

# ENROLMENT FORM

44 Sapphire coast Drive, Merimbula  
NSW 2548  
Phone: 64953304  
Email: [info@merimbulaturakinergarten.com](mailto:info@merimbulaturakinergarten.com)  
ABN:78126966881



## Child Details

Given name(s):			
Middle Name:		Surname:	
Preferred Nickname:			

## Primary Parent

Given name:		Surname:	
Relationship to Child:			
Contact numbers:	Home:		
	Mobile:		
	Work:		

## Secondary Parent

Given name:		Surname:	
Relationship to Child:			
Contact numbers:	Home:		
	Mobile:		
	Work:		

## Parents are required to provide the following documentation with this enrolment form

- Copy of letter from Centrelink (which states your eligible hours and CCS%)
- Copy of your child's latest immunisation record from Medicare
- Copy of your child's Birth Certificate
- Copy of your proof of address
- Copy of any health management plans

# Child Details

Education and Care Services national Regulations – Regulation 160 (3a, e)

Given name(s):			
Middle Name:		Surname:	
Preferred Nickname:			
Date of Birth:		Gender (Please circle)	<b>M</b> <b>F</b>
Place of Birth:			

<b>Centrelink Reference Number (CRN)</b> Please note: child and parent have their own individual CRN number	
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Child's home address:	
Child lives with:	

Days of attendance (please circle)	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>
Session start time:					
Session end Time:					

\*Please refer to the information booklet for available session times

Orientation dates:	
Proposed start date:	

Is your child of Aboriginal or Torres Strait Islander Descent? (please circle)	<b>No</b>	<b>Yes</b> Aboriginal	<b>Yes</b> Torres Strait Islander	<b>Yes</b> Both
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Preferred method of contact (please circle)	Verbal	Email	Phone	Info pocket
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# Primary Parent

Education and Care Services national Regulations – Regulation 160 (3b)

Parent first name:			
Parent surname:			
Relationship to child:			
Address:			
Contact numbers:	Home:		
	Mobile:		
	Work:		
Email address:			
Date of birth:		Place of birth:	

Parent Centrelink Reference Number (CRN):	
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Does the child live with you? (please circle)	<b>Yes / No</b>
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Occupation:	
Place of employment:	
Hours of work:	

Please provide any relevant cultural background details:	
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## Secondary Parent

Education and Care Services national Regulations – Regulation 160 (3b)

Parent first name:			
Parent surname:			
Relationship to child:			
Address:			
Contact Numbers:	Home:		
	Mobile:		
	Work:		
Email Address:			
Date of Birth:		Place of Birth:	

Parent Centrelink Reference Number (CRN):	(see primary parent)
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Does the child live with you? (please circle)	Yes / No
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Occupation:	
Place of Employment:	
Hours of work:	

Please provide any relevant cultural background details:	
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# Emergency Contacts

Education and care Services National Regulations – regulation 160 (3b, ii, iii, iv, v,) 161 (1a, l, ii, 1b)

Whilst we will always do our best to ensure that the care and safety needs of your child are being met, there may be occasions where your child has an incident injury, injury or illness. In the event that a parent or guardian cannot be contacted, educators will need to be able to contact an alternate person, authorised to collect and care for your child. Identification documentation will be required from each of the following people to remove your child from the centre.

**Please obtain each person’s consent before listing them as an emergency contact**

Full Name:			
Relationship to child:			
Address:			
Phone numbers:	Home:		
	Mobile:		
	Work:		
I give this person permission to:		Yes / No	Parent Signature
<ul style="list-style-type: none"> <li>• Collect/deliver child to/from centre</li> <li>• Give permission for excursions out of the centre</li> <li>• Consent to medical treatment</li> <li>• Permit transportation of the child by an ambulance</li> <li>• Request/permit medication to be given to child</li> <li>• If parent/guardian cannot be contacted, this person should be notified of any incident, injury, trauma or illness involving the child</li> </ul>			

Full Name:			
Relationship to child:			
Address:			
Phone numbers:	Home:		
	Mobile:		
	Work:		
I give this person permission to:		Yes / No	Parent Signature
<ul style="list-style-type: none"> <li>• Collect/deliver child to/from centre</li> <li>• Give permission for excursions out of the centre</li> <li>• Consent to medical treatment</li> <li>• Permit transportation of the child by an ambulance</li> <li>• Request/permit medication to be given to child</li> <li>• If parent/guardian cannot be contacted, this person should be notified of any incident, injury, trauma or illness involving the child</li> </ul>			

## Other Persons authorised to collect your child

The following people are authorised to collect your behalf. Identification documentation will be required from these people to collect your child. This list can be changed throughout your child's enrolment. Anyone not detailed below will not be permitted to collect your child without prior written permission.

**Please obtain each person's consent before listing them as an authorised person**

### Person 1

### Person 2

Name:		Name:	
Contact:	H: W: M:	Contact:	H: W: M:
Relationship to Child:		Relationship to Child:	

### Person 3

### Person 4

Name:		Name:	
Contact:	H: W: M:	Contact:	H: W: M:
Relationship to Child:		Relationship to Child:	

### Person 5

### Person 6

Name:		Name:	
Contact:	H: W: M:	Contact:	H: W: M:
Relationship to Child:		Relationship to Child:	

# Child Custody Information

Education and Care Services National Regulations – Regulation 160 (3c, d)

<p>Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?</p>	<p>YES / NO</p> <p>If yes please provide all relevant documentation and paperwork</p>	<p>Attached</p>
<p>Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person?</p>	<p>YES / NO</p> <p>If yes please provide all relevant documentation and paperwork</p>	<p>Attached</p>

**\*please note: without any documentation we cannot legally enforce the Order/s**

## Cultural Consideration (of child and parents)

<p>Language Spoken at Home:</p>	
<p>Ethnicity</p>	
<p>Religion:</p>	
<p>Please outline any Cultural practices you would like followed:</p>	
<p>Please outline the child’s religious background and if relevant any religious practices you would like followed :</p>	
<p>Religious Celebrations:</p>	

# Medical Information

Education and Care Services national Regulations – Regulation 160 (3a, l, j)

Medicare Number:			
Medicare Expiry date:		Number of child on card:	

## Child's Registered Medical Practitioner or Service Details:

Service Name:			
Practitioners Name:			
Contact Number:			
Address:			

## Child's Registered Dental Practitioner or Service details:

Service Name:			
Practitioners Name:			
Contact Number:			
Address:			

Private health Cover: (please circle)	YES / NO
Private Health Fund Name:	
Private Health Care Membership number:	
Ambulance Cover	YES / NO

Please outline any dietary restrictions or considerations?	
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Does your child have a history of illness or injury?	Yes / No Details:
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Is your child currently on any prescribed medication	Yes / No Details:
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Does your child have any specific health care needs or conditions, including allergies or anaphylaxis? (please circle)		<p>YES / NO</p> <p>If Yes, please provide a medical management plan, which the child's medical practitioner has prepared.</p> <p>The plan should include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A photo of your child</li> <li><input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis</li> <li><input type="checkbox"/> First aid needed</li> <li><input type="checkbox"/> Contact details of the doctor who signed plan</li> <li><input type="checkbox"/> When the plan should be reviewed</li> </ul>
Has your child had a hearing test?	Yes / No	Last date tested:
How did your child crawl? (example: alternate hands and feet, slid on bottom)		

<p>Has your child had all their relevant health checks at the designated times?</p> <p>(please tick all that have been completed)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Birth</li> <li><input type="checkbox"/> 1-4 Weeks</li> <li><input type="checkbox"/> 6-8 weeks</li> <li><input type="checkbox"/> 6 months</li> <li><input type="checkbox"/> 12 months</li> <li><input type="checkbox"/> 18 months</li> <li><input type="checkbox"/> 2 years</li> <li><input type="checkbox"/> 3 years</li> <li><input type="checkbox"/> 4 years</li> </ul>
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<p>Were there any concerns arising from any of the health checks?</p> <p>If so, please provide details</p>	YES / NO	<b>Details:</b>
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## Family details

Does the child have any siblings? If so, please provide their names and their date of birth.	Name:	D.O.B:
	Name:	D.O.B:
	Name:	D.O.B:
	Name:	D.O.B:

## Developmental Information

<p>Please provide us with any other information we should know about your child:</p> <p>(for example, additional learning and support needs, information about the child's wellbeing, physical comfort or personal needs, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)</p>	
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## Immunisation Details

As of the 1<sup>st</sup> of January 2018, under the *NSW Public Health Act 2010*, Your child cannot be enrolled without an approved immunisation form.

To be eligible for CCS (Child Care Subsidy), your children must meet the immunisation requirements if they are under the age of 7. To meet the requirements, your child must be:

- Up to date with their immunisations according to the early childhood vaccination schedule appropriate for your child's age or have a medical exemption.

Updates are the Parent's responsibility and may be sent to the centre via email or given to the administration officer

Are your child's immunisations up to date? (Please circle and provide documentation)	YES / NO	Document attached
	<b>Please provide a copy of your child's:</b> Immunisation History Statement provided by Medicare	<input type="checkbox"/>

The child's health record sighted by: \_\_\_\_\_ Position \_\_\_\_\_

My child is unimmunised because: (please tick) <ul style="list-style-type: none"> <li><input type="checkbox"/> Family Choice (if you chose this option, your child can not attend childcare – see below)</li> <li><input type="checkbox"/> Catch up Schedule</li> <li><input type="checkbox"/> Medical Reason</li> </ul>	Relevant documentation attached <div style="text-align: center; margin-top: 20px;"> <input type="checkbox"/> </div>
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\* **Please note:** As of the 1<sup>st</sup> January your child must be immunised to attend childcare unless on a catch up schedule or has a medical reason)

## Child Care Subsidy (CCS)

To ensure that you are linked to our centre through the Child Care Management System (CCMS) and to have the CCS applied to your child care fees, you must contact the family Assistance Office to ensure your child is registered for CCS. You will need to complete an activity test which will determine your eligible fortnightly hours and your Child Care Subsidy %

Have you registered your child for Child Care (and does your child have a CRN number?)	YES / NO
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Have you completed your activity test through your MyGov App?	YES / NO	Document attached <input type="checkbox"/>
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Has your child attended another child care setting this financial year?	YES / NO
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## School Information

What year is your child likely to attend Primary School?	
What School are they likely to attend?	

## Bank Account details

Bank Name			
Account Name			
BSB		Account Number	

What day would you like fees to be deducted from your account? (please tick)

Monday	Tuesday	Wednesday	Thursday	Friday

What frequency would you like your fees deducted? (please tick)

Weekly		Fortnightly	
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# Agreement and Consent to terms

Child's Name		D.O.B	
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## 1. Emergency or Accidents

In the event of an emergency, illness or accident (when the Centre is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the Educators at the Centre consent to seek and provide Medical attention and transportation of the child by an ambulance. I / We agree to pay any expenses incurred for these services.

## 2. Permission for Publication

I / We hereby give consent for our child's photograph/video, name and age to be used for the room programming, displays and/or publications. (please note that your child's image may continue to be displayed at the centre after your child leaves)

## 3. Permission for Observation

I / We give permission for our child to be observed by educators, student or visitor. Students and visitors will be from accredited training programs and will work in conjunction with your child's educators. If questioning or testing is to be carried out I / we will be asked for further permission.

## 4. Payment of Fees

I / We agree to maintain our fees as per the Centre's fee policy. We will ensure our fees are kept up to date by making payments on the required day as agreed with the Centre. Payments may be made by eftpos or electronic funds transfer. (Payment of fees will be changed to Direct Debit towards the beginning of the year – You will be required to provide us with your Bank Account details for when this is rolled out)

I / We are aware that failure to pay due fees within 14 days may result in the cancellation of care at the Centre's discretion.

I / We understand that any costs incurred by the Centre in collecting any arrears owed including the cost of debt collecting agencies used by the Centre will be charged to the parent.

## 5. Permission for Evacuations

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their educators to a safety zone for evacuation purposes. (Please refer to the Centre Evacuation Plans and Procedures for information.)

I / We understand for a bushfire evacuation, once the alert reaches 'watch and act' parents will be contacted via email and requested that their child/ren be picked up immediately (please refer to Centre's bushfire evacuation procedure for information)

## 6. Sunscreen Application

I / We agree for the Centre Educators to apply sunscreen regularly to our child for outdoor play purposes. I / We understand that the Centre may use a variety of sunscreen brands from time to time. If my child requires special sunscreen I/we agree to supply this product to the Centre.

## 7. Child Care Subsidy (Lump Sum Claims)

I / We understand that it is our responsibility to notify the Centre of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Subsidy as reduced fees on a weekly basis.

## 8. Parent Information

I / We acknowledge that we have received and read the Centre's Family Handbook. I / We understand any changes to the Handbook, Policies and procedures will be sent by email or uploaded to Kinderm8.

## 9. Centre Policies

I / We acknowledge that the Centre Policies are always available on Kinderm8. I / We understand that any changes to these policies will be carried out where appropriate in consultation with us as Parents / Guardians.

**10. Cancellation of Care**

I / We understand that two week’s written notification is required in advance when cancelling care.

**11. Fees for Public Holidays**

I / We understand that Public Holidays are charged at the normal daily fee rate and that complimentary make-up days will not be available.

**12. Late Fees**

I / We understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Benefit can be claimed for this fee. Late fees charged are as follows: \$1 per minute for each minute that your child has not been collected after closing time (minimum late fee: \$20.00). This will commence from 6.00pm if your child has not left the Centre.

**13. Priority of Access**

I / We understand that if our family falls under Priority Access we may be required to alter our days or give up our place in the Centre in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Centre Policy: First Priority – children at risk or serious abuse or neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government; and Third Priority – all other children.

**14. Infectious Diseases / Clearance Certificates**

I / We understand that our child will be excluded from the Centre if they contract a contagious disease or condition and fees will be charged as normal.

**15. Non - Immunisation**

I / We understand that if our child is NOT immunised in accordance to the Government requirements (refer to our immunisation details page) our child will be excluded from the Centre until the infectious period of the disease or condition has passed. (Please refer to our Centre Policies for further information) and fees will be charged as normal.

**16. Presence of Visitors and Volunteers**

I / We understand that occasionally the Centre may have visitors and/or volunteers assisting in the Centre.

I / We consent to our child being in the presence of visitors and/or volunteers under the supervision of Educators at the Centre. No student or visitor will be alone with a child.

**17. Outdoor Sleeping**

I / We understand that outdoor sleeping may occur at Merimbula-Tura kindergarten in accordance with their policies and procedures.

**By signing this form, I/we declare and confirm:**

- I / We are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 16 above, and any other policies and procedures advised by the Centre either directly or by making them available for perusal at the Centre.

Name of Primary Parent / Guardian			
Signature		Date	

Name of Secondary Parent / Guardian			
Signature		Date	

# Permission to Photograph/Video

I, \_\_\_\_\_, give permission for Merimbula Tura Kindergarten to  
(Parent or Guardian name)

Photograph/video my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

Type of Use	Permission (please tick one)	
	Grant Permission	Decline Permission
Use still images in a newspaper.	<input type="checkbox"/>	<input type="checkbox"/>
Use still images of your child on the Merimbula Tura Kindergarten Website.	<input type="checkbox"/>	<input type="checkbox"/>
Use videos of your child on the Merimbula Tura Kindergarten Website.	<input type="checkbox"/>	<input type="checkbox"/>
Use still images of your child on the Merimbula Tura Kindergarten Facebook Page.	<input type="checkbox"/>	<input type="checkbox"/>
Use videos of your child on the Merimbula Tura Kindergarten Facebook Page.	<input type="checkbox"/>	<input type="checkbox"/>

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrolment.

Signed:

\_\_\_\_\_

(Parent or Guardian signature)

\_\_\_\_\_

(Date)



## Consent Form

### Kinder m8 – Online Childcare Solution

Service Name.....

Child's Full Name.....

Date of Birth.....

Address.....

Telephone/ Mobile.....

Email .....

I give permission for my child's data (which includes, but is not limited to, Full Name, Date of Birth, Address, Telephone Number and Parent's Details) to be entered into the Kinder m8 Software for use in creating an online portfolio and information management. This portfolio will only be viewable by myself and anyone else that I share the login details with. Under no circumstances will Kinder m8 share this information with any third party.

I agree that any registration information provided for use on Kinder m8 will always be accurate, correct and up to date. I acknowledge that I am responsible for keeping all usernames and passwords required to access the Application secure and confidential.

I give permission for photographs of group activities, which may include images of my child, to be included in Learning Journals, which will be posted on the Kinder m8 site and may be emailed to other parents or guardians of children who attend this centre.

Name of Parent/Guardian: .....

Signature: .....

## ROUTINE EXCURSION TO BERRAMBOOL

### PERMISSION LETTER



Dear Families and Carers,

Over the course of 2021 the Educators and children of Merimbula Tura Kindergarten will be walking to Berrambool oval on numerous occasions. We will use the oval to participate in sporting activities, bonding activities and exploring the world around us.

*Please note that a detailed risk assessment has been conducted to ensure the safety and wellbeing of the children. (Available at the Service)*

#### WHERE AND WHEN

DATE OF EXCURSION	Multiple times throughout 2021	VENUE	Berrambool Sports Complex	
VENUE ADDRESS	Berrambool Drive, Merimbula New South Wales 2548			
TIME DEPARTING THE SERVICE	After 9am	TIME ARRIVING BACK AT THE SERVICE:	Before 3pm	
METHOD OF TRANSPORT	Walking			
SUPERVISING STAFF, EDUCATORS AND OTHER ADULTS	Educators as per the roster for the day.			
EDUCATOR TO CHILD RATIO Include the estimated number of children	3 - 5 year old 1:10 (Estimate up to 38: 4 educators) 2-3 year old 1:5 (Estimate 15 children: 3 educators) 0-2year olds – 1:4 (Estimate 12 children: 3 educators)			

I have read the details of this excursion and give permission for my child to participate in the planned excursions to Berrambool throughout 2021.

In the event of an injury or emergency, I acknowledge that the excursion Co-Ordinator will attempt to contact me. In an emergency, I authorise the Service to obtain all necessary medical assistance, including ambulance transport, medication and hospital accommodation.

CHILD NAME: \_\_\_\_\_

**My child has the following medical condition:** [identify the medical condition and any medication required to be taken on the excursion]

\_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_



## ROUTINE INCURSION FOR FREE ACTIVITIES OCCURRING AT MTK



Dear Families and Carers,

Over the course of 2021 the Educators and children of Merimbula Tura Kindergarten will have the opportunity to engage in numerous incursions. These will include visits from the Playability truck where children may have the option to choose resources for the room, visits from local emergency services and community vehicles. As part of routine incursions children may enter the car park with educators.

*Please note that a detailed risk assessment has been conducted to ensure the safety and wellbeing of the children. (Available at the Service)*

### WHERE AND WHEN

DATE OF INCURSION	Multiple times throughout 2021
TIME OF INCURSION	Throughout operating hours of the service
SUPERVISING STAFF & EDUCATORS	As per the roster for the day
EDUCATOR TO CHILD RATIO	3 - 5 year old 1:10 (Estimate up to 38: 4 educators) 2-3 year old 1:5 (Estimate 15 children: 3 educators ) 0-2year olds – 1:4 (Estimate 12 children: 3 educators)

I have the read the details of this incursion and give permission for my child to participate in the planned incursions throughout the service and the car park throughout 2021.

In the event of an injury or emergency, families acknowledge that the Service will attempt to contact the child's parents/ emergency contact. In an emergency, families authorise the Service to obtain all necessary medical assistance, including ambulance transport, medication and hospital accommodation.

**Note:** Families need to ensure all information about their child's medical condition (if applicable) is up to date at all times.

CHILD NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

