



**62 Greenway Drive,
South Tweed Heads,
New South Wales, 2486**

Enrolment Form

Prior to your child's position commencing at Little Grommets Early Learning Centre, it is essential that ALL the below information is complete. It is the responsibility of the parents to ensure this information remains up to date. Please notify the service of any information changes as soon as possible.

Little Grommets Early Learning Centre reserves the right to hold, temporary cease or permanently cease a child's position if the information is found to be fraudulent or incomplete.

Child's details

Name:

First _____ Last _____

Child's DOB _____ Gender _____

Number of days required _____ Required days (please circle): Mon/ Tues/ Wed/ Thur/ Fri

Required start date _____

Parent 1 Details

Name:

First _____ Last _____

DOB _____

Relationship to child _____ Country of birth _____

Relevant Cultural Background Details _____

Home Address:

Address Line 1 _____

Address line 2 _____

City _____ State _____ Post code _____ Country _____

Postal address (if different to home address _____

Phone _____ Mobile _____

Work _____ Email _____

Does your child live with you? _____

Occupation _____ Place of employment _____

Parent 2 Details (if applicable):

Name:

First _____ Last _____

DOB _____

Relationship to child _____ Country of birth _____

Relevant Cultural Background Details _____

Home Address:

Address Line 1 _____

Address line 2 _____

City _____ State _____ Post code _____ Country _____

Postal address (if different to home address _____

Phone _____ Mobile _____

Work _____ Email _____

Does your child live with you? _____

Occupation _____ Place of employment _____

Court Orders/Parenting Orders:

Are there any court orders, parenting orders or parenting plans relating to the power, duties and responsibilities or authorities of any person in relation to your child or access to you child?

Yes ____ No ____

If yes please provide a copy to the service.

Details _____

Are there any court orders relating to your child's residence or contact with a parent or other person?

Yes ____ No ____

If yes please provide a copy to the service.

Details _____

(Please note that Little Grommets Early Learning Centre cannot legally enforce these orders without the proper documentation).

Child Care Benefit

If Claiming CCB you will need to register your child with Centrelink prior to starting with the centre. Centrelink will give you the Family CRN and the Child CRN, which you will need to fill out below.

Little Grommets Early Learning Centre Provider Number _____

Family CRN - First Parent _____

Child CRN _____

Do you have other children attending LDC, OOSHC or FDC for which you claim CCB?

Yes ____ No ____

If yes please provide child's name and CRN number _____

Authorised person

Authorised person means a person who has been given permission by a parent, guardian or family member to collect the child from the education and care service- Education and Care Service National Regulations-part 4.7, Regulation 161.

There may be times or situations when someone other than a parent or guardian will need to pick up your child. Reasons include:

- Child has had an accident, injury or trauma, whilst at the service.
- Parent work commitment.
- Extreme weather event.
- Unforeseen circumstance that limits a parent or guardian from picking up the child (flat battery, heavy traffic etc.)

In the event of one of the above examples or any other instance that you cannot pick up your child, we request that you provide at least 2 suitable people that can pick up, transport safely and care for your child in your absence. The authorised person must not live/work more than 30 minutes from the service and be able and willing to care for your child in your absence.

By providing these details you are providing permission for Little Grommets Early Learning Centre, including its staff, to contact an authorised person in the event that we cannot reach a parent or guardian of the child and the child needs to be picked up from the service.

Person 1:

Name:

First _____ Last _____

Relationship to child _____

Home Address:

Address Line 1 _____

Address line 2 _____

City _____ State _____ Post code _____ Country _____

Postal address (if different to home address) _____

Phone _____ Mobile _____

Work _____ Email _____

Place of employment _____

Person 2:

Name:

First _____ Last _____

Relationship to child _____

Home Address:

Address Line 1 _____

Address line 2 _____

City _____ State _____ Post code _____ Country _____

Postal address (if different to home address) _____

Phone _____ Mobile _____

Work _____ Email _____

Place of employment _____

Considerations of the child

Cultural considerations (please outline your child's cultural background and any cultural practices you would like followed)

Is your child Aboriginal or Torres Strait Islander??

Yes ____ No ____

Does your child or family use any other languages in your home?

Religious Considerations (please outline your child's religious background and any religious practices you would like followed).

Special/Additional needs (please outline any special or additional needs your child may have).

Medical requirements

Child's registered medical practitioner or service details.

Name of medical service _____

Practitioner's name _____ Phone Number _____

Address _____ City _____

State _____ Post Code _____

Child's Medicare number _____

Please answer the following questions:

Does your child have private health cover - Yes ____ No ____

Does Your child have Ambulance Cover - Yes ____ No ____

Does Your Child have any Specific health care needs or conditions - Yes ____ No ____

Please specify _____

Does your child suffer from Asthma or any allergies- Yes ____ No ____

Please specify _____

Has your child been diagnosed as someone who is at risk of Anaphylaxis - Yes ____ No ____

Please specify _____

Does your child have any dietary restrictions - Yes ____ No ____

Please specify _____

If you have answered yes to any of the above questions, please provide all necessary documentation. This includes any medical management plans, anaphylaxis management plans or risk minimisation plans.

Medical Authorisation

Do you authorise for the service's Nominated Supervisor or other educators?

To provide basic First Aid on your child should it be needed whilst they are at the service?

Yes ____ No ____

To seek medical treatment from a registered medical practitioner, hospital or ambulance service in the event of an emergency?

Yes ____ No ____

To seek dental treatment from a registered dental practitioner or service in the event of an emergency?

Yes ____ No ____

To seek transport for your child in an ambulance in the event of an emergency?

Yes ____ No ____

To administer general First Aid products as per the manufacturer's recommendations?
(e.g. Stingoes, Paw Paw Cream, Curash, Nappy Rash Cream)

Yes ____ No ____

To apply conditioner to your child's hair, in the event that head lice are found in your child's hair and you are unable to collect your child immediately?

Yes ____ No ____

To administer appropriate First Aid in the event that your child has an asthma or anaphylaxis reaction?

Yes ____ No ____

I agree to have my child picked up as soon as possible if they develop a high temperature, injury or illness whilst at the service.

Parent Signature _____ Date _____

As per Education and Care Service National Regulations 4.2, Regulation 95, medications can be administered to your child at the service, if the following considerations are adhered to:

- Medication prescribed by a medical practitioner.
- Is in the original packaging, bearing the original label and the name of the child the medication is being administered to.
- Is administered before the date of expiry.
- The medication must be administered in accordance with any instructions attached to the medicine or any verbal or written instructions provided by the registered medical practitioner.

In the event of a high temperature, injury or illness, Little Grommets Early Learning Centre can administer children's Panadol. If Panadol is administered, children MUST be picked up within 30 minutes and must not return for at least 24 hours, unless agreed on by the service.

I _____ do/do not give permission for Little Grommets Early Learning Centre to administer Children's Panadol in the event of my child developing a high temperature, injury or illness. I understand that if the service administers children's Panadol, then my child must be picked up within 30 minutes or further medical assistance may be organised on my behalf.

(Please note that children are not permitted at the service if they have had Panadol or other pain relief within the 24 hours previous to attending at the service, unless agreed on by the service).

Parent Signature _____ Date _____

Immunisation Status

The NSW Parliament passed a Bill to amend the Public Health Act 2010 to strengthen vaccination enrolment requirements in child care (also known as early childhood education and care). From 1 January 2018:

- children who are unvaccinated due to their parent's conscientious objection can no longer be enrolled in child care
- it is an offence (with a penalty of 50 penalty units) for a Child care service to fail to comply with the child care vaccination enrolment requirements
- it is an offence (with a penalty of 50 penalty units) for a person to forge or falsify a vaccination certificate.

Is your child immunised - Yes ____ No ____

One of the following forms must be provided. Failure to provide the required documents prohibit your child from enrolment in childcare. The service must be notified whenever an immunisation is updated.

- Immunisation history form.
- Immunisation exemption form-Medical Contraindication Form (IMMU11)

- Immunisation history form for recognised catch-up schedule.

Parent Signature _____ Date _____

Additional information about your child

Does your child have any siblings? If so provide their names and ages.

Child 1 _____ Age _____

Child 2 _____ Age _____

Child 3 _____ Age _____

Child 4 _____ Age _____

Does your child have any close relations attending the service? If so please provide their names and ages.

Please provide us with any other information we should know about your child.
(E.g. interests, fears, routines, toileting and sleeping practices).

Details _____

Have you noticed any development, speech or language difficulties that your child may benefit from support in?

Details _____

Does your child attend any other service? Yes ____ No ____

Is there any other information you would like the service to know about?
(e.g. Moved to a new house, change in family circumstances)

Details _____

Do you know what school you are planning to send your child to? Yes ____ No ____

If so, what school? _____

What year are you thinking of sending your child to school? _____

Do you give permission for Little Grommets Early Learning Centre to exchange information with the school in relation to transitioning your child to school? Yes ____ No ____

Parent Signature _____ Date _____

Authorisations for your child to participate in excursions and incursions

Do you authorise for the service's Nominated Supervisor or other educators to take your child outside the service premises for relevant learning experiences, such as routine excursions?

(Routine excursions are visits to local shops, schools or parks and is bound by a 1km radius).

Yes ____ No ____

In the event that an emergency occurs while on these excursions, do you authorise your child to follow the emergency procedures that have been planned?

Yes ____ No ____

Do you authorise for your child to participate in any incursions the service may organise?
(Incursion include visitors and experiences to the service, including the fire brigade, musical performances etc. Details of each incursion will be provided throughout the year, as each incursion is planned on different interests, time of year etc.).

Yes ____ No ____

Parent Signature _____ Date _____

Sunscreen Protection

As per our sun protection policy, we encourage all children to be protected against the dangers of UV rays. Our service has sunscreen available at the service. If your child is sensitive to the sunscreen at the service, please provide a brand that your child is able to have. We ask that you apply sunscreen on your child prior to leaving them at the service. Copies of our sun safe policy is available in the reception area, as well as online.

I will apply sunscreen on my child prior to leaving them at the service.

Yes ____ No ____

I give permission for educators to re-apply sunscreen to my child throughout the day as required.

Yes ____ No ____

Parent Signature _____ Date _____

Photography and social media permission

Little Grommets Early Learning Centre uses photography and videos to capture the learning and play that happens every day in the lives of the children at our service. These photos are intended to capture joy, happiness, fun and learning. Quite often these photos are displayed throughout the service to highlight how amazing each child is. Occasionally we like to use certain photos for social media and other publications to highlight how amazing our service is.

We respect each child's right to privacy, as well as your right to limit photographs and video of your child.

Please answer the following questions and know that your requests and those of your children will be respected by all educators and staff at Little Grommets Early Learning Centre.

I consent to my child being photographed/videoed whilst at the service and photos and videos of them being displayed throughout the service, in their own learning journals, in other children's learning journals, in daily reflections and in the services resources.

Yes ____ No ____

I give permission for my child's photo to be displayed on a "medical condition sheet" throughout the service.

Yes ____ No ____

I consent to my child's photo/video appearing in publications, on our website or on our social media accounts.

Yes ____ No ____

I have downloaded the school stream app and give permission to be contacted via the app.

Yes ____ No ____

Any other requests? _____

Parent Signature _____ Date _____

Declaration

I declare that all the information within this enrolment form is true and correct and I understand that it is my responsibility to notify the service immediately of any changes to any information within this form, especially medical information.

I agree to update all information regarding authorised contacts and Little Grommets Early Learning Service cannot be held liable for utilising information that has not been updated.

I agree to collect or make arrangements for the collection of the child referred to in this enrolment form, should he/she become unwell.

I consent to the service seeking or administering any appropriate medical treatment that is reasonably required and that I will reimburse any expense incurred by Little Grommets Early Learning Centre should this happen.

I declare that I have read and understood the policies of Little Grommets Early Learning Centre and will abide by these policies. I also understand that I have the opportunity to provide feedback on every and all policies and procedures, whilst my child is in enrolled at the service.

I have read and agreed to the fees and payment structure and agree to pay fees two (2) weeks in advance.

I acknowledge that if my fees remain unpaid, the service is obliged to provide my details to a debt collection agency and this will be at my cost.

I agree that my child's place at the service is subject to the Priority of Access scheme, as outlined within the Family information booklet and our services policies.

I understand that I have the right to participate in all surveys, feedback and documentation methods utilised by Little Grommets Early Learning Centre in the collection of information about my child. I acknowledge that providing information about my child to the service can help them plan for their development and social needs and I will try, to the best of my ability, supply any relevant information to the service when asked.

I agree to inform the service of any pending absences. If my child wakes up unwell or is unwell prior to their scheduled day at the service, I agree to let the service know as soon as possible.

I _____ agree to all terms set out above.
(Parent Name)

Parent Signature _____ Date _____