

Free Range Kids Child Care Centre

6. Enrolment Form

Version 1.2



Reviewed 9/05/2012

Preferred commencement date: ___/___/___

Days required:

Mon Tues Wed Thur Fri

Child's Information

Child's Surname: Child's Christian Names:
 Preferred Name: Child's Sex: Male Female
 Date of Birth: Customer Ref Number:
 Child's Resides with: Parent 1 Parent 2 (Please tick both if both parents are living with the child)
 Are there any custodial arrangements or injunction orders relevant to the child. Yes No
 If yes, a copy of the order must be provided to the Centre. Copy Provided? Yes No

Parent's Information

Parent /Guardian 1 (Enrolling Parent)

Name:
 Address:
 Telephone Home:
 Work:
 Employer Name:
 Mobile:
 Email:
 Date of Birth:
 Driver's License No:
 Customer Ref Number:

Parent/Guardian 2

Name:
 Address:
 Telephone Home:
 Work:
 Employer Name:
 Mobile:
 Email:
 Date of Birth:
 Driver's License No:
 Customer Ref Number:
 Emergency Contact: Yes No
 Authority to Collect: Yes No

Would you like all correspondence (including accounts) from the centre sent to your email? Yes No

Emergency Contacts in case of emergency / Authority to consent to medical treatment and/or medication/Authorisation for the collection of the child (Other than Parent/Guardians Above)

Person 1:
 Name: Relationship to child:
 Telephone: Driver's License No:
 Address: Emergency Contact: Yes No
 Authority to Collect: Yes No

Person 2:
 Name: Relationship to child:
 Telephone: Driver's License No:
 Address: Emergency Contact: Yes No
 Authority to Collect: Yes No

Person 3:
 Name: Relationship to child:
 Telephone: Driver's License No:
 Address: Emergency Contact: Yes No
 Authority to Collect: Yes No

Person 4:
 Name: Relationship to child:
 Telephone: Driver's License No:
 Address: Emergency Contact: Yes No
 Authority to Collect: Yes No

Signature: _____ Witness: _____
 Date: _____ Date: _____

Cultural / Religious Information

Child's Information:

Cultural Background: Language spoken:

Religion:

Celebrations / Festivals celebrated by the child:

Parents Information:

Parent/Guardian 1

Nationality:

Religion:

Language Spoken:

Parent/Guardian 2

Nationality:

Religion:

Language Spoken:

Health Information

Immunisation status: Fully Partially None Medicare Number:

Family Doctor: Phone:

Address:

Family Dentist: Phone:

Address:

Does your child have any allergies: Yes No

Allergy details:

Reactions to allergy:

Action Plan provided to Centre: Yes No

Does your child suffer from asthma: Yes No

Action Plan provided to Centre: Yes No

Asthma details:

Does your child have any special needs? Yes No

Details:

Has your child ever experienced any language or speech difficulties, physical problems, serious illnesses, hospitalization or any other health or non-health related difficulties? Yes No

Details:

Does your child have special dietary requirements? Yes No

Details:

Does your child have any particular likes / dislikes in food? Yes No

Details:

Is your child a big or small eater / drinker?

Routine

Are there any special words that mean toilet to your child? Yes No

Does your child need a sleep during the day? Yes No

Does your child have a dummy/bottle/nappy at sleep time? Yes No

Does your child have a special toy/object? Yes No

Are there any words that mean 'bed' 'rest' or 'sleep' Yes No

FOR CHILDREN UNDER 2 YEARS:

Does your child require bottles during the day? Yes No

Please circle the type of milk used: Breast milk Formula Cows Milk

Type of Formula: Ratio formula:water

How many bottles per day:

Does your baby drink boiled water: Yes No

Has your baby started eating solids: Yes No

What does your baby eat and how often?

General Needs

Is there any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child, eg. family situation, recent significant events?

Does your child have deep fears about anything in particular, eg. Noise, thunder etc?

Has your child attended other children's services, eg playgroup, or been cared for outside the home?

Do you have any skills that you would like to contribute to the centre's program, eg. Guitar, yoga, etc

Enrolment Agreements

1 Permission for staff to act in case of emergency or accident:

I _____ authorise the staff of the centre to administer first aid and seek emergency medical / dental treatment for my child _____ should this be considered necessary. This may include emergency transportation to hospital in an ambulance.

Signature: _____ Witness: _____
Date: _____ Date: _____

2 Permission for publicity:

I consent to my child's photograph, name, age and suburb being used for publicity for the centre should this be required, eg newspaper articles, photos within the centre.

Yes No

3 Permission for observations:

The Centre provides an educational program for each child through programming and observations.

Yes No

- a) I understand that observations will be made on my child by the staff within the centre and will be kept confidential at all times.
- b) I understand that observations may be made on my child by students visiting the Centre.

4 Policy and Enrolment Information:

I have read the centre's policies, discussed these with the Director/Acting Director/Coordinator, and agree to abide by them. I acknowledge that I have read and understand the contents of the information booklet issued by the centre, and agree to abide by the conditions and policies stated herein.

Yes No

5 Suncare:

I give staff permission to apply sunscreen to my child before outdoor playtime.

Yes No

6 Emergency Evacuation:

In the event of an emergency e.g fire at the centre, the children will be required to evacuate premises and will assemble at a central point of safety. The children will be fully supervised by staff. I understand this agreement and abide by it.

Yes No

7 Insect Repellent:

I give permission for staff to apply insect repellent I supply to my child if necessary.

Yes No

8 Paracetamol:

I give permission for staff at the centre to give my child 1 dose of paracetamol should my child's temperature exceed 38 degrees. I also understand that should his/her temperature not drop within 1 hour of the first dose of paracetamol that I will be contacted with the possibility of needing to collect my child from the centre. Please note that you will be contacted by telephone also when the first dose of paracetamol is administered.

Yes No

9 Bike Helmet:

I understand that that I will need to provide a bike helmet suitable for my child to enable my child to participate in bike riding on the bike track. I understand that my child will not be permitted to ride a bike on the bike track if he/she does not have an appropriate helmet.

Yes No

I am signing below to state that the responses to questions 2 to 9 above have been provided by myself and I understand completely what I have responded to.

Signature: _____ Witness: _____
Date: _____ Date: _____

10 Maintaining fees:

I/we agree to abide by the centre's policy of maintaining fees one (1) week in advance. I also understand that fees are to be paid for all days the child is absent or sick, and that if fees fall behind, my child's place at the centre may be suspended or cancelled. I also understand that it is a condition of enrolment that I join the Direct Debit / Centrepay payment system the centre has in place for payment of fees. **(NOTE: IF THERE ARE 2 PARENTS THAT RESIDE WITH THE CHILD BOTH PARENTS MUST SIGN TO ACKNOWLEDGE THAT THEY ARE BOTH EQUALLY RESPONSIBLE FOR ANY DEBT THAT SHOULD ARISE FOR CHILDCARE FEES EVEN THOUGH THE ACCOUNT WILL BE IN THE PARENT NAME FOR WHICH CHILD CARE BENEFIT IS LINKED TO)**

PRIVACY DISCLOSURE For Childcare Providers

In this section, 'personal information' means information about me, including about my financial circumstances, my credit worthiness, credit history, credit standing, credit capacity, and conduct of my account with you.

I agree that, subject to the Privacy Act, you and your agents may do the following and this agreement continues until such time as any credit provided to me is repaid:

- Obtain credit reports about me from credit reporting agencies to assess this application or to collect overdue payments from me, and obtain personal information from a business that provides credit worthiness information.
- Disclose personal information to credit reporting agencies before, during or providing credit to me. This includes, but is not limited to:
 - o the fact that I have applied for credit, and that you are a credit provider to me;
 - o advice about payments at least 60 days overdue and which are in collection (and advice that payments are no longer overdue);
 - o advice that cheque(s) drawn by me, or Direct Debit requests to my financial institution account which I have authorised you to make, which are more than \$100 have been dishonoured more than once;
 - o your opinion that I do not intend to meet my credit obligations or that I have committed some other serious credit infringement;
 - o that credit provided to me has been paid or otherwise discharged.
- Exchange personal information with credit providers named in this application or in a credit report issued by a credit reporting agency. This is for purposes including but not limited to:
 - o assessing my credit worthiness, this application and any subsequent application by me for credit;
 - o notifying other credit providers of a default by me;
 - o exchanging information about my account where I am in default with other credit providers;
 - o your administration of my account.
- Exchange personal information with any person whose name I give you from time to time. This includes, for example, for the purpose of confirming my employment and income details with any employer, landlord/ mortgagee, accountant, financial adviser or tax agent named in this application.
- If I am in default under my account, notify and exchange personal information with your collection agent.

Parent/Guardian 1

Signature:	_____	Witness:	_____
Date:	_____	Date:	_____

Parent/Guardian 2

Signature:	_____	Witness:	_____
Date:	_____	Date:	_____

How did you find out about our Centre:

- | | |
|--|--|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Signage on road |
| <input type="checkbox"/> Newspaper advertisement | <input type="checkbox"/> Flyer in letterbox |
| <input type="checkbox"/> Radio advertisement | <input type="checkbox"/> Council website |
| <input type="checkbox"/> Other | <input style="width: 200px; height: 15px;" type="text"/> |

Did you know if you refer a friend and they enrol at any of our centres we will give you a \$50.00 credit on your account!