

# Enrolment Form

## Happy Times Child Care & Early Learning Centre

21 Long St, Mentone, VIC 3194

Phone: 9515 5269

ABN: 14 601 947 737

### Child Details

Child's First name: \_\_\_\_\_ Child's Family Name: \_\_\_\_\_

Preferred Name / Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

Is the child of Aboriginal Torres Strait Island Origin? (please tick)

No, not Aboriginal or Torres Strait Islander

Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander

Yes, Torres Strait Islander

Cultural Background of Child: \_\_\_\_\_

Primary language spoken in the home: \_\_\_\_\_

Does the child understand / speak English?      Yes      No

### Booking Information

Proposed Start Date: \_\_\_\_\_

Days Required:      Monday      Tuesday      Wednesday      Thursday      Friday

### Contact Details for the Child's Parents or Guardians: Contact Details – Guardian 1:

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the child \_\_\_\_\_ DOB: \_\_\_\_\_

Is this person:	Yes	No
Authorized to collect the child?		
Authorized to consent to Medical treatment of the child?		
Authorized to request or permit the administration of medication for the child?		
Authorize the taking of the child out of the service by a staff member of the service?		
Authorized to consent to others taking the child out of the service?		

**Contact Details – Guardian 2:**

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Driver’s License Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Relationship to the child \_\_\_\_\_ DOB: \_\_\_\_\_

Is this person:	Yes	No
Authorized to collect the child?		
Authorized to consent to Medical treatment of the child?		
Authorized to request or permit the administration of medication for the child?		
Authorize the taking of the child out of the service by a staff member of the service?		
Authorized to consent to others taking the child out of the service?		

**Contact Details – Emergency contact 1:**

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Driver’s License Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Relationship to the child \_\_\_\_\_ DOB: \_\_\_\_\_

Is this person:	Yes	No
Authorized to collect the child?		
Authorized to consent to Medical treatment of the child?		
Authorized to request or permit the administration of medication for the child?		
Authorize the taking of the child out of the service by a staff member of the service?		
Authorized to consent to others taking the child out of the service?		

**Contact Details – Emergency contact 2:**

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Driver’s License Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Relationship to the child \_\_\_\_\_ DOB: \_\_\_\_\_

Is this person:	Yes	No
Authorized to collect the child?		
Authorized to consent to Medical treatment of the child?		
Authorized to request or permit the administration of medication for the child?		
Authorize the taking of the child out of the service by a staff member of the service?		
Authorized to consent to others taking the child out of the service?		

## School Information

Does this child usually attend school?                      Yes                                      No

## Child's Health / Medical Information

Family Doctor's Name: \_\_\_\_\_

Family Doctor's Address: \_\_\_\_\_

Family Doctor's Telephone: \_\_\_\_\_ Child's Medical Number: \_\_\_\_\_

Ambulance Member Number: \_\_\_\_\_

Does your child have any allergies?      Yes (Please complete the following)      No (Go to the next question)

Has your child been diagnosed at risk of anaphylaxis? Yes (Please attach action plan)      No(Go to the next question)

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

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

Has a risk management plan been completed by the service in consultation with you ?      Yes                                      No

In the case of anaphylaxis, you will be provided with a copy of the service anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form.

Allergies: (Please specify which foods and the signs / symptoms to be aware of, if any):

\_\_\_\_\_

Does your child have a history of illnesses or injuries? Yes (Please provide details)      No (Go to the next question)

\_\_\_\_\_

Does your child have any current medical conditions? Yes (Please provide details)      No (Go to the next question)

\_\_\_\_\_

Is your child currently on any prescribed medications? Yes (Please provide details)      No (Go to the next question)

\_\_\_\_\_

Does your child have any dietary restrictions including religious requirements?

Yes (Please provide details)      No (Go to the next question)

## Immunization Details

To be eligible for Child Care Subsidy, your children must meet the immunization requirements if they are under the age of seven. To meet the requirements, your child must be:

Fully immunized or up to date according to the Australia Standard Vaccination Schedule; or

On a catch –up vaccination schedule; Please send through a copy of your child’s immunizations from the MyGov app

## CCS & CCMS Information

To ensure that you are linked to our Centre through the Child Care Management System (CCMS) and to have Child Care Subsidy (CCS) applied to your child care fees, 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 CCS.

Please complete the following information accurately to ensure that your CRN is linked to our Centre and to enable you to receive CCS:

### Person Registered for CCS with Centrelink (Details must be EXACTLY as per Centrelink Records)

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

### Child Registered for CCS 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?      Yes                      No

Is the child attending multiple child care Centres?                      Yes                      No

Verification of Details held by Centrelink

I confirm that:

The information I have provided above is true and correct and that I have provided Centrelink with this same information.

I am responsible for communicating this information to Centrelink.

I understand that I am responsible for all fees charged by the Centre in relation to this enrolment.

I understand that if and 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 CCS Percentage

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

### Details of Other Children in Care

1. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Agreement & Consent to Terms

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Emergency or Accidents** In the event of an emergency, illness or accident (when the Centre is unable to contact the Parent / Guardian or the Authorized Contact/s), I / We give the staff at the Centre consent to provide Medical or Hospital attention for our child. I / We agree to pay any expenses incurred for Medical Treatment and Transport. I / We agree for our child to be transported via ambulance to a hospital if required and will of course be accompanied by a staff member of Happy Times.

**Special need, Allergy or Medical Condition** We give the staff at the Centre consent for the medical management plan for our child to be followed with respect to a special need, allergy or medical condition, if necessary.

**Risk of Anaphylaxis** Where our child is diagnosed with or at risk of anaphylaxis, we give the staff at the Centre consent to manage the current medical plan for the child.

**Walk or Drive authorization** We give the staff at the Centre the authorization to take the child for a regular walk, bus ride, transport via ambulance or drive to and from a destination in the local area, if relevant.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Administering of Paracetamol** I / We agree for Centre staff to administer one dosage of Paracetamol in the event of our child's body temperature rising above 38C. I / We understand that the staff will make contact with the Parents / Guardians or the Emergency Contacts to inform us that Paracetamol is being administered and the child must be picked up from care.

**KindyHub** I/We agree and understand that Happy Times Childcare's documentation is all available and accessible on KindyHub, in enrolling, we agree that this is the app to use to view my daily information, nappy changes, photos and documentation as well as communication portal to communicate effectively with staff in relation to my child's day and development. I / we aware that it is illegal to upload photos to social media of other children without their parents' permission.

**Surveillance** I/We give permission for CCTV footage to record my child whilst attending Happy Times. I am aware that I can view any footage upon request and know that surveillance is used as a precaution to protect my child. The CCTV footage records for 24 hours a day, 7 days a week, and automatically erases after 3 months. We have four security cameras on premises, one in the foyer, one in the Wallabies room located by the yard door and one in the possum's room near the yard door in the left corner. We also have a camera outside that views 90 percent of the yard. Only management has access via password to ensure safety.

**Permission for Publication** I / We hereby give consent for our child's photograph, name and age to be used for the room programming. Centre displays and / or publications (e.g. Newsletters). Where this information may be utilized outside of the Centre, further permission will be sought.

**Permission for Observation** I/ We give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers. If questioning or testing is to be carried out I / We will be asked for further permission.

**Payment of Fees** I / We agree to maintain our fees as per the Centre's fee policy. We will ensure our fees are kept up to date by making payments on the required day via Direct Debit or as agreed with the Centre. I/We are aware that failure to pay due fees within 14 days may result in the cancellation of care at the Centre's option. Where an Direct Debit arrangement has been entered into, I/ We authorize the Centre o make withdrawals from my / our nominated account as specified in the Direct Debit Request Form, as determined the Centre in accordance with the terms and conditions herein and in any subsequent agreement with the Centre. I / We acknowledge that such withdrawals may include amounts representing any arrears that are owed by me / us. I / We understand that any costs incurred by the Centre in collecting any arrears owed may be charged to my / our account.

**Permission for Evacuations** I/ We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their caregivers and Centre staff to a safety zone for evacuation purposes. (Please refer to the Centre Evacuation Plans and Procedures for information.)

**Sunscreen Application** I/ We agree for the Centre Staff to apply sunscreen regularly to our child for outdoor play purposes. I/ We understand that the Centre may use a variety of sunscreen brands from time to time, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special sunscreen

**Child Care Subsidy (Lump Sum Claims)** I / We understand that it is our responsibility to notify the Centre of our Customer Reference Number (CRNs) even where our family will not be claiming Child Care Subsidy as reduced fees on a weekly basis.

**Cancellation of Care** I/ We understand that two week's written notification is required in advance when cancelling care.

**Fees for Public Holidays** I/ We understand that Public Holiday are charged at the normal daily fee rate and that complimentary make up days will not be available.

**Late Fees** I/ We understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Benefit can be claimed for this fee. Late fees charged are as follows: \$1 per minute for each minute that your child has not been collected after closing time (minimum late fee: \$20.00)

**Priority Access** I/ We understand that if our family falls under Priority Access we may be required to alter our days or give up our place in the Centre in order to provide a place for higher Priority family according to the following Priority Access Guidelines and our Centre Policy: First Priority – Children at risk or serious abuse or neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government; and Third Priority – All other children.

**Infectious Diseases / Clearance Certificates** I/ We understand that our child will be excluded from the Centre if they contract a contagious disease or condition. I/ We 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 our Centre Policies for further information.

**Non- Immunisation** I/ We understand that if our child is NOT immunized in accordance to the Government requirement, our child will not be accepted. (Please refer to our Centre Policies for further information)

**Presence of Visitors and Volunteers** I/ We understand that occasionally the Centre may have visitors and / or Volunteers assisting in the Centre. I/We consent to our child being in the presence of visitors and / or volunteers under the Centre Staff supervision.

**Confidentiality of Enrolment Records** I / We understand that information in the child's enrolment record is confidential unless necessary for the care or education of the child, to manage medical treatment of the child, where authorised by the parent or prescribed in the Children Services.

**Cancellation of Care:** I/ We understand that a notice period of two week is required cancel our enrolment. Any absences occurring during the two week notice period will be charged at full fee. (As Per Family Assistance Law)

**Lawful Authority**

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children’s Services Regulations 2011 refer to these powers and responsibilities as “lawful authority”. It is not affected by the relationship between parents, such as whether or not they have lives together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

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 Law Act 2010 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 who has day to day care and control of the child.

**By signing this form I / We declare and confirm:**

- I/ We are lawful authorized in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/ We have read, full understand and agree to comply with all of the policies, and procedures detailed in this Enrolment Form, and any other policies and procedures advised by the Centre either directly or by making them available for perusal at the Centre.

Signature of Parent /Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent /Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Enrolment Details Entered:	Yes	No	
Direct Debit Authority Signed:	Yes	No	
Enrolment Deposit Paid:	Yes	No	Received Date: _____

Child CRN Details: \_\_\_\_\_ Parent CRN Details: \_\_\_\_\_