in relation to their children which can be changed by a court order. Education and Care Services National Regulations refer to these rights and responsibilities as “lawful authority”. It is not affected by the relationship between the parents, such as whether or not they live together or are married. **Lawful authority** sits with the parents unless otherwise determined by a Court.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “guardian” under the Education and Care Services National Regulations also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with and who has day-to-day care and control of the child.

Emergency contacts if a parent / guardian is unable to be contacted:

(do not include Parent/Guardian name/s)

We require a minimum of 2 people who must be over 18 years of age, should be contactable and are able to pick up the child within half an hour during an emergency or health issue.

Your consent is required for the following persons to be an authorised nominee and also an authorised person to:

1. Drop off /Collect your child from Geelong Children's Centre on your behalf
2. Be called in an emergency when you cannot be immediately contacted
3. For staff to administer medication /medical treatment
4. For staff to take the child outside the service on excursions /regular outings
5. For a staff member to collect your child from Geelong Children's Centre
6. Sign Medication Sheet/Accident Incident Injury and Trauma Record/Illness Sheet

Photo ID will be required on pick up of your child.

	Contact 1 (NOT parent/guardian)	Contact 1 (NOT parent/guardian)
First Name		
Last Name		
Address		
Home Phone		
Mobile Phone		
Work Phone		
Relationship to child		

	Contact 3 (NOT parent/guardian)	Contact 4 (NOT parent/guardian)
First Name		
Last Name		
Address		
Home Phone		
Mobile Phone		
Work Phone		
Relationship to child		

Medical Information

Doctor's Name:	Medical Centre:
Address:	Phone:
Child's Medicare Number:	Ambulance Cover Member No.:

Immunisation Statement

A current Immunisation Statement **MUST** be supplied on Enrolment day and updates to be forwarded throughout the year to the Office. Attached: Yes No

(Your child's Immunisation Statement can be accessed through your MyGov account and emailed to admin@geelongchildrenscentre.com.au)

Medical Conditions

Does the child have any special needs or developmental delay or disability including intellectual, sensory or physical impairment? Yes No

If yes, please provide details of any special needs and any medical management action plan to be followed with respect to the special needs.

Does the child have any allergies or sensitivity?

Foods Yes No **Medicine** Yes No **Sunscreen** Yes No **Band Aids** Yes No
Animals Yes No **Insects** Yes No **Other** - _____

If yes, please provide details of any allergies and any medical management action plan to be followed in respect to the allergy or sensitivity. A Risk Minimisation plan will be completed in consultation with you.

Does your child have any other medical conditions that are relevant to the care of your child, e.g. asthma, diabetes, eczema, epilepsy, convulsions, seizures etc. Yes No

If yes, please provide details of any medical conditions and any medical management action plan to be followed with respect to the medical condition. A Risk Minimisation plan will be completed in consultation with you.

Has the medical management plan been provided to the service for any of the above medical conditions?

Yes No

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? Yes No

Does your child have an auto injection device (e.g. EpiPen / Anapen)? Yes No

Has the anaphylaxis medical management plan been provided to the service? Yes No

(In the case of anaphylaxis, you will be provided with a copy of our medical conditions policy and anaphylaxis management policy. You will be required to provide Geelong Children's Centre with an individual medical management plan for your child, signed by the medical practitioner who is treating your child and displayed on the wall of the Centre. More information is available at <https://www.allergy.org.au/hp/anaphylaxis>. A risk minimization plan will be completed in consultation with you).

Consent to Emergency Medical Treatment

I/We _____ (Print full name)
are person/s with lawful authority of the child referred to in this Enrolment Form.

- Agree to collect or make arrangements for the collection of the child referred to in this Enrolment Form if she/he becomes unwell at Geelong Children's Centre
- Consent to the Director / Deputy Director or Responsible Person to seek medical treatment for the child from a medical practitioner, hospital or ambulance service including transportation of the child via ambulance if that person considers it is necessary
- Agree that we will be in all respects liable to meet and pay all costs, fees and expenses associated with the provision of any such services

Meals

Does your child have any special dietary restrictions?

Vegetarian Yes No **Religious** Yes No **Intolerances** Yes No **Allergy** Yes No

Other - _____

If yes, please provide details of any intolerances or allergies. A medical management action plan signed by the doctor will be required in respect to the allergy or intolerances. A Risk Minimization plan will be completed in consultation with you.

Permissions

I give Geelong Children's Centre management and staff the authority to:

- allow staff to check my child in the event of a case of head lice being detected Yes No
- use the name and/or photo of my child for Centre displays
 - Centre website Yes No
 - advertising/promotional Yes No
 - Facebook Yes No
- display Anaphylaxis/Asthma/Allergy Plan of my child on the wall in rooms and kitchen Yes No
- share group photos that my child is in on Educa (on-line learning platform) with families that use the service and extended family, also to be displayed on Educa for observation or documentation purposes Yes No
- observe my child and take photos by staff and students for programming and documentation purposes Yes No
- apply sunscreen to my child, supplied by Geelong Children's Centre for outside play (If no, please provide a letter releasing the Centre of any Liability **or** supply your own Sunscreen and MSDS) **Sunscreen name:** _____ Yes No
- apply topical creams to my child (supplied by parents) Yes No
 - All topical creams will have to be checked and approved by Geelong Children's Centre before application (a label is required on the cream from pharmacy with the child's name, expiry date and dosage)
Name of Cream (e.g. nappy cream) _____
 - Apply Band Aid or sticking plasters to my child Yes No
 - Administer Bonjela to my child as per the instructions on the label on the tube (a Medication Sheet will be required with specific administration times and a label is required on the cream from Pharmacy with the child's name, expiry date and dosage) Yes No
- take my child for bike riding on Lomond Terrace and St Albans Road throughout the year as a regular outing Yes No
- take my child for community walks / neighborhood walks within 1kilometre around the peripheral area of the Centre as a regular outing. Yes No
- take my child to Thomson Reserve and Club Rooms throughout the year as a regular outing Yes No
- take my child to Geelong Play space and Botanical Garden throughout the year as a regular outing Yes No

Parent/Guardian name _____ Signature _____ Date ___/___/___

Fees: Parent/Guardian Agreement

I/we understand that:

- Fees are payable two weeks in advance from the first day of care via Ezidebit. Invoices will be forwarded on **Wednesday 8 January 2025 for the 2 week period of Monday 6 January - Friday 17 January 2025.**
- I/We understand that if I/we do not wish to commence care until after that date, my child will be placed on a waiting list and Geelong Children's Centre cannot guarantee your child's position. Alternatively, I/we may choose to pay full fees from 6th January 2025 in order to secure your child's place at the Centre for 2025.
NOTE: Childcare Subsidy commences on the first day that your child attends Geelong Children's Centre but if you have not registered your child with Centrelink, full fees will be payable till your enrolment is formalised.
- If my fees are in arrears for more than two weeks and no arrangement has been made with the Centre Director, my child's place will be withdrawn.
- Fees will be charged for booked days that my child does not attend due to illness, general absences e.g. family holiday and public holidays.
- **LATE PICKUP** - Parents will be charged an additional fee for late collection of child/children after 6pm. Costs will be calculated at time and half per hour per staff member.
- Should I fail to pay my fees and my place is withdrawn or when I leave the Centre, I will be liable for all additional costs incurred by the Centre in collecting the outstanding fees. Outstanding accounts will be referred to a Collection Agency and will have all costs and commission added to the amount due.
- Full fees are payable until Childcare Subsidy (CCS) confirmation is received by the Centre.
- I/We must advise the Centre staff of any changes to the information given on this enrolment form.
- I/We agree to notify the Centre staff if my child will be absent from the Centre.
- I/We agree to notify the Centre staff should I/we wish my child to be collected by any person other than those nominated on the enrolment form. Photo ID will be required by the nominated person on pick up.
- If you wish to withdraw or change our child's booked days from the Centre, **two week's notice** must be given in writing to the Director. Fees will be charged for the two weeks of notice period. Centrelink requires that the child attends the Centre on the last day of the notice period otherwise you will lose your CCS and full fees will be payable from when the child last attended care.
- I/We understand that if I/we are not working or studying or on maternity leave. I/we may be restricted to one day of childcare per week. In the event that a working/studying parent requires my allocated day and there is no alternative day available for me. I/we understand that the Centre may give me 2 weeks written notice and I/we will have to withdraw or change my child's day to make way for a higher priority child. Further information on this can be found in the Centre's Parent Enrolment Booklet – Priority of Access Guidelines.
- I/We acknowledge that I/we have read the Parent Handbook of Geelong Children's Centre and are familiar with the Centre Policy and Procedure Manual located in each room and in the office. I/We agree to follow, support and abide by these policies and procedure. I/We are aware that staff members and Director/Deputy Director are available to discuss any policies that I/we do not fully understand.
- I/We confirm that I/we have read and understood the information and all the information given on this enrolment form is true and correct and undertake to notify the Centre immediately of any changes. Information provided about my child/ren or other people, has been given with their authorization.

To be signed by both parents/guardians where applicable.

Parent/Guardian name _____ Signature _____ Date ___/___/___

Parent/Guardian name _____ Signature _____ Date ___/___/___

Director's name _____ Signature _____ Date ___/___/___