



MURRAY VALLEY ABORIGINAL CO-OPERATIVE EARLY LEARNING CENTRE

CONFIDENTIAL ENROLMENT FORM 2027

Information about the child

Family Name.....	Date of Birth.....	Sex M ☐ F ☐
(please tick)		
Given Names..... Usually called.....		
Home Address.....		
Postal Address (If different from above).....		
Email address.....		
Language(s) spoken at home..... Cultural Background.....		
Child CRN:..... Is your child: Aboriginal Torres Strait Islander NO		
Copy of Birth Certificate given: Yes / No		

Start Date:		
Number of children attending other childcare services:	Number of children you are claiming Child Care Subsidy (CCS) For (only relevant from 2 July 2018):	Number of children you are Claiming Child Care Benefit (CCB) For (if relevant up to 28 June 2018):

DAYS AND TIMES REQUIRED

Please tick the days that your child will require care:

Monday		Arrival time		Departure time	
Tuesday		Arrival time		Departure time	
Wednesday		Arrival time		Departure time	
Thursday		Arrival time		Departure time	
Friday		Arrival time		Departure time	

Family Contact Details

PRIMARY PARENT/CARER	SECONDARY PARENT/CARER
Name	Name
Relationship to the child:	Relationship to the child:
CRN:	
Address	Address
Telephone (H) (W) Mobile	Telephone (H) (W) Mobile
Country of birth:	Country of birth:
Cultural Background:	Cultural Background:

Collecting your child from the Service

Your consent is required for other people to collect your child from the service on your behalf. Please list the details of those people who can collect your child on the table below.

In the event that your child is not collected from the Early Learning Centre and you cannot be contacted, this list will also be used to arrange someone to collect your child.

Details of people who can collect your child. (This list may be added or changed throughout the year.)

Name	Name
Address	Address
Telephone / Email Address Mobile:	Telephone / Email Address Mobile:
Email:	Email:
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone / Email Address Mobile:	Telephone / Email Address Mobile:
Email:	Email:
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone / Email Address Mobile:	Telephone / Email Address Mobile:
Email:	Email:
Relationship to child	Relationship to child

Other people who are authorised to authorise an educator to take the children outside the education and care premises *There may be times when we are unable to contact you as the parent/guardian of the child and you may have to forgotten to fill in the permission slip for an excursion. In the event that this occurs the following list of authorised people are given permission for the educator to take children outside of the education and care premises.*

Name	Name
Address	Address
Telephones (H) (W) Mobile	Telephones (H) (W) Mobile
Relationship to child	Relationship to child

Child's medical and health information

Name of Doctor / Medical Service..... Telephone.....			
Address of Doctor..... Medicare No.....			
Do you give permission for your child to be transported by an ambulance? Yes No			
Does your child have any allergy or sensitivity? Yes No (please circle)			
If yes , the following management procedures are to be followed (or a copy of the management plan is attached):			
Does your child have any dietary restrictions? Yes No (please circle)			
If yes , the following restrictions apply:			
Does the child have any medical conditions and needs (e.g. epilepsy, diabetes etc.) which are relevant to the Early Learning Centre? Yes No (please circle)			
If yes , the following management procedures are to be followed (or a copy of the management plan is attached):			
Has the child been diagnosed as at risk of anaphylaxis? Yes No			
If yes , the following management procedures are to be followed (or a copy of the management plan is attached):			
Does the child have any special needs? Yes No			
If yes , the following management procedures are to be followed (or a copy of the management plan is attached):			

Child's Immunisation record

Has your child been Immunised? Yes ☐ No ☐ (please tick) If yes, provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
- attaching a copy of the Immunisation Record printout from local government OR

Some children have also had Hepatitis B immunisations

If so, please provide the dates these have been given:.....

Acknowledgement from the person at the children's service who attached the child's health record

Name: Signature.....

Other information

If there is anything else that the service should know about your child (e.g. excessive fears, favourite activities, additional needs, cultural or religious requirements, etc.)

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PERMISSION FORM - PHOTOGRAPHS & VIDEOS

Photographs and videos are now classified as "Personal Information" under the Information Privacy Act 2000. The purpose of this Permission Form is to:

- Comply with the privacy legislation in relation to photographs/videos taken at the Childcare.
- Enable staff at the Childcare to take photographs/videos of children as part of the program.
- Enable parents/guardians and staff to take group photographs/videos of children as part of the program.
- Enable parents/guardians to take photographs/videos of their children, which may include other children in the group.
- Notify parents/guardians as to who will be permitted to take photographs/videos and where these are taken by the Childcare, how they will be used.

Photographs/videos taken by staff

Staff at the Childcare will take photographs/videos of children as part of the program which will include displaying these at the Childcare or placing them in a book that may be borrowed from the Childcare by the children attending. Photos may also be put on our organisation website & Facebook page.

When the photographs/videos are no longer being used as part of the program, displaying at the Childcare or placed in a book for circulation, they will either:

- Be given to the family of the child if the photograph/video is of their child and no other children;
- Stored securely at the Childcare and displayed on anniversaries of the Childcare etc.; or
- Destroyed.

Group Photographs taken by parents/guardians or staff

Parents/guardians, as well as staff, may take group photographs at special events such as birthdays or excursions while in the care of the Childcare provider. Photographs taken by the Childcare provider can be made available to all parents/guardians.

While the Childcare provider can nominate the use and disposal of photographs they organise, there is no control over those taken by parents/guardians of children attending.

Photographs/videos taken by parents/guardians

Parents/guardians may take photographs and/or videos of their own child. However, this may include other children in the group only on special events such as birthdays or excursions while in the care of the Childcare provider.

Photographs/videos for use in newspapers and external publications

The permission of parents/guardians of children attending will, on each occasion, be obtained prior to your child's photograph being taken to appear in any newspaper/media or external publication, including the Childcare's own publications.

Access to photographs/videos

Access to any photographs or videos, like other personal information, is set out in the Childcare's Privacy Policy which is displayed at the Childcare and available on request.

Confirmation of Consent

Parents/guardians need to note that the Childcare provider has no control over the use of the photographs/videos taken by parents or guardians.

I consent to the arrangements for the use of photographs and/or videos as stated in this Permission Form.

Signed _____
Parent or Guardian

Date _____

Declaration and consent

Declare that the information in this enrolment form is true and correct and undertake to immediately inform the Early Learning Centre in the event of any change in this information;

I consent for the approved provider, nominated supervisor or an educator to seek in the case of an emergency:

- Medical treatment for the child from a registered medical practitioner, hospital or ambulance service
- transportation of the child by an ambulance service; and
- If relevant, an authorisation given under regulation 102 for the education and care service to take the child on regular outings.
- Agree to provide enrolment information to the Australian Government Department of Education and Training and the Department of Human Services (Centrelink) so that I/we can be contacted and provided with information on the new Child Care Subsidy and the Additional Child Care Subsidy that can be claimed for the first time at this service. (Note families are required to register for these subsidies from April 2018 and the first claims will be from 2 July 2018). More information can be found on the Department of Human Services website:
www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy#a1
- Agree to comply with all Government requirements in relation to the service
- Agree that in the case of accident or injury, the service will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred
- Are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition
- Understand that the child will be accepted back into the service once a 'clearance certificate' for the child from a medical practitioner is received
- Agree to provide the service with all information regarding the health of my/our child
- Are aware that the service may occasionally have visitors, or volunteers at the service, and consent to my/our child being in the presence of volunteers or visitors, with the service's appropriate supervision
- Are aware that to cancel child care we are required to give notice in writing two weeks prior to the date of withdrawal; otherwise fees will continue to be charged. During this period, we are aware that if our child does not attend we are liable to pay full fees.
- Agree to pay the fees by the due date.
- Are aware that fees for public holidays are payable by the service if the day is a usual day of attendance
- Are aware that fees are payable for all booked days, including discounted rates on absent days, i.e. sick days, and family holidays
- Understand that a system of payment for late collection operates at the service, to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the service. Any late collection will result in a fee being charged of \$1.00 per minute.

I/We have read, understood and agree to abide by the conditions of this Enrolment Agreement.

Primary Parent / Carer

Service Coordinator

Print Name_____

Print Name_____

Signature_____

Signature _____

Date _____

Date _____

Your commitment to us

Please note: failure to pay fees is a breach of the Conditions of Enrolment and may initiate the procedure for termination of care.

I, _____, have read and understood the above mentioned and agree to the terms.

Signature_____

Date _____

Consent to emergency rehearsals

I ,.....(Print full name)

Give consent for my child,.....(Child's full name)

to participate in emergency rehearsals (i.e. Fire Drill, Snake Drill, etc.) and authorise the approved provider, nominated supervisor or an educator to take them to designated assembly areas/points, which may be outside the Centre's premises.

Signature.....Date.....

