

# GEELONG CHILDREN'S CENTRE ENROLMENT FORM

Room:
Days Allocated:
Days Waiting on: (Office use only)

Days Requested (please tick)

Days	Monday	Tuesday	Wednesday	Thursday	Friday
7am to 6pm					
Start Date			-		
Child's Details					
Given Name/s			Usually called_		
_ast Name			_ Date of Birth_		
anguage/s Spoken at	Home				
s the child of First Nat	ions and/or Torres S	Strait Islander ori	igin?		
First Nations	C	Yes	O No		
Torres Strait Is	lander C	Yes	O No		
Does the child have	any sibling/s curre	ently attending	Geelong Children	's Centre? Ye	C oN C
Ciblin - /					
Sibling/s name					
Parent/Guardian	Details				
Parent/Guardian - 1			Parent/Guardian -	2	
Given Names			Given Names		
Last Name			Last Name		
Date of Birth /	/		Date of Birth /	/	
Home Address			Home Address		
	Pos	stcode			Postcode
Home Phone			Home Phone		
Mobile			Mobile		
Email			Email		
Occupation			Occupation		
Work Phone			Work Phone		
Does the child live with	h this person? Y	'es O No O	Does the child live v	vith this person?	Yes O No O
	(000)				
Child Care Subsider	• • •			V ()	NI-
Are you applying for Cl	•			Yes <b>O</b>	No O
Name of Parent/Guard	nan ciaiming CCS				
Parent/Guardian CRN_		r	Child CRN		
For information on (	Child Care Subsidy	rofor			

to:www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy

## 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 v	will <u>on</u> l	ly be attending the	funded kindergarten pi	rogram at (	Geelong Children's Cent	re.		
							Yes 🔾	No O	
•	will be wi	thdraw		be attending the day of	•	s, my child's position in min the 3-5 room for the	ne remaining		
	regular ou	uting	Yes O No			/ Nature Play throughou	·		
Pare	nt/Guardi	an nan	ne	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 O No O								
<ul> <li>I authorize the Centre to take my child to Bush Kinder/ Beach kinder / Nature Play throughout the year as a regular outing</li> <li>Yes O No O</li> </ul>									
Pare	nt/Guardi	an nan	ne	Signature			Date/_	/	
Parent/Guardian nameSignatureDate/									
	Yes	O	Provide details		No O	(go to the next secti	ion)		

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		

iviedical information					
Doctor's Name:	Medical Centre:  Phone:				
Address:					
Child's Medicare Number:	Ambulance Cover Member No.:				
Immunisation Statement					
A current Immunisation Statement MUST be supplied	d on Enrolment day and updates to be forwarded				
throughout the year to the Office.	Attached: Yes O No O				
(Your child's Immunisation Statement can be accessed through your My	Gov account and emailed to admin@geelongchildrenscentre.com.au)				
Medical Conditions					
Does the child have any special needs or developmental d impairment?	elay or disability including intellectual, sensory or physical Yes O No O				
<b>If yes,</b> please provide details of any special needs with respect to the special needs.	and any medical management action plan to be followed				
Does the child have any allergies or sensitivity?					
Foods Yes O No O Medicine Yes O No O Animals Yes O No O Insects Yes O No O	O Sunscreen Yes O No O Band Aids Yes O No O Other -				
· · · · · · · · · · · · · · · · · · ·	d any medical management action plan to be followed in sation plan will be completed in consultation with you.				
eczema, epilepsy, convulsions, seizures etc. <b>If yes</b> , please provide details of any medical conditions.	e relevant to the care of your child, e.g. asthma, diabetes,  Yes O No O  tions and any medical management action plan to be Risk Minimisation plan will be completed in consultation				
Has the medical management plan been provided to the s	ervice for any of the above medical conditions?  Yes O No O				
Anaphylaxis					
Has your child been diagnosed at risk of anaphylaxis?	Yes O No O				
Does your child have an auto injection device (e.g. EpiPen	/ Anapen)? Yes O No O				
Has the anaphylaxis medical management plan been provi					
(In the case of anaphylaxis, you will be provided with a copy of c management policy. You will be required to provide Geelong Cl your child, signed by the medical practitioner who is treating 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.				
<ul> <li>Agree to collect or make arrangements for the collection.</li> </ul>	ollection 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 O Religious YesO NoO Intolerances YesO NoO Allergy YesO NoO 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 **Q** No O use the name and/or photo of my child for Centre displays Centre website Yes **O** No O o advertising/promotional Yes 🔾 No O Facebook Yes 🔾 No O display Anaphylaxis/Asthma/Allergy Plan of my child on the wall in rooms and kitchen Yes 🔾 No O 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 Q No Q observe my child and take photos by staff and students for programming and documentation purposes Yes O No O apply sunscreen to my child, supplied by Geelong Children's Centre for outside play Yes O No O (If no, please provide a letter releasing the Centre of any Liability or supply your own Sunscreen and MSDS) Sunscreen name: apply topical creams to my child (supplied by parents) Yes **Q** No O o 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 **O** No O No O • Administer Bonjela to my child as per the instructions on the label on the tube Yes **Q** (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) take my child for bike riding on Lomond Terrace and St Albans Road throughout the year as a regular outing Yes 🔾 No O take my child for community walks / neighborhood walks within 1kilometre around the peripheral area of the Centre as a regular outing. Yes Q No Q

take my child to Thomson Reserve and Club Rooms throughout the year as a regular outing

Parent/Guardian name

take my child to Geelong Play space and Botanical Garden throughout the year as a regular outing

\_\_\_\_\_ Signature \_\_\_\_\_

Yes O No O

Yes O

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_

No O

# Fees: Parent/Guardian Agreement

I/we understand that:

- Fees are payable two weeks in advance on Wednesdays from the first day of care via Ezidebit.
- 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 the first Wednesday in the New Year in order to secure your childs place at the Centre

**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	<i></i>	<i>J</i>
Parent/Guardian name	Signature	_Date	J	<i>J</i>
Director's name	Signature	_Date		J