



Circular Head Children's Services Circular Head Children's Services Enrolment Form

1 Margaret Street
Smithton TAS 7330
Phone: (03) 6452 2626
Email : director@chccc.com.au
admin@chccc.com.au



WHICH SERVICE DO YOU REQUIRE? (PLEASE TICK <input checked="" type="checkbox"/>)			
Circular Head Childcare Centre		Stanley After School Care	
Kites Vacation Care		Forest After School Care	
Smithton After School Care			

Child Details

	Child 1	Child 2	Child 3
First Name			
Middle Name			
Surname			
Home Address			
Gender			
Date of Birth			
Child's CRN	-----	-----	-----
Does your child attend another service			
Country of Birth			
Year of arrival to Australia			
Visa type			
Aboriginal or Torres Strait Islander? (please tick)	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Does your family observe any particular religious or cultural practises which are significant to your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:

Parent/Guardian Details

	Parent/Guardian 1	Parent/Guardian 2
First Name		
Last Name		
Date of Birth	_ _ _ _ _	_ _ _ _ _
Country of Birth		
CRN:	_ _ _ _ _	_ _ _ _ _
Relationship to child:		
Please use this CRN to claim the CCS Subsidy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
This parent/guardian will be responsible for payment of the account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
This parent/guardian is registered with Centrelink for Childcare Subsidy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal or Torres Strait Islander? (please tick)	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Residential Address	P/Code	P/Code
Postal Address (if different)	P/Code	P/Code
Contact No. Home		
Work		
Mobile		
Email Address		
Primary Language spoken at home		
Has your family used any of our services in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupation		
Place of Employment		
Address of Employment	P/Code	P/Code
SIGNATURE:		

FAMILY STATUS

Is your child the subject of any custody, parenting or access orders?

YES NO If yes, please attach a copy of the order

EMERGENCY CONTACTS – OTHER THAN PARENTS OR GUARDIANS

There may be times when the child has had an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children’s service should notify one of the following people who are authorised to collect and care for the child. These people must be at least 18 years of age.

IT IS IMPORTANT THAT THESE EMERGENCY CONTACTS LIVE LOCALLY

Name:	Name:
Relationship to the child:	Relationship to the child:
Mobile/Home Phone: Work Telephone:	Mobile/Home Phone: Work Telephone:
Address: <div style="text-align: right;">P/Code</div>	Address: <div style="text-align: right;">P/Code</div>
SIGNATURE:	SIGNATURE:
<p>This person has authority to: -</p> <input type="checkbox"/> be contacted to deliver/collect your child from the education and care service <input type="checkbox"/> Be notified of any accident, injury, trauma or illness in the case of the service being unable to contact the parent/guardian <input type="checkbox"/> be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or Educator to administer medication to the child in the event that you cannot be contacted <input type="checkbox"/> give permission for excursions out of the service <input type="checkbox"/> be authorised to authorise the education and care service to transport the child or arrange transportation for the child	<p>This person has authority to: -</p> <input type="checkbox"/> be contacted to deliver/collect your child from the education and care service <input type="checkbox"/> Be notified of any accident, injury, trauma or illness in the case of the service being unable to contact the parent/guardian <input type="checkbox"/> be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or Educator to administer medication to the child in the event that you cannot be contacted <input type="checkbox"/> give permission for excursions out of the service <input type="checkbox"/> be authorised to authorise the education and care service to transport the child or arrange transportation for the child
Name:	Name:
Relationship to the child:	Relationship to the child:
Mobile/Home Phone: Work Telephone:	Mobile/Home Phone: Work Telephone:
Address: <div style="text-align: right;">P/Code</div>	Address: <div style="text-align: right;">P/Code</div>
SIGNATURE:	SIGNATURE:
<p>This person has authority to: -</p> <input type="checkbox"/> be contacted to deliver/collect your child from the education and care service <input type="checkbox"/> Be notified of any accident, injury, trauma or illness in the case of the service being unable to contact the parent/guardian <input type="checkbox"/> be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or Educator to administer medication to the child in the event that you cannot be contacted <input type="checkbox"/> give permission for excursions out of the service <input type="checkbox"/> be authorised to authorise the education and care service to transport the child or arrange transportation for the child	<p>This person has authority to: -</p> <input type="checkbox"/> be contacted to deliver/collect your child from the education and care service <input type="checkbox"/> Be notified of any accident, injury, trauma or illness in the case of the service being unable to contact the parent/guardian <input type="checkbox"/> be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or Educator to administer medication to the child in the event that you cannot be contacted <input type="checkbox"/> give permission for excursions out of the service <input type="checkbox"/> be authorised to authorise the education and care service to transport the child or arrange transportation for the child

HEALTH AND MEDICAL INFORMATION

Medicare No: - -

Child's position on Medicare Card

Child 1		Child 2		Child 3	
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Medical Centre Name: _____

Name of Doctor: _____

Address: _____ Phone: _____

Medical Conditions/Information

	Child 1	Child 2	Child 3
Anaphylaxis <small>(this to be completed yearly)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No Action Plan Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Action Plan Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Action Plan Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma <small>(this to be completed yearly)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No Severity (please circle): Mild/Moderate/Severe Action Plan Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Severity (please circle): Mild/Moderate/Severe Action Plan Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Severity (please circle): Mild/Moderate/Severe Action Plan Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Any allergies e.g. food, medication, animals, insects?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Any special dietary requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Any health problems e.g. hearing, sight, speech, illnesses, additional needs or diagnosed disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Does your child take any regular medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Is your child accessing any specialist support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Any other health or development concerns that you would like the educators to know?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:

CHILD'S IMMUNISATION RECORD

Is your child FULLY immunised? Yes No

****A copy of your child's Immunisation statement MUST be provided at the time of enrolment****

CONSENT

Do you consent to the following:

Your child/ren's photograph/video being used for:

Newsletters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Media	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Promotion of Service By Students	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On our website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within the Centre	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For students/researchers to observe my child as part of their educational program
And development Yes No

For photos and videos of my child to be used in learning stories that might
be shared with other families within our service Yes No

Administer paracetamol in the event my child registers a temperature of 38°C or higher and understand that I
will need to collect my child from the service (We will contact prior to administering paracetamol) Yes No

Educators to apply Woolworths Sunscreen SPF 50+ to your child/ren whilst in our care? (if no, please provide your
own sunscreen) Yes No

Band Aids, First Aid products (including insect repellent) and Nappy Cream (Sudocream) applied to your
child/ren whilst in our care? Yes No

Birthday Cake and other foods on special occasions for your child/ren whilst in our care? Yes No

Your child/ren participating in local incursions within our services ie: visitors to the
service Community Visitors, Magician, Cultural Visitors, Special Guests Yes No

MEDICAL CONSENT

I authorise the nominated supervisor, educator or approved provider to facilitate medical attention in the event
of an emergency.

I give permission for staff to obtain any medical, dental, hospital and ambulance service in the case of an
accident or emergency involving my child and accept responsibility for payment of all expenses associated with
such treatment.

I understand that every effort will be made to contact me/us in the event of illness or incident.

I give permission for first aid qualified staff to administer first aid and/or medication to my child as required.

Signature: _____
Parent/Guardian

Date ___ / ___ / ___

1. I have received the services information package and agree to abide by the policies and procedures as they relate to my child/ren’s placement at Circular Head Children’s Services Inc.
2. I agree to comply with all Government requirements in relation to the services provided.
3. I agree to pay the fortnightly fee by cheque, EFTPOS, or Direct Deposit either on a weekly or fortnightly basis.
4. I understand that I must give fourteen (14) days’ notice of a permanent cancellation of care. If I fail to do this, I must pay the FULL fee (no CCS) for 2 weeks of care.
5. I understand that the fee charged, with Childcare Subsidy, is based on the information provided by me to the Family Assistance Office. Circular Head Children’s Services Inc accepts no responsibility for the accuracy of information supplied for the purpose of calculating the subsidy. Any issues regarding Childcare Subsidy should be directed to the Family Assistance Office (13 61 50 8am-8pm)
6. I understand and accept the fee charges for my booking whether permanent or casual:
 - a. Cancellation – A 50% cancellation fee for a cancellation made before 4:00pm the day before care
 - b. Cancellation – Full fee for cancellation made after 4:00pm the day prior or on the day of care
 - c. Full fee is charged if your child is absent, and no cancellation is made.
7. If a child is not collected before our closing time, the following will apply:
 - a. A charge of \$5.00 per 5 minutes, per child will be debited to the family account after closing time for the first 10 minutes.
 - b. This Penalty Fee rate will increase to \$5.00 per minute, per child, after the first 10 minutes.If children remain uncollected for more than 30 minutes after closing time and Educators have attempted contact with parents by phone, followed by the other emergency contact on the Enrolment Form, Educators are directed to:
 - a. Record details for Manager/Administration Officer; and
 - b. Contact the Department of Health & Human Services and Police.
8. I understand that the decision of the staff as to the fitness of a child to attend our services on a given day shall be binding.
9. I understand that, in the event of illness, parents or emergency contacts are required to collect children from the service immediately.
10. I understand that Circular Head Children’s Services Inc reserves the right to terminate this contract when, in its discretion, it considers that to do so would be in the interest of the Service. The organisation agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
11. I understand that as a result of non-payment of fees, when a collection service is engaged by the Organisation to collect those fees, I will be responsible for the costs incurred by the Organisation for Debt Collection.
12. I have read this contract, and received relevant information about the service offered by the organisation for the care of:

Name of Child/ren: _____

Name of Parent/Guardian: _____

I agree to abide by the conditions of use of Circular Head Children’s Services and this Contract.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

Circular Head Children's Services Sessions

- Service: Circular Head Childcare Centre
 Smithton ASC
 Stanley ASC
 Forest ASC
 Kites Vacation Care (casual positions only)

Bookings Required:

Permanent & Casual Casual Only

Commencement Date: _____

Please mark the days you require with Session letter*

CHILD'S FULL NAME	MON	TUE	WED	THU	FRI
Eg. David John Smith	FD	BSC			FD

***Session Letter**

AM = Morning Session
(Childcare Centre)
6:45am – 1:00pm

PM = Afternoon Session
(Childcare Centre)
1:00pm – 6:00pm

FD = Full Day
(Childcare Centre)
6:45am – 6:00pm

SD = Short Day
(Childcare Centre)
9:00am – 3:00pm

W = Weekly Booking Everyday
(Childcare Centre)
6:45am – 6:00pm

BSC = Before School Care
(Childcare Centre)
6:45am – 8:05am

ASC = After School Care
(Childcare Centre)
3:00pm – 6:00pm

OSHC = After School Care
(Smithton/Stanley/Forest)
2:45pm – 6:00pm

Signature of Parent/Guardian: _____

Date: ___ / ___ / ___

OFFICE USE ONLY	
<p style="text-align: center; margin: 0;">DOCUMENTS PROVIDED</p> <p><input type="checkbox"/> All About Me</p> <p><input type="checkbox"/> Parental Consent (Sweet Pea/Gumnut Room only)</p> <p><input type="checkbox"/> AIR Immunisation Record</p> <p><input type="checkbox"/> Asthma Action Plan</p> <p><input type="checkbox"/> Anaphylaxis/Allergy Action Plan</p>	<p style="text-align: center; margin: 0;">Signature of Administration Staff confirming Enrolment:</p> <p style="text-align: right; margin-top: 20px;">Date: ___ / ___ / ___</p>