

Thank you for your enrolment with Thriving Darlings Early Learning Academy. Please find attached to this letter and checklist information that is required for your family's enrolment to commence with us.

All sections of this enrolment form must be completed and returned.

If at any time you need help completing this form please do not hesitate to contact Thriving Darlings Early Learning Academy on phone(02) 4261 7411 ***We look forward to welcoming your family to Thriving Darlings Early Learning Academy.***

**You may like to attach a passport
size photo of your child here
(Optional)**

Child's Name:

Date of Birth:

Date application received:

Received by (staff name):

Please ensure ALL of the following documents are attached to this application before submission:

	Parent check	Service check		Parent check	Service check		Parent check	Service check
Child's birth certificate			Child CRN <i>on the form</i>			Immunisation record OR... Medical Exemption		
Hospital transfer form complete			Primary Parent CRN <i>on the form</i>			Medical documents att: (if applicable)		
Debit Success Form			Hat & t-shirt order form complete			<i>Medical Risk Minimisation Plan & Communication Plan completed (if applicable)</i>		

To claim the Child Care Subsidy (CCS);

Sign in to your myGov account. If you don't have one, you will need to create a myGov account at <https://my.gov.au>.

Link myGov to Centrelink. You can do this under Services.

Select Centrelink and complete the Child Care Subsidy Assessment form by providing Centrelink with the following information: your estimated combined family income, your activity details and confirmation of your child's enrolment.

For questions and support contact the myGov helpdesk on **13 23 07**,

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

1. You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care? YES ☐ NO ☐
2. Are you liable for fees for care provided at an approved child care service? YES ☐ NO ☐
3. Do you meet residency requirements? YES ☐ NO ☐
4. Does your child meet immunisation requirements? YES ☐ NO ☐
5. Have you completed the Child Care Subsidy assessment on the [myGov](https://my.gov.au) website? YES ☐ NO ☐
6. Have you received confirmation about your Child Care Subsidy? YES ☐ NO ☐

Privacy Disclaimer We acknowledge and respect the privacy of our clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Confidentiality & Record Keeping Policy.

Office use: Date Entered:

Entered by:

(highlight all attachments and enrolment requirements received on the list above)

This enrolment form must be completed by a parent/guardian who has lawful authority in relation to the child being enrolled.

Required days for attendance: (please tick) Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Date from which care is required: ____/____/____

(Please note: It may not be possible for your child to commence on this date. A starting date will be confirmed with you)

Child’s Details

Child’s birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied	Yes / No
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Full Name(s):			
Date of Birth		Sex (Please circle):	Male / Female / unknown

Child’s Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child’s home address:	
Child lives with:	
Does the child have any other close relations attending the service? If so, please provide names & ages.	

Cultural Considerations

Ethnicity & Language/s spoken at home:	
Please outline any cultural practices you would like followed:	
Please outline the Child’s religious background and if relevant any religious practices you would like followed:	
Is the Child of Aboriginal or Torres Strait Islander Descent?	← YES (Please specify which by circling) No

Court Orders Please note that without this documentation we cannot legally enforce the Order/s.

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?	Yes / No	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person?	Yes / No	Attached
	If yes, please provide all relevant documentation and paperwork	
Briefly outline court orders requirements: <i>Note: You can write names of unauthorised people here and you may attach photographs to this form.</i>		

PRIMARY PARENT (This 'Primary Parent' must also be the registered CCS claimant)

Relationship to Child:		Does the child live with you? (Please circle):	Yes / No
Parent Full Name:			
Address:			
Phone Number/s:	(Home): (Work):	(Mobile):	
Parent 1 Date of Birth:		Country of Birth:	
Nationality & languages other than English spoken at home			
Email address:	Send the account statement to this e-mail: Y / N (please circle)		

Parent Centrelink Reference Number (CRN): <i>Ensure Primary parent is registered as CCS Claimant</i>	
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Occupation:	
Place of employment:	
Hours of work/study:	

PARENT 2

Relationship to Child:		Does the child live with you? (Please circle):	Yes / No
Parent Full Name:			
Address:			
Phone Number/s:	(Home): (Work):	(Mobile):	
Parent 2 Date of Birth:		Country of Birth:	
Nationality & languages other than English spoken at home			
Email address:	Send the account statement to this e-mail: Y / N (please circle)		

Occupation:	
Place of employment:	
Hours of work/study:	

Other persons to be notified in the case of an emergency & authorised to collect your child

There may be times when your child has an accident, injury or trauma or illness and the parents or guardians cannot be notified. 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 after accident, injury, trauma or illness.

Please obtain the person’s consent before listing them as an emergency contact. Persons listed must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

In the event that your child is not collected from the children’s service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect your child. This list may be added to or changed throughout the year.

Person 1

Full name: _____ D.O.B.: ____/____/____

Address: _____

Contact numbers (h): _____ (m): _____ (w): _____

Relationship to child; _____

Can this person 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?	Yes / No
Do you consent to this person collecting your child from the children’s service on your behalf?	Yes / No
Can this person give authorisation for your child to participate in incursions &/or for staff to take your child to attend an excursion? (e.g. visit the fire truck, police car etc)	Yes / No

Person 2

Full name: _____ D.O.B.: ____/____/____

Address: _____

Contact numbers (h): _____ (m): _____ (w): _____

Relationship to child; _____

Can this person 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?	Yes / No
Do you consent to this person collecting your child from the children’s service on your behalf?	Yes / No
Can this person give authorisation for your child to participate in incursions &/or for staff to take your child to attend an excursion? (e.g. visit the fire truck, police car etc)	Yes / No

Person 3

Full name: _____ D.O.B.: ____/____/____

Address: _____

Contact numbers (h): _____ (m): _____ (w): _____

Relationship to child; _____

Can this person 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?	Yes / No
Do you consent to this person collecting your child from the children’s service on your behalf?	Yes / No
Can this person give authorisation for your child to participate in incursions &/or for staff to take your child to attend an excursion? (e.g. visit the fire truck, police car etc)	Yes / No

Note: Our services offering OSHC will seek separate authorisation regarding OSHC transportation. For all other services transportation authorisations are not applicable. (Regulation 102D (4) Regulation 160 (3)(A)(V1) & Regulation (99)(4)(ca))

Child’s dental, medical and health information

MEDICARE Number:		Expiry Date:		Child’s Reference Number on card:	
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Do you have a pension or concession card: Yes / No if yes, please provide details;

Do you have Private Health Insurance: Yes / No if yes, please provide details;

Private Health Insurer:		Membership Number:		Expiry Date:	
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Child’s Doctor’s Details

Medical Service Name:			
Practitioner’s Name:		Contact Number:	
Address:			

Child’s Dentist’s Details

Service Name:			
Practitioner’s Name:		Contact Number:	
Address:			

Child’s Medical Details and health Information

Allergies- provide details of child’s allergies. *(These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other)*

Allergy to					
Medical specialist or doctor who may be currently treating your child for this condition					
Phone contact		Address			
Risk of Anaphylaxis	Yes / No	Has a doctor diagnosed this allergy?	Yes / No		
Has your child been prescribed an adrenaline autoinjector?	Yes / No	Does your child have a current ASCIA Action Plan?	Yes / No	Attached	
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).					
What is the expiry date of the adrenaline autoinjector?				Month / Year	
Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i>					
Parent 1: _____ Parent 2: _____ <i>(Signatures)</i>					

Special Dietary Requirements

Prohibited Food	Detailed information

Medical Conditions other than allergies and anaphylaxis . (e.g. Asthma, Epilepsy, diabetes or other)

Medical Condition				
Has a doctor diagnosed this condition?	Yes / No	Does your child have a current Action/Management Plan ? (e.g. Asthma Plan)	Yes / No	Attached
Does your child take any prescribed medication for this condition?				
Medication Name/s				
<p>Medication will only be administered if:</p> <ul style="list-style-type: none"> • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name • instructions and dosage can be clearly read • expiry date or use by date is valid • any verbal or written instructions provided by the medical practitioner must be provided by the parent/s <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Medication Record" form. <i>Education and Care Services National Regulations Regulation 93</i></p> <p>Medications must be handed to a staff member and appropriate medication forms filled out in the child's room.</p> <p>Medications must not be left in child's bag.</p> <p>(Signatures)</p> <p>Parent 1: _____ Parent 2: _____</p>				

Declaration and consent to emergency medical treatment

Although every care will be taken of your child whilst at the service the staff can in no way be held responsible for any accident which may occur. In the event of an emergency, illness or accident concerning my child and the centre being unable to contact me or another person authorised by me

I _____ (print name) a person with lawful authority of the child referred to in this enrolment form, consent to the Service seeking on my behalf medical, dental, hospital and ambulance attention &/or transportation for my child and I accept liability for medical, dental, hospital and ambulance expenses where incurred. If the Doctor or Dentist listed on the enrolment form or the nearest Doctor or Dentist available considers immediate medication, anaesthetic or surgery he/she has my permission to administer whatever procedure is deemed necessary. I understand that the dentist and or doctors that the children's service seeks may not be the child's own family dentist or doctor. In the event of a medical emergency, which is deemed life threatening, an ambulance will be contacted as the first priority by Service staff prior to contacting you. We recommend that all children attending Childcare Service should have ambulance cover. I agree to all of the above conditions:

Parent 1: _____ Parent 2: _____
(Signatures)

Developmental information*Please provide any relevant information*

Does your child have any problems with hearing, sight or speech? <input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Speech	
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	
Does your child require additional support for learning because of disability?	
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	

Immunisation

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR). ATTACH ONE OF THE FOLLOWING:

AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes / No	Attached
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes / No	Attached
AIR Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a ' catch up ' schedule has been initiated.	Yes / No	Attached

Please note: **Approved documentation must be provided before your child can attend and a copy retained by the centre.**

Immunisation register can be obtained from: Calling the Immunisation Register 1800 653 809
email: acir@medicareaustralia.gov.au or www.medicareaustralia.gov.au/online or in person at the local Centrelink office.

Health/Illness/Medication Consents & Agreements

(please circle)

I am aware that sunscreen will be applied to my child before playing outdoors at the centre. If my child is allergic to the sunscreen the centre uses I will provide my own sunscreen to be used by my child.	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Nappy Cream/Paste (supplied by parents & clearly labelled with your child's name)	YES	NO
I agree to my child's head being checked for head lice when necessary as per the policy.	YES	NO
Have staff apply Insect Repellent (if & when necessary only)	YES	NO
I understand that it is my responsibility to notify staff upon arrival to the centre if my child has had a dose of paracetamol prior to arriving at the service.	YES	NO
I am aware that I may be contacted to authorise the administration of the appropriate dosage per age/body weight of paracetamol in the event of my child's body temperature rising above 38°Celsius. In the event that I am unable to be contacted, I hereby authorise the administration of the appropriate dose of paracetamol.	YES	NO
I agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the centre	YES	NO
I agree to keep my child from attending should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC). I accept that the Nominated Supervisor will enforce the NHMRC "Recommended Minimum Exclusion Periods of Infectious Disease Cases".	YES	NO
I understand that if I cannot be contacted, then my emergency contacts will be used.	YES	NO
I understand that in case of emergency my family details may be provided to the appropriate health professionals, i.e. ambulance officer, doctors and/or hospital	YES	NO
Consent to my child's Medical Management/Action plan being displayed within the centre to allow staff easy access to the information in the event that it may be needed.	YES	NO
From time to time the centre may hold special events and/or celebrations, do you consent to the following Coloured Hair Sprays: Face Paints:	YES	NO
<i>If your child suffers any allergies &/or skin conditions, it is best to inform staff of these & circle 'NO'</i>	YES	NO

Parent 1: _____ Parent 2: _____
(Signatures)

Other Information

Please specify any traditional / cultural / religious celebrations that you do **not** want your child to participate in:

Are there any activities in the centre which may contravene your family values or beliefs? _____

Are there any particular words or expressions you would like us to use with your child? _____

Does anyone live in the child's home apart from parents and siblings? Y / N (please circle)

If yes, name: _____ relationship to child: _____

name: _____ relationship to child: _____

Does your child have any siblings? Y / N (please circle) If yes, please complete

Name	Date of Birth	Sex	Attending Approved Care
		M / F	Y / N
		M / F	Y / N
		M / F	Y / N
		M / F	Y / N

Has your child previously attended any of the following? (please circle) Pre-school Playgroup Family Day Care

If yes, please name the centre: _____

If your child has attended another care facility; how many allowable absences have they used this financial year? _____

Will your child continue to attend another approved service? Y / N , if yes, please name the service;

_____ how many hours of CCS do you claim at this service? _____

Is there anything else that staff should know about your child, i.e. favourite activities, attending early childhood services or early intervention services? _____

Priority of Access (please circle priority)

The centre must comply with enrolment priority and access guidelines set by the Family Assistance Office

1. A child at risk of serious abuse or neglect
2. A child of single parent who satisfied, or of two parents who both satisfy the work / training / study test under section 14 of the Family Assistance Office
3. Any other child.

Is this child care required for work / study related reasons? Y / N (please circle)

Skills Do you have any skills that you would like to contribute to the centre's program? e.g. musical instrument, sewing, creative arts, cooking etc. _____

Parental involvement is an integral part of your child's years at pre-school. At our centre we promote active parent involvement and encourage a two way communication between staff and parents. We provide many opportunities for this to occur through; Newsletters, informal and formal meetings, social activities, committee etc. It is important that you contribute to these things throughout the year.

Photos and Observations

As part of our program, staff will be taking photographs of the children. This assists staff with their observations and also allows parents/guardians to see our daily routine and what children participate in during the day. This will occur consistently throughout the year.

I give permission for my child's development to be observed for student purposes and understand that his/her name will not be used on any such reports	YES	NO
Consent to your child's photo to be taken and displayed at the centre?	YES	NO
Consent for photo's & video footage of your child to be used in digital learning stories via the Playground App & to be shared with other families that attend the service	YES	NO
Do you give permission for your child's image to appear for public media purposes? <i>Media may be in the form of our centre's newsletters, public newspaper, website and or public presentations (e.g. graduation ceremony slideshow). The pictures may be of groups of children or individuals.</i>	YES	NO

Parent 1: _____ Parent 2: _____

(Signatures) **Thank you for your cooperation in helping us highlight the good work and efforts of our learners and educators.**

Conditions of Enrolment & Agreement

This Written Arrangement between _____ (parent names) and Thriving Darlings Early Learning Academy is an ongoing agreement between the ECEC Service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act and as completed on this enrolment form.

- ☐ I agree to notify the Nominated Supervisor of any change to information provided on this enrolment form.
- ☐ I have read and understood the fee section (policy) in the parent booklet and agree to pay all child care fees incurred.
- ☐ I understand that fees are subject to change at any time provided a minimum of four weeks written notice is given and any such changes will be published in the service newsletter.
- ☐ I understand that it is my responsibility to ensure all Child Care Subsidy requirements are fulfilled and if I fail to do so I will be responsible for paying full fees.
- ☐ I also acknowledge that I have read and understood the contents of the Parent Information Booklet issued by the centre and agree to abide by the conditions, rules and policies of the service.
- ☐ I understand that it is necessary to personally sign children in and out of care. If any person apart from those listed on the enrolment form is to collect and sign out my child, I agree to notify the Nominated Supervisor in advance and in writing to this effect.
- ☐ I understand that in the event that any unknown persons or unlawful (by court order) persons attempts to collect my child, they will be denied access to my child, should the situation become challenging, threatening or violent I understand that the police will be called immediately to exercise lawful authority of such court orders.
- ☐ I Consent that in an emergency situation or fire drill where evacuation is necessary, my child may need to leave the children's service premises under the direction and supervision of the staff.
- ☐ I understand enrolment is continuous and that I must give at least four weeks notice in writing to cancel my child's enrolment at the service including if they are not returning the following year. *(Fee policy - parent handbook).*
- ☐ I understand that Medical Action Plans will be required every 12 months (or when necessary) and must be authorised by my child's medical practitioner. I understand it is my responsibility to provide the associated details to staff.
- ☐ I understand that if my child requires a Medical Action Plan then I must complete a Risk Minimisation Plan and Communication Plan *(see Medical Conditions Policy)* with staff in order for the service to meet the requirements for regulation 90, Medical Conditions Policy.

I/We, _____ (print full name) a person/s with lawful authority of the child referred to in this enrolment form, declare that the information form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;

Parent 1 Signature: _____ Date / /
Parent 2 Signature: _____ Date / /
Full name of witness: _____ Date / / Signature: _____

*Enrolment form can be witnessed by a staff member over 18years of age after checking parent/guardian

Hospital Transfer Form

This form is to accompany the child to the hospital in circumstances where an ambulance has been called to the centre or has recommended the family or nominated responsible person take the child to hospital. The personal and health information contained on this form is confidential and is given to facilitate assessment of the child by the hospital.

This section to be completed by the parent/guardian

Child's Name(s):		D.O.B.	
Allergies			
Medications/ Special needs/Medical Conditions:			
Medicare Number:			
Medicare Expiry Date:		Number of child on card:	

Pension or concession card: Yes / No if yes, please provide details;

Membership Number:		Expiry Date:	
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Private Health Insurance: Yes / No if yes, please provide details;

Private Health Insurer:			
Membership Number:		Expiry Date:	

Child's Doctor Contacted: YES / NO

Medical Service Name:			
Practitioner's Name:			
Contact Numbers:			

PARENT 1 Contacted: YES / NO

PARENT 2 / Emergency Contact Contacted: YES / NO

Full Name:		
Relationship to Child:		
Phone Number/s:	(Home): (Work): (Mobile):	(Home): (Work): (Mobile):

This section to be completed by staff when accident/illness occurs

Service Contact Number:

Incident Report (from the Accident/Injury/Illness Report Form)

Date: _____ Time: _____ am / pm

Brief description of injury or illness:

First aid administered:

Name of staff completing form: _____ Sign: _____

Name of Witness: _____ Sign: _____