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 Details	
Full name:	Usually Called:
Address:	Date of birth:
	Gender:
Cultural background:	Languages spoken at home:
Are there any cultural or religious considerations for your child? ☐ No ☐ Yes – please provide details.	
Does your child have an additional need? ☐ No ☐ Yes – please provide details.	
Does the child have any siblings currently attending Geelong Children's Centre? ☐ No ☐ Yes Sibling/s name _____	
Are there any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? ☐ No ☐ Yes – please attach a copy.	Are there any details of any other court orders relating to the child's residence or the child's contact with a parent or other person? ☐ No ☐ Yes – please attach a copy.
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.	

Parent / Guardian Details	
Parent / Guardian 1	**Parent / Guardian 2**
Full name:	Full name:
Date of Birth: / /	Date of Birth: / /
Relationship to child:	Relationship to child:
Does the child live with this person:	Does the child live with this person:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:
Email:	Email:
Address: Postcode:	Address: Postcode:
Occupation:	Occupation:
Cultural background:	Cultural background:

Child Care Subsidy (CCS)	
Are you applying for Child Care Subsidy? ☐ No ☐ Yes	
Name of Parent/Guardian claiming CCS_____	
Parent/Guardian CRN:	**Child CRN:**

For information on Child Care Subsidy refer to:www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy

4 Year Old Kindergarten Program (if applicable)	3 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. ☐ No ☐ Yes • If I withdraw my child from the kindergarten program for any reasons, my child's position in the kindergarten will be withdrawn and my child will be attending the day care program in the 3-5 room for the remaining of the year depending on the availability of spots in the room. ☐ No ☐ Yes • I authorize the education and care service to transport or arrange transportation of my child to take my child to Bush Kinder/ Beach Kinder/ Nature Play throughout the year as a regular outing ☐ No ☐ Yes Parent/Guardian name_____ Signature _____Date ___/___/___	I/We would like my child to attend 3 Year Kindergarten Program at Geelong Children's Centre. ☐ No ☐ Yes • I authorize the education and care service to transport or arrange transportation of my child to take my child to Bush Kinder/ Beach Kinder/ Nature Play throughout the year as a regular outing ☐ No ☐ Yes Parent/Guardian name_____ Signature _____Date ___/___/___

Emergency contacts and Authorised persons 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.

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

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

	Contact 1 (NOT parent/guardian)	Contact 2 (NOT parent/guardian)
First Name		
Last Name		
Address		
Home Phone		
Mobile Phone		
Work Phone		
Relationship with the child		

1.	Authorised to be notified of an emergency involving my child if any parent/guardian cannot be immediately contacted. ☐ Yes ☐ No	1.	Authorised to be notified of an emergency involving my child if any parent/guardian cannot be immediately contacted. ☐ Yes ☐ No
2.	Authorised to collect my child from the service. ☐ Yes ☐ No	2.	Authorised to collect my child from the service. ☐ Yes ☐ No

3.	Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service. ☐ Yes ☐ No	3.	Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service. ☐ Yes ☐ No
4.	Authorised to consent to administration of medication to my child. ☐ Yes ☐ No	4.	Authorised to consent to administration of medication to my child. ☐ Yes ☐ No
5.	Authorised to authorise an educator to take my child outside the service premises on excursions /regular outings. ☐ Yes ☐ No	5.	Authorised to authorise an educator to take my child outside the service premises on excursions /regular outings. ☐ Yes ☐ No
6.	Authorised to authorise the education and care service to transport or arrange transportation of my child. ☐ Yes ☐ No	6.	Authorised to authorise the education and care service to transport or arrange transportation of my child. ☐ Yes ☐ No
7.	Authorised to authorise an educator to drop off or collect your child on your behalf ☐ Yes ☐ No	7.	Authorised to authorise an educator to drop off or collect your child on your behalf ☐ Yes ☐ No
8.	Authorised to authorise a staff member to administer medication /medical treatment. ☐ Yes ☐ No	8.	Authorised to authorise a staff member to administer medication /medical treatment. ☐ Yes ☐ No
9.	Authorised to authorise an educator to take my child outside the service premises for evacuation drills ☐ Yes ☐ No	9.	Authorised to authorise an educator to take my child outside the service premises for evacuation drills ☐ Yes ☐ No
10.	Authorised to Sign Medication Sheet/Accident Incident Injury and Trauma Record/Illness Sheet ☐ Yes ☐ No	10.	Authorised to Sign Medication Sheet/Accident Incident Injury and Trauma Record/Illness Sheet ☐ Yes ☐ No

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

1.	Authorised to be notified of an emergency involving my child if any parent/guardian cannot be immediately contacted. ☐ Yes ☐ No	1.	Authorised to be notified of an emergency involving my child if any parent/guardian cannot be immediately contacted. ☐ Yes ☐ No
2.	Authorised to collect my child from the service. ☐ Yes ☐ No	2.	Authorised to collect my child from the service. ☐ Yes ☐ No
3.	Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service. ☐ Yes ☐ No	3.	Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service. ☐ Yes ☐ No
4.	Authorised to consent to administration of medication to my child. ☐ Yes ☐ No	4.	Authorised to consent to administration of medication to my child. ☐ Yes ☐ No
5.	Authorised to authorise an educator to take my child outside the service premises on excursions /regular outings. ☐ Yes ☐ No	5.	Authorised to authorise an educator to take my child outside the service premises on excursions /regular outings. ☐ Yes ☐ No
6.	Authorised to authorise the education and care service to transport or arrange transportation of my child. ☐ Yes ☐ No	6.	Authorised to authorise the education and care service to transport or arrange transportation of my child. ☐ Yes ☐ No
7.	Authorised to authorise an educator to drop off or collect your child on your behalf ☐ Yes ☐ No	7.	Authorised to authorise an educator to drop off or collect your child on your behalf ☐ Yes ☐ No
8.	Authorised to authorise a staff member to administer medication /medical treatment. ☐ Yes ☐ No	8.	Authorised to authorise a staff member to administer medication /medical treatment. ☐ Yes ☐ No
9.	Authorised to authorise an educator to take my child outside the service premises for evacuation drills ☐ Yes ☐ No	9.	Authorised to authorise an educator to take my child outside the service premises for evacuation drills ☐ Yes ☐ No
10.	Authorised to Sign Medication Sheet/Accident Incident Injury and Trauma Record/Illness Sheet ☐ Yes ☐ No	10.	Authorised to Sign Medication Sheet/Accident Incident Injury and Trauma Record/Illness Sheet ☐ Yes ☐ No

Authorisation for medical treatment and transportation by an ambulance

I/We _____ (Print full name) give consent for the approved provider, a nominated supervisor responsible person or an educator to seek:

- Medical treatment for my child from a registered medical practitioner, hospital or ambulance service and
- Transportation by an ambulance service
- Collect or make arrangements for the collection of the child if she/he becomes unwell at Geelong Children's Centre
- Consent 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

Parent/Guardian name_____ Signature _____Date ___/_/_

Health Information

Medical Practitioner/ Medical Service Name:	Address:
Contact Number:	Ambulance Cover Member No.:

Medical Conditions Details

Does your child have a specific health care need or medical condition? ☐ **No** ☐ **Yes**

_____

Does the child have any allergies or sensitivity?

Foods ☐ **No** ☐ **Yes** **Medicine** ☐ **No** ☐ **Yes** **Sunscreen** ☐ **No** ☐ **Yes** **Band Aids** ☐ **No** ☐ **Yes**
Animals ☐ **No** ☐ **Yes** **Insects** ☐ **No** ☐ **Yes** **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 dietary restrictions or preferences? ☐ **No** ☐ **Yes**

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.

_____

Has your child been diagnosed as at risk of anaphylaxis? ☐ **No** ☐ **Yes – (please provide details)**

_____

_____

A copy of the medical management plan or anaphylaxis management plan to be followed with respect to my child's specific healthcare need, medical condition or allergy is attached? ☐ **No** ☐ **Yes**

A copy of medical conditions policy and anaphylaxis management policy will be provided to the family.
A risk minimization plan and communication plan will be developed 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. ☐ **No** ☐ **Yes**

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.

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Immunisation Details

Is your child fully immunised? ☐ No ☐ Yes – please attach a copy of your child's current Immunisation History Statement.
A current Immunisation Statement **MUST** be supplied on the Enrolment Day and updates to be forwarded throughout the year to the Office. Copy Attached: ☐ No ☐ Yes
☐ Details of any exemption for the child under section 143C of the Public Health and Wellbeing Act 2008.
Copy Attached: ☐ No ☐ Yes

Permissions

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

- allow staff to check my child in the event of a case of head lice being detected ☐ No ☐ Yes
- use the name and/or photo and video of my child for:
  - Centre displays ☐ No ☐ Yes
  - Centre website ☐ No ☐ Yes
  - Advertising/promotional ☐ No ☐ Yes
  - Facebook ☐ No ☐ Yes
- display Anaphylaxis/Asthma/Allergy Plan of my child on the wall in rooms and kitchen ☐ No ☐ Yes
- take, use and store images and videos of children, upload individual/ group photos and videos 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 documentation purposes ☐ No ☐ Yes
- observe my child and take photos by staff and students for programming and documentation purposes ☐ No ☐ Yes
- apply sunscreen to my child, supplied by Geelong Children's Centre for outside play ☐ No ☐ Yes
  (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) ☐ No ☐ Yes
  - 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 ☐ No ☐ Yes
- administer teething gel to my child as per the instructions on the label. ☐ No ☐ Yes
  (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 ☐ No ☐ Yes
- take my child for community walks / neighborhood walks within 1kilometre around the peripheral area of the Centre as a regular outing. ☐ No ☐ Yes
- take my child to Thomson Reserve and Club Rooms throughout the year as a regular outing ☐ No ☐ Yes
- to transport or arrange transportation to take my child to Geelong Play space and Botanical Garden throughout the year as a regular outing ☐ No ☐ Yes

Parent/Guardian name_____ Signature _____Date ___/___/___

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.
- /We understand that if I/we choose not to commence care at the beginning of the new year, my/our child will be placed on the waiting list, and Geelong Children's Centre cannot guarantee that their place will be held. Alternatively, I/we may choose to pay the full applicable fees from the Centre's first day of operation in the new year to secure my/our child's place.

  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 weeks' 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 procedures. 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 __/_/_

Nominated Supervisor / Director name **Jane Rathjen**

Signature _____ Date _____/_____/_____