



## MEDICAL EMERGENCY

In case of accident or emergency, every effort will be made to contact the parents immediately.

In the event that my child requires urgent Medical attention, I \_\_\_\_\_  
(Parent/Guardian), authorise the staff of Walkley Heights Child Care Centre to obtain medical assistance which they deem necessary, and agree to pay any medical and transport costs incurred.

I agree to indemnify Walkley Heights Child Care Centre, and its staff, against any liability relating to, or incidental to, Walkley Heights Child Care Centre custody and care of my child, except where such liability is directly caused by any willful act or omission of Walkley Heights Child Care Centre or its servants or agents.

SIGNED:

PARENT 1 \_\_\_\_\_ DATE / /

PARENT 2 \_\_\_\_\_ DATE / /

PARENT 3 \_\_\_\_\_ DATE / /

## FEE AGREEMENT

It is the responsibility of parent/guardians to ensure that the enrolment form is completed in full, and returned to the Centre prior to commencement of care.

I undertake to pay the fees weekly in advance.

I understand that the fees must be paid regardless of attendance, eg. sickness, public holidays, or annual leave and I understand there will be no swapping of day or "making up" of days not attended.

Fees for holidays must be paid in advance prior to your child commencing such leave.

If my fees are in arrears for more than two weeks and no arrangements have been made with the centre, my child's place will be withdrawn. Should I fail to pay my fees and my place is withdrawn or when I leave the Centre I will be liable for all additional costs incurred by the Centre in collecting the outstanding fees.

Full fees are payable until my Child Care Subsidy Confirmation is received by the centre.

Notice: When my child is leaving Walkley Heights Child Care Centre or reducing the number of days of attendance, I must give two weeks written notice or pay appropriate fees in lieu of such notice.

SIGNED:

PARENT 1 \_\_\_\_\_ DATE / /

PARENT 2 \_\_\_\_\_ DATE / /

PARENT 3 \_\_\_\_\_ DATE / /

*Randall and staff take this opportunity in welcoming you and your family to our centre, and trust that your association with us is a happy one*

### OFFICE USE ONLY

- Immunisation records photocopied
- Immunisation records Scanned
- Original birth certificate sighted

## ENROLMENT FORM

START DATE \_\_\_\_\_

### PARENT DETAILS

<b>MOTHER'S SURNAME</b>	<b>Christian names</b>
Preferred name	Date of birth
Home address	Home phone number
Postcode	Mobile
Email address	
Child lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's Licence number
Ethnicity	Language spoken
Occupation	Employer
Employer Address	Work phone number
	<b>CRN</b> (Customer Reference Number from Family Assistance Office)
<b>FATHER'S SURNAME</b>	<b>Christian names</b>
Preferred name	Date of birth
Home address	Home phone number
Postcode	Mobile
Email address	
Child lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's Licence number
Ethnicity	Language spoken
Occupation	Employer
Employer Address	Work phone number
	<b>CRN</b> (Customer Reference Number from Family Assistance Office)

<b>PARENT 3 SURNAME</b>	<b>Christian names</b>
Preferred name	Date of birth
Home address	Home phone number
Postcode	Mobile
Email address	
Child lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's Licence number
Ethnicity	Language spoken
Occupation	Employer
Employer Address	Work phone number
	<b>CRN</b> (Customer Reference Number from Family Assistance Office)

Are you using, or have you used, any child care services before?  Yes  No  
If yes, please provide details:

Why did you choose Walkley Heights Child Care Centre? Eg clean, friendly staff/atmosphere, location

How did you find us?

## Emergency Contact Information *(next after parents)*

### Authorisation to collect child

#### CONTACT 1

Surname	Christian Name	Relation to child
Address		
Home phone	Mobile number	Work phone

#### CONTACT 2

Surname	Christian Name	Relation to child
Address		
Home phone	Mobile number	Work phone

#### CONTACT 3

Surname	Christian Name	Relation to child
Address		
Home phone	Mobile number	Work phone

## Permission

### I give the management/staff of Walkley Heights Child Care Centre the authority:

◆ To complete observations for use within the centre or where staff are studying, however, if questioning or testing of the child is undertaken my permission will be sought beforehand	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ For my child to take part in supervised short walking excursions within the local area as part of the Centre's program	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ To use the name and/or photo of my child for the centre displays and/or promotional use, including media, website and our Facebook page	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ To apply foreign substances, eg sunscreen, nappy change lotion, nappy powder or any other substance required onto my child's skin as the need arises	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ To be checked for Head lice where necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ To be involved in water play based experiences	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ To have basic first aid applied if necessary, eg band-aids	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ To hold 'incursions' at the centre, entertainers and educational visitors and allow my child to be part of these experiences	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Medication book - permission

If your child requires asthma puffers, antibiotics, medicated creams, or any other medication, you will be required to complete the details in the Medication Book located in the child's room, also a health care plan will need to be completed if your child requires regular medication or for allergies.

The page will look something like this:







COMPLETED BY PARENT / GUARDIAN

COMPLETED BY EDUCATOR

NAME OF MEDICATION	LAST ADMINISTERED TIME & DATE	TO BE GIVEN TIME & DATE	D O S A G E	METHOD OF ADMINISTRATION	PARENT SIGN	MEDICATION GIVEN TIME/DATE	D O S A G E	EDUCATOR	SIGNED	WITNESS	SIGNED
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If your child has had Panadol or Nurofen (or similar medication) before attending to child care, we require them to remain absent from the service for at least 24 hours, from their last dose in order to assist with preventing the spread of illness and infections across our service. Please speak with a staff member if you have any questions or concerns.

## Fee payment options

 CASH	 ENVELOPE SYSTEM
 EFTPOS	 CHEQUE
 DIRECT DEBIT (EVERY FRIDAY) FROM YOUR CREDIT CARD	 DIRECT DEPOSIT IN TO OUR BANK ACCOUNT (ELECTRONIC FUNDS TRANSFER)

*Please see reception for appropriate forms*

## CHILD'S DETAILS

<b>CHILD'S SURNAME</b>	<b>Christian names</b>
Preferred name	Date of birth
Home address <i>(if different to Parents)</i>	Place of birth
Postcode	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____
Ethnicity	Aboriginal or Torres Strait Islander decent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Language spoken	Religion
<b>CRN</b> (Customer Reference Number from Family Assistance Office)	<b>Custody Court Orders?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details and a photocopy</i>
<b>Has your child been immunised?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof must be shown to staff to enable us to retain a photocopy of details – can be found on MyGov or Australian Immunisation Register on 1800653809</i>	
<b>ALLERGIES:</b> Does your child have any allergic reactions? Eg foods, medication, grass, sunscreen OR any special dietary requirements or religious/cultural beliefs, eg vegetarian <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please state:</i>	
<b>MEDICAL CONDITIONS:</b> Does your child have any medical conditions? Eg asthma, convulsions <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please state:</i>	
<b>MEDICATION:</b> Does your child take any regular medication? Eg Ventolin <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please state:</i>	
Does your child have any special needs/challenging behaviours? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please state:</i>	
Any other relevant information? Eg concerns, interests, pets, toilet training, sleep needs?	
How do you settle your child when she/he becomes distressed?	
Does your child have a special comforter?	
Does your child have any fears? Eg animal, thunder, lightning, frightened of the dark etc	
Are there any celebrations or festivals you <b>do not</b> wish your child to participate in?	

### Days / Times you require our care

DAYS	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Arrival Time					
Departure Time					

Are you applying for Child Care Subsidy  Yes  No  
If yes, have you lodged your application?  Yes  No      Date / /

The Family Assistance Office can provide your information to someone else in special circumstances, where Commonwealth legislation allows or requires, or where you give permission. Walkley Heights Child Care Centre may need to request the following information from the Family Assistance Office:

- Details regarding your percentage and its currency, your current residential address and phone number.

I give my permission for this to be given: **Signature** \_\_\_\_\_  
**Date** / /

### Family details

#### NAMES AND AGES OF SIBLINGS OR RELATIVES AT THE CENTRE

Name:	Name:
Age:	Age:
Name:	Name:
Age:	Age:

#### FAMILY DOCTOR DETAILS

Family Doctor / Clinic Name	
Address	
Phone number	

#### MEDICARE NUMBER

Number	
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#### PRIVATE HEALTH INSURANCE

Fund name	
Member number	

#### AMBULANCE COVER




<input type="checkbox"/> Yes <input type="checkbox"/> No	Member number:
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Can you assist the centre in any way? *Things like...play musical instruments, speak another language, cooking from other cultures, reading to children, fundraising*

### Child's registered dental practitioner or service details

Service name	
Practitioner's name	
Contact phone number	
Address	




Permission to contact Dental Practitioner in case of emergency?  Yes  No  
*AT LEAST ONE PARENT MUST SIGN BELOW*

<b>Signed: Mother</b> 	<b>Signed: Father</b> 	<b>Signed: Parent 3</b> 
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### Future school plan

Do you know which school you are planning to send your child to? If so, do you give the service permission to exchange information with the school in relation to transitioning your child to school?

*AT LEAST ONE PARENT MUST SIGN BELOW*

<b>Signed: Mother</b> 	<b>Signed: Father</b> 	<b>Signed: Parent 3</b> 
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### Signing in and out

You are required to sign your child in and out each and every day that they attend. This is done using an iPad located in Reception.

