

# Enrolment Form

This enrolment form is in accordance with the Education and Care Services National Regulations.

## Child Details

1. First Name\*

2. Middle Name

3. Last Name\*

4. Date of Birth

5. Gender at Birth

6. Gender Identity

7. Pronouns

8. Child CRN

9. Child's Home Address

10. Upload your child's profile photo.

No file chosen

11. Court Orders

☐ Are there any court appointed orders relating to this enrolment?

12. Parenting Orders

☐ Are there any parenting orders relating to this enrolment?

13. Additional Comments

## Cultural Background

14. Are you of Aboriginal or Torres Strait Islander descent?

**15. What is your child's cultural background?**

**16. What language is spoken at home?**

**17. Cultural Requirements**

☐ Does your child have any cultural requirements?

**18. Religious Requirements**

☐ Does your child have any religious requirements?

**Booking Details**

**19. Intended Start Date\***

**20. Which MORNINGS would you prefer to attend?**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

**21. Which AFTERNOONS would you prefer to attend?**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

**Health Information**

**22. Child's Medicare Number / Reference No.**

**23. Child's Medicare Expiry Date**

**24. Ambulance Cover Number**

**25. Maternal & Child Health Centre**

**26. Medical Practitioner Name**

**27. Medical Practitioner Phone Number**

**28. Medical Practitioner Address**

### **29. Health Record**

☐ Does your child have a Health Record?

### **30. Immunisation**

☐ Has your child been immunised?

### **31. Medication**

☐ Is your child receiving regular prescribed medicine?

### **32. Allergies**

☐ Does your child have any medical allergies?

### **33. Additional Information on allergies**

☐ Do you want to add additional allergy information?

### **34. Anaphylaxis**

☐ Has your child been diagnosed or at risk of anaphylaxis?

### **35. Anaphylaxis Prescription**

☐ Does your child have an epipen or anapen?

### **36. Other Health Conditions**

☐ Does your child have any other health conditions?

### **37. Dietary Requirements**

☐ Does your child have any dietary requirements?

### **38. Asthma**

☐ Does your child have asthma?

### **39. Birth Certificate**

☐ Does your child have a birth certificate?

## Primary Carer Details

**40. First Name\***

**41. Middle Name**

**42. Last Name\***

**43. Date of Birth**

**44. Gender Identity**

**45. Gender Pronouns**

**46. Primary Carer CRN**

**47. Relationship**

**48. Upload your carer profile photo.**

No file chosen

☐ Address is the same as Child's Home Address

**49. Address\***

**50. Phone Number\***

**51. Email Address\***

**52. Occupation**

**53. Work Address**

**54. Work Phone Number**

**55. Work Email Address**

**56. Are you of Aboriginal or Torres Strait Islander descent?**

**57. What is your cultural background?**

**58. What language is spoken at home?**

## 59. Consent

- ☐ I consent to be an emergency contact.
- ☐ I consent to be an authorised nominee to collect this child.
- ☐ I consent to be an authorised nominee to make medical decisions on behalf of this child.
- ☐ I consent to be an authorised nominee for this child's incursions and excursions.
- ☐ I consent to be an authorised nominee to authorise the child being transported by the service or on transportation arranged by the service.

## Additional Carer Details

60. First Name

61. Middle Name

62. Last Name

63. Date of Birth

64. Gender Identity

65. Gender Pronouns

66. Additional Carer CRN

67. Relationship

68. Upload your carer profile photo.

No file chosen

69. Address

70. Phone Number

71. Email Address

72. Occupation

73. Work Address

74. Work Phone Number

75. Work Email Address

**76. Are you of Aboriginal or Torres Strait Islander descent?**

**77. What is your cultural background?**

**78. What language is spoken at home?**

**79. Consent**

- ☐ I consent to be an emergency contact.
- ☐ I consent to be an authorised nominee to collect this child.
- ☐ I consent to be an authorised nominee to make medical decisions on behalf of this child.
- ☐ I consent to be an authorised nominee for this child's incursions and excursions.
- ☐ I consent to be an authorised nominee to authorise the child being transported by the service or on transportation arranged by the service.

## Emergency Contact 1 Details

**80. First Name**

**81. Middle Name**

**82. Last Name**

**83. Phone Number**

**84. Email Address**

**85. Relationship**

**86. Address**

**87. Authorisation**

- ☐ I authorise this person to be an emergency contact.
- ☐ I authorise this person to collect this child. This will give them access to the Hub to allow them to sign a child in and out.
- ☐ I authorise this person to authorise administration of medication on behalf of this child.
- ☐ I authorise this person to authorise an educator to take the child outside the education and care services premises.
- ☐ I authorise this person to authorise the child being transported by the service or on transportation arranged by the service.

## Emergency Contact 2 Details

**88. First Name**

**89. Middle Name**

**90. Last Name**

**91. Phone Number**

**92. Email Address**

**93. Relationship**

**94. Address**

**95. Authorisation**

- ☐ I authorise this person to be an emergency contact.
- ☐ I authorise this person to collect this child. This will give them access to the Hub to allow them to sign a child in and out.
- ☐ I authorise this person to authorise administration of medication on behalf of this child.
- ☐ I authorise this person to authorise an educator to take the child outside the education and care services premises.

This enrolment form is in accordance with the Education and Care Services National Regulations.

☐ I authorise this person to authorise the child being transported by the service or on transportation arranged by the service.



## 96. Consents

	Agree	Disagree
Do you consent for the service to seek medical treatment for your child from a medical practitioner, hospital or ambulance in the event you cannot be contacted?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent for your child to be transported by an ambulance service?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent for the service to take photographs and videos of your child during normal activities and excursions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to provide your child with a sun safe hat for outdoor activities?	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for educators with current first aid to administer paracetamol in an emergency in the correct dosage for the age of my child. Administration of this medication will only be given in the event of a parent being un-contactable in consultation with the director or nominated supervisor.	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent for the service to apply sunscreen for your child before outdoor activities and excursions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent for the service to administer Ventolin or Epi-pen to your child in case of emergency?	<input type="checkbox"/>	<input type="checkbox"/>
I agree to accurately record the time of arrival and departure of my child from the service in accordance with the service requirements.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for educators and school teachers/principals to share information about my child in relation to their care and wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>

I give permission for my child to use/view technology (i.e. Tablet, TV, iPod)

☐☐

I give permission for my child to participate in regular local excursions from the service by foot.

☐☐

I give permission for my child's photo to be displayed in public places.

☐☐

I agree to notify the service when my child is to be collected by any person other than those listed on this enrolment form in accordance with the services policies and procedures.

☐☐

## 97. Xplor Consents\*

**Agree**

**Disagree**

Do you consent for the service to take photographs and videos of your child during normal activities and excursions for the purposes of recording their learning journey via the Xplor platform?

☐☐

## 98. Declarations\*

**Agree**

**Disagree**

I have read and understood the services policies and procedures and agree to follow these as a condition of enrolment (available at the service or via your parent handbook).

☐☐

Do you agree to collect or make arrangement for the collection of your child if they become unwell at the service?

☐☐

Do you agree to keep your child away from the service if they display any symptom that could be considered contagious?

☐☐

I give permission for my child to participate in regular evacuation drills or an actual evacuation when necessary. I understand that my child will be relocated from the service under the supervision of their educator and service team member to a safety zone for evacuation purposes.

☐☐

I am aware that I am required to pay my service fees in accordance with their policies and non-payment could result in cancellation of my child's enrolment and recovery action may be undertaken at my expense.

☐☐

I am aware that fees are charged weekly and non-payment could result in cancellation of my child's enrolment and recovery action may be undertaken at my expense.

☐☐

I declare that I am the applicant named in the form and that all information and documents provided as part of my application are true and correct.

☐☐

I understand that Xplor has provided a general enrolment form. Any difference or ambiguity between Xplor's enrolment form and the service's terms and conditions will be governed by the service's terms and conditions.

☐☐