



Enrolment Form

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The information requested by Management on this form may constitute personal and health information under the Privacy and Personal Information Protection Act 1998 and Health Records and Information Privacy Act 2002. Management will only collect personal and health information specifically for the purpose of providing a quality childcare service and in accordance with the Regulatory Framework of operating a Children's service.

Child's Details

Child's Give Name/s: _____ Child's Family Name _____

Preferred Name/Nickname _____ Gender: Male Female

Date of Birth: __/__/____ Place of Birth _____

Address: _____ State: _____ Postcode: _____

Child CRN: _____

Is the Child of Aboriginal and/or 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

Religion: _____

Cultural Background: _____

Primary Language: _____

Is there anyone who is prohibited from having contact with or collecting the Child?

(Please provide centre with a copy of parenting agreements/access order)

Booking Information

Proposed Starting Date: _____

Days Required: Monday Tuesday Wednesday Thursday Friday

Where a family may have their child attend another Service or Family day Care, the family must inform and supply both services with the necessary information. If your Child attends another Service, please complete the information below:

Name of other service/s your Child attends: _____

Number of hours to be allocated to this Service: _____

Days Attending this Service: Monday Tuesday Wednesday Thursday Friday

Parent/Guardian 1

Given Name/s: _____ Family Name: _____

Date of Birth: ___/___/_____ Parent CRN: _____

Address: _____

Home Phone No: _____ Mobile: _____

Name of Employer: _____

Address of Employer: _____

Work Phone No: _____ Occupation: _____

Preferred Email Address: _____

Parent/Guardian 2

Given Name/s: _____ Family Name: _____

Date of Birth: ___/___/_____ Parent CRN: _____

Address: _____

Home Phone No: _____ Mobile: _____

Name of Employer: _____

Address of Employer: _____

Work Phone No: _____ Occupation: _____

Preferred Email Address: _____

Other Persons to be notified in an Emergency

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions when the child has an accident, injury or illness and the parents or guardians cannot be contacted. If this situation should arise, a staff member will need to contact an alternate person who is authorised to collect and care for the Child. Personal identification will be required from these people in order to collect your Child on your behalf.

Person 1

Name: _____

Address: _____

Phone Home: _____ Mobile Phone: _____

Relationship to the Child: _____

Person 2

Name: _____

Address: _____

Phone Home: _____ Mobile Phone: _____

Relationship to the Child: _____

Other Persons Authorised to Collect your Child

The following people are authorised to pick up your Child on your behalf. Personal identification will be required from these people in order to collect your Child. This list can be added to or changed throughout your Child's enrolment. Any one not detailed below will not be permitted to collect your Child without prior permission. (Authorised nominee means a person who has been given permission by a parent or family member to collect from the education and care service. Section 170(5) of the national law)

Person 1

Name: _____

Address: _____

Phone Home: _____ Mobile Phone: _____

Relationship to the Child: _____

Person 2

Name: _____

Address: _____

Phone Home: _____ Mobile Phone: _____

Relationship to the Child: _____

Person 3

Name: _____

Address: _____

Phone Home: _____ Mobile Phone: _____

Relationship to the Child: _____

Medical Details

Is your Child on regular medication? **Yes** **No**

If yes, please give details: _____

Is your Child Asthmatic? **Yes** **No** (Please provide a copy of Asthma Management Plan)

Is your Child Allergic to anything? **Yes** **No** (Please provide a copy of Action Plan from Doctor/Hospital)

Is your Child Diabetic? **Yes** **No** (Please provide Diabetes Action Plan)

If yes, please give details: _____

Is there any other information you wish us to know about your Child?

If you answer yes to any of the questions below, you must provide a supporting letter from your Doctor.

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

Other Allergies? (Please detail and specify the signs/symptoms to be aware of, if any)

Does your Child have any history of illness or injuries? Yes (Please provide details) No (go to next question)

Does your Child have any current Medical Conditions? Yes (Please provide details) No (Go to next question)

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

Does your Child have any special needs in relation to dietary requirements? Yes (Please provide details of management) No (Go to next question)

Does your Child have any special needs? Yes (Please provide details) No (Go to next Question)

Emergency Details

Child's Doctor: _____

Address: _____

Phone No: _____

Child's Dentist: _____

Address: _____

Phone No: _____

Medicare No: _____ Private Health Insurance: _____

Immunisation Details

Is your Child's immunisation up to date? Yes No

An immunisation record must be provided in order to enrol your Child as follows:

- * An Immunisation History Statement showing your Child's immunisations are up to date (if your Child has a medical contraindication for a specific vaccine(s) a Medical Contraindication Form will also be required), or;
- * A Medical Contraindication Form if your Child is unable to be immunised with any vaccines due to medical reasons, or;
- * A Conscientious Objection Form (or certified ACIR letter) if your Child is unable to be immunised due to Religious or Philosophical reasons, or;
- * An Immunisation History Form where an immunisation provider has certified that your Child is catching up their immunisation.

Court Order

Education and Care Services National Regulations – Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the Child or access to the Child? Yes No

(If yes, please provide all relevant documentation and paperwork)

Are there any court orders relating to the child's residence or Child's contact with a Parent or other Person?

Yes No

(If yes, please provide all relevant documentation and paperwork)

Please note that without this documentation we can legally enforce the Order/s.

Family Details

Please circle: One Parent Home Two Parent Home

Are there any other adults living in the home? ___ YES ___ NO

If yes, relationship to the Child? _____

Details of other Children living in the home:

NAME	RELATIONSHIP TO THE CHILD	DATE OF BIRTH

DETAILS	COUNTRY OF BIRTH	CULTURAL BACKGROUND	LANGUAGE SPOKEN
FATHER			
MOTHER			
CHILD			

Are there any Religious or Cultural Practices relating to your Child's upbringing that we should honour in our Education and Care of your Child?

 ___ YES ___ NO

Have there been any changes to your family recently? ___ YES ___ NO

___ Moved house

___ Parent ill

___ Birth of a Child

___ Parent Unemployment

___ Death of a person close to the Child

___ Separation from Parent

___ Other (Please specify): _____

Has this affected you Child in anyway? ___ YES ___ NO

Information About Your Child

Has your Child been left with other people?

Family

Friends

Babysitter

Family Day Care/Playgroup/Occasional Care/Preschool/Child Care Centre

Other _____

1. How does your child respond to an unfamiliar situation?

Confidently / Tearfully / Withdraws/ Very Excited / Observes but joins in later

2. What type of play things interest your Child?

Cars-Wheel toys / Sand / Blocks / Water / Dough / Dress up / Painting / Dolls / Swing

Other _____

3. Does your Child spend more time?

Indoors / Outdoors / Alone / With other Children

Where there any complications with the birth or pregnancy of your Child? YES NO

If yes, please provide details: _____

Does your Child have any security items? YES NO

If yes, please provide details:

ROUTINES

A. Toilet

Is your Child in Nappies Toilet Training Using a Toilet?

Can your Child manage to go to the toilet without help? YES NO

Does your Child wet the bed? YES NO How often? _____

If your Child is toilet training, outline the methods you are using at home so we can maintain consistency:

B. Sleep

What time does your Child go to sleep at night? _____

What time does your Child wake in the morning? _____

How long does your Child sleep during the day? _____

What is the latest time we can put your Child to sleep? _____

Does your Child take a special toy to bed? _____

Does your Child have any special routine on being put to bed? ___ YES ___ NO

If yes, please give details:

C. Food

Does your Child have a bottle? ___ YES ___ NO If YES, what time? _____

Does your Child feed him/herself at home? ___ YES ___ NO ___ With help

Does your Child eat breakfast? ___ YES ___ NO

Does your Child use a spoon/fork? ___ YES ___ NO

Does your Child use a cup? ___ YES ___ NO

What food does your Child dislike? _____

Name any food or liquid your Child is not allowed to have? _____

BABIES

Does your Child sleep in a cot at home? ___ YES ___ NO

Does your Child settle themselves to sleep? ___ YES ___ NO

What time does your Child sleep during the day? _____

Does your Child have a Dummy? ___ YES ___ NO

Does your Child have a bottle? ___ YES ___ NO

If YES please provide details _____

Does your Child require pureed food? ___ YES ___ NO

Additional information you would like to share with Educators about your Child:

Parents of babies are requested to provide a written copy of their daily home routine. This enables Educators to create consistency between Home and the Service ensuring your Child will feel safe and secure

CODE OF CONDUCT FOR FAMILIES

Creative Kids Educare Centre provides an inviting, safe and welcoming environment for all Educators, Families and Children that attend the Service. All Families are required to abide by our Code of Conduct for Families. All Families who attend Creative Kids Educare Centre agree to:

- * Act Courteously and respectfully at all times.
- * Refrain from impolite, abusive or offensive behaviour and language to Educators or other Families.
- * Respect the centre's environment.
- * Practice safe driving on the road outside the service and service carpark.
- * Ensure that no Child is left unattended in a vehicle on the Services premisses.
- * Respect cultural differences of Educators and other Families.
- * Ensure that any Child being dropped off or collected from the Service is placed in a suitable car seat or booster seat appropriate for their age, weight and height.
- * Not be adversely be affected by alcohol or other drugs.
- * Not smoke tobacco or other substances on or near the Service and its carpark.
- * Maintain a professional relationship with Educators.
- * Refrain from posting anything onto social networking sites, e.g., Facebook, that can be construed to have any impact on the Services reputation or that would offend an Educator or other Families.
- * Abide by all of Creative Kids Educare Centre's Policies and Procedures, and all information detailed in the Family Handbook
- * Follow the Services grievances procedure when raising concerns or issues.
- * Respect and interact with all Educators regardless of age, years of experience, qualifications or gender.
- * Accept and respect the decisions made by the educators and Management of the Service.

I agree to abide by the Code	Parent: _____
Of Conduct for Families	Sign: _____

Agreement & Consent to Terms

Please read the following agreement carefully before signing. Please ask if there is anything in this document that you are unsure of:

Please circle the following items to authorise:

I/We give permission for this Child to: Participate in outings to places of interest including the adjoining parklands. I/We understand that from time-to-time teachers may wish to make use of the adjoining Parkland (trees, grass, playground and walking paths) for short periods of time 15-20 mins for picnics, ball games and nature walks. Given that the appropriate child-staff ratios occur: I give permission for my Child to participate in such activities in the adjoining Parkland. Method of transport is walking, the number of Children attending will not exceed the classroom ratios. A risk assessment has been prepared and is available at the Service.	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the service of any liability)	YES	NO
Have Band-Aids or Sticky plasters applied when necessary	YES	NO
Have Educators apply Nappy Cream Sudocrem or supplied by parents	YES	NO
Have Staff apply antiseptic cream if necessary	YES	NO
Have staff apply Insect Repellent	YES	NO
Have staff apply Stingose if necessary	YES	NO
Have staff apply Bonjela when necessary (Supplied by family and clearly labelled by a pharmacist)	YES	NO
In the event of an emergency, illness or accident (when the Service is unable to contact the Parent/Guardian or Authorised Contact/s) I/We give the Educator's at the Service consent to provide medical or Hospital attention for our Child, including travelling in an ambulance. I/We agree to pay any expenses incurred for Medical treatment and Transport	YES	NO
I/We agree for the Service staff to administer ONE dosage of Paracetamol in the event of your Child's body temperature rising above 38C. I/We understand that the Educator's will contact with either the Parents/Guardians or the Emergency Contacts to inform us that Paracetamol is being administered and discuss at the time further actions to take in the event that the temperature does not subside within an appropriate time frame.	YES	NO
I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Services medication form. I understand that if the details are filled in incorrectly or left blank or if the Medication does not meet the Service 's Policy the Medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform staff both formally and in writing of the need for medication for my Child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reason for the medication and only then if the Nominated Supervisor deems the Child well enough to attend the Service.	YES	NO
I/We understand that our Child will be excluded from the Service if they contract a contagious disease or condition. I/We understand that our Child will not be accepted back into the Service until the infectious disease until a "Clearance Certificate" is issued from a Medical Practitioner. Please refer to our Centre Policies for further information.	YES	NO
I/We agree to keep my fees up to date and understand that my Child's position at the Service will be in jeopardy if my fees are not kept-up-to-date. I understand that all booked days are paid for even when my Child is absent due to sickness, on holidays or on public holidays.	YES	NO
If I/We are unable to collect my Child by closing time I will organise for one of the people listed as authorised contacts to collect my Child prior to closing time. I am aware that if my Child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect mt Child.	YES	NO
I/We agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a Child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the Child, we will notify The Department of Family and Community Services and may be required to take the Child to the local Police Station to await your arrival. A note will be left detailing the Child's whereabouts.	YES	No

I/We agree to giving the Service two weeks written notice to withdraw my Child or to reduce booked days	YES	NO
I/We give permission for my Child to be observed by Educators of the Service and students supervised by the Educators. I give permission for my Child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with Children without an Educator.	YES	NO
I/We hereby consent for our Child's photograph, name and age to be used for room programming, Service displays and or publications (e.g., Newsletters, Child profiles). I understand that their photo will also be used in other Children's profile photos. I also understand that at times people who aren't Educators (e.g., Parents) may take my Child's photo in a group situation i.e Christmas parties, Preschool Graduation. I give permission for my Child's photo to be published on the Creative Kids Facebook page with the intention of enhancing communication with parents and for the purpose of promoting events and activities within the Service. All photographs will be used respectfully and the highest privacy settings in place	YES	NO
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 Service under the supervision of their caregivers and Service Educators to a safety Zone for evacuation purposes. (Please refer to the Services Evacuation Plans and Procedures for information)	YES	NO
I/We acknowledge that we have received the Parent Handbook. I/We understand that any changes to the Handbook will be displayed on the Parenting sitting area in the foyer	YES	NO
I/We acknowledge that the Service policies are available in the Services office at all times to view. I/We understand that any changes to these Policies will be carried out where the appropriate in consultation with us as Parents/Guardians and any changes to these Policies made are in red print for easy identification	YES	NO
I/We or someone I/We know, has a skill they could share with the Children at the service	YES	NO

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

I/We are lawfully authorised in relation to the Child referred to in this Enrolment Form:

All information provided in this Enrolment form is true and correct

I/We have read, fully 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 Service either directly or by making them available for your perusal at the Service

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

Immunisation Record Sighted __ Y __ N	Copy Provided __ Y __ N	Staff initial
Birth Certificate Sighted __ Y __ N	Copy Provided __ Y __ N	Staff initial

Enrolment form Signed in all area's checked (NAME)	Date: ____/____/____
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Direct Debit form received Date: ____/____/____	Staff initial
Enrolment entered on QIKKIDS Date: ____/____/____	Staff initial

Enrolment Fee

Date Paid: ____/____/____	Amount Paid: _____	Staff Initial:
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