



Privacy Statement: The personal information requested on this form is being collected for the purpose of facilitating a child care placement in accordance with Education and Care Services National Law and Regulations. The personal information will be used solely for this purpose or directly related purposes. Relevant information will be shared with educators at this service to assist them in best meeting the needs of your child.

CHILD ENROLMENT FORM 2020 v1

Kinder Only Fee Option _____
Please indicate 1,2,3 or 4

A parent or guardian who has parental responsibility for the child must complete this form. Enrolment forms must be completed each year and updated when any changes occur. **Please respond to all details requested.**

Child's Details (a separate form is required for each child)

Surname	Christian Names	Usually Called	Date of Birth	Child Centrelink CRN	Sex
					M / F

Child's Residential Address:

Child's Postal Address:

Child's Country of Birth:: Names of siblings:

Aboriginal/Torres Strait Islander descent: Yes No Ethnic Group/Cultural Identity:

Child's Primary Language: Other languages spoken or understood:
Who does this child usually live with? (please tick)

Parents or parent and partner Mother Father Other (please explain)

Are you applying for (please tick) Child Care 4yr old Kindergarten* Both

***All Kindergarten enrolments must provide a copy of your child's birth certificate, Immunisation History Record & a current health care/concession card if applicable.**

Please indicate below what days you require for both child care and/or kindergarten. Arrival & departure times are only to assist us with staffing and can be adjusted to meet your needs.

	Monday	Tuesday	Wednesday	Thursday	Friday
Approx. Arrival time					
Approx. Departure time					

Date care to commence:

Reason for requiring care: Work Study Socialisation Respite Kindergarten

Is your child already accessing a child care or kindergarten place elsewhere, if yes, which service does your child currently attend?
.....

Access/Custody Arrangements

Are there any court orders, parenting orders or parenting plans 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. child custody arrangements, restraining orders, parenting orders, parenting plans? Yes No

If yes, please provide details: The original order must be sighted. A copy of these orders or plans will be retained by the service.

Child Care Subsidy HAVE YOU APPLIED FOR CHILD CARE SUBSIDY yes no

If no, please contact Centrelink and register **each child** for Child Care Subsidy including Kindergarten children.

Do you have other children in Child Care Subsidy approved care including Outside School Hours Care or Family Day Care?
 yes no

If yes, names of children Which service do they use

Name of Doctor:..... Telephone:.....

Name and Address of Clinic:.....

Medicare Number for child (including child's identifying number)

Ambulance Coverage

Ambulance Coverage: Yes No Ambulance fund membership number:

Please note, where your response is Yes to questions 1, 2 or 3 an action plan must be given to the Service.

1. Does your child have any **allergies or sensitivities**? Yes No If yes, a **Medical Emergency/Allergy Action Plan** will need to be completed by parents and signed by your doctor and attached & a risk minimisation plan will be developed by the Service in conjunction with the parent/guardian.

Provide details of allergy or sensitivity

2. **Anaphylaxis: Has your child been diagnosed as anaphylactic?** Yes No If yes, an **Anaphylaxis Action Plan** will need to be completed and signed by your doctor and attached & a risk minimisation plan will be developed by the Service in conjunction with the parent/guardian.

3. Does your child suffer from **Asthma**? Yes No If yes, an **Asthma Plan** will need to be completed and signed by your doctor & a risk minimisation plan will be developed by the Service in conjunction with the parent/guardian.

4. Does your child have any other **relevant medical conditions**? Yes No If yes, Please provide details:

If a management procedure is in place please attach a copy & a risk minimisation plan will be developed by the Service in conjunction with the parent/guardian.

5. Are there any **dietary restrictions**? Yes No If yes, please provide details:

6. Does the child have **special needs**, a developmental delay or disability including intellectual, sensory or physical impairment? Yes No If yes please tick areas and explain below.

Hearing Sight Physical Intellectual Speech Behaviour Other (explain)

What does this mean for your child:

If a management procedure is to be followed, please attach procedure.

7. **Previous Illness:** Measles Mumps Rubella Chicken Pox Other (please detail)

Immunisation Do you intend for your child to be fully immunised? Yes No

Are immunisations up to date? Yes No You must attach your child's Immunisation Status Certificate available from Medicare.

Under the 'No Jab, No Play' law from 1 January 2016, enrolment in long day care, kindergarten, family day care or occasional care cannot be confirmed until parents/carers provide the service with an Immunisation Status Certificate that shows their child is up to date with vaccinations for their age OR is on a vaccine catch-up schedule OR has a medical condition preventing them from being fully vaccinated. An Immunisation Status Certificate is a statement showing the vaccines a child has received. The most common type of Immunisation Status Certificate is an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR). Immunisation History Statements can be requested at any time by contacting Medicare.

8. Has this service sighted your child's health records from your child's Health Care Book Yes No

Name and position of staff member who has sighted the Child Health Record. Date sighted:

Staff name: Position:

9. **Religious & Cultural Requirements** Does your family have any religious or cultural requirements/beliefs you can describe to us ie food preparation, celebrations, dietary needs? Please note that we prepare and serve all meals at the service. If you have any specific cultural requirements regarding food please indicate below.

Parent Details

Parent/Guardian claiming CCS

Parent/Guardian 2

Given Names: _____
Surname: _____
Relationship to child: _____
Residential Address: _____

Postal Address - as above or: _____

Home Telephone: _____
Mobile Telephone: _____
Email Address: _____
Date of Birth: _____

Parent Centrelink CRN: _____

- | | | |
|-------------------------------------------|---------------------------------------------|---------------------------------------------|
| Employment Status: (<i>Please tick</i>) | <input type="checkbox"/> Employed Full Time | <input type="checkbox"/> Employed Full Time |
| | <input type="checkbox"/> Employed Part Time | <input type="checkbox"/> Employed Part Time |
| | <input type="checkbox"/> Student | <input type="checkbox"/> Student |
| | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Self Employed |
| | <input type="checkbox"/> Pension or Benefit | <input type="checkbox"/> Pension or Benefit |
| | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Unemployed |

Occupation: _____

Work Telephone: _____

Work Place (business name) _____

Work address: _____

Do you work to a roster? Yes / No Yes / No

Country of Birth _____

Aboriginal/Torres Strait Island Desc Yes / No Yes / No

Ethnic Group/Cultural Identity _____

Primary Language: _____

Other languages spoken or understood _____

Name, Address & Telephone number of any other parent or guardian of the child:

.....

Emergency contact if *custodial parents* are unable to be contacted (*over 18 years of age, at least one person must be nominated*) The following person/s are authorised to drop off and pick up my child, consent to the administration of medication and, in the event of accident or emergency, to consent to emergency medical treatment. This person/s is also authorized to authorise the taking of my child outside the Service on outings or excursions.

Name	Name
Address	Address
Telephone: (H) (W) Mob	Telephone: (H) (W) Mob
Relationship to child	Relationship to child

Additional people authorised to deliver and collect my child (must be over 18 years of age):

Name	Name
Address	Address
Telephone: (H) (W) Mob	Telephone: (H) (W) Mob
Relationship to child	Relationship to child

PARTICIPATION AGREEMENT BETWEEN PARENT/S / LEGAL GUARDIAN/S OF CHILDREN AND YOUNG ADVENTURERS EARLY CHILDHOOD EDUCATION SERVICES PTY LTD

1. I understand the Service has a copy of the Service Code of Conduct and Policy & Procedures and that I may access these documents upon request or on their website www.youngadventurers.com.au I agree to adhere to the Code of Conduct and all policies and procedures of the Service and failure to do so will result in termination of service including possible forfeit of two weeks notice if Service is cancelled due to a breach of Service Code of Conduct and/or Policies and Procedures.
2. I/we agree to pay my account fortnightly 2 weeks in advance and understand that failure to do so may result in termination of service unless other arrangements have been made directly with the Approved Provider.
3. I/we consent to ambulance treatment including transportation of my child in an ambulance service, dental treatment, medical treatment or hospital treatment to be sought by educators or staff at the Service in the event of an accident or emergency affecting my child/ren and agree to be responsible for any expenses that may be incurred. It is recommended that parents ensure they have up to date Ambulance cover including checking if their concession/pension or benefit (if applicable) includes Ambulance cover.
4. I/we consent to my/our child/ren being photographed for Service promotional purposes and/or to support educators and staff to meet the requirements of the National Quality Standards.
5. All information provided is true and correct and identifies contact telephone numbers, allergies, medical conditions and immunisation status known to me at this time. I/we undertake to promptly advise the Service staff of any changes including contact details or medical history.
6. Young Adventurers staff and educators collect, record and become aware of personal and health information about each child attending the service and their family. This information includes details of the child and family in relation to health, nutrition, aspects of social, religious, employment, financial, medical and other family circumstances. All information provided is considered to be confidential. I understand that it is necessary to share this information with educators and staff within the service. I understand and consent to educators and staff discussing information that is relevant to service provision.
7. I agree to provide a minimum of two weeks notice of intention to cancel my placement. I understand that if I fail to attend for my notice period including any absences or sick days immediately prior to my child ceasing care that I am not eligible for Child Care Subsidy and will pay the full fee for this period. Please note as our Service bills in advance and Child Care Subsidy is not received until after a child's attendance that upon leaving this Service the parent/guardian will be responsible for paying any outstanding fees including any Child Care Subsidy amounts not received by the Service on behalf of the family due to a family not being eligible according to Centrelink.
8. I/we agree to collect or make arrangements for the collection of the child(ren) as referred to in this enrolment form if he/she becomes unwell whilst at the Service as soon as possible or if it is deemed by the Service that my child appears to be unwell or unable to attend the Service due to signs and symptoms of possible illness or risk of illness.
9. I/we are a person with parental responsibility of the child referred to in this enrolment form and agree to abide by all the conditions of the enrolment form and Service Handbook, and understand and agree to follow all Service requirements.
10. I/we shall be liable for all costs, charges, commission fees, court or tribunal fees, legal costs and disbursements incurred by Young Adventurers Early Childhood Education Services Pty Ltd or Target Collections Australia Pty. Ltd. to recover any unpaid accounts including charges for any bank fees for dishonoured cheques in relation to child care or kindergarten fees for my child. Any outstanding fees at the time of enrolment ending will be forwarded to our nominated third party Debt Collectors.
11. To be eligible for Child Care Subsidy I/we will confirm the booking with Centrelink as soon as practical as notified to us by Centrelink or if we dispute the enrolment I/we will contact this Service as soon as practical to rectify the enrolment information and we understand that a placement cannot commence until the Service is satisfied that the enrolment has been confirmed correctly with Centrelink. A condition of this enrolment is that I/we must sign a Complying Written Arrangement (CWA) form provided by this Service as part of the Child Care Subsidy rules.

By signing below I/we acknowledge that we have read this document in full and agree to all of the above conditions including providing a copy of our child's immunisation history statement and registering for Child Care Subsidy (if eligible)

Parent/Guardian Signature:Print full name: Date:

Young Adventurers Representative:Date Received: