

Jenny's Kindergarten Child Enrolment Form

* Please note all parts of the form MUST be completed, if not applicable please put N/A do NOT leave the section blank.

1. Child Details

Child's Given Name(s):					
Child's Surname:		Child's Preferred Name			
Any Former Name(s):		Child's Gender			
Date of Birth:		Place of birth			
Child's Primary Residential Address:					
Primary Parent/ Guardian at Above Address:					
Is the child of Aboriginal or Torres Strait Islander origin	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander				
Cultural Background/ Nationality:			Languages spoken at home:		
Days of Attendance:	Monday	Tuesday	Wednesday	Thursday	Friday
Hours of Attendance each day:			Room Name:		
How did you hear about us?					

2. Primary Parent /Guardian to Contact or Collect

Parent/Guardian 1

Relationship to Child:					
Given Name(s):			Surname:		
Any Former Name(s):			Date of Birth:		
Contact Numbers:	Home:		Mobile:		Work:
Email:					
Home Address:			Postal Address:		
Occupation:			Company:		
Cultural Background/Nationality:			Language spoken at Home:		

Parent/Guardian 2

Relationship to Child:					
Given Name(s):			Surname:		
Any Former Name(s):			Date of Birth:		
Contact Numbers:	Home:		Mobile:		Work:
Email:					
Home Address:			Postal Address:		
Occupation:			Company:		
Cultural Background/Nationality:			Language spoken at Home:		

3. Birth Certificate Details

Child's birth certificate, extract of birth certificate or equivalent document has been sighted and copied by the Centre Manager. (please circle)

Yes / No

Centre Manager Signature:

4. Court Orders

Are there any Court Orders, Parenting Plans or Parenting Orders pertaining to your child? (Please circle)


Yes / No

If YES, you MUST provide a copy of this order to the centre for your child's file so they can verify custody arrangements and keep this information in your child's file. All staff will be made aware of the existence of such documentation. This order must relate to power, duties, responsibilities or authority of any person in relation to the child, access to the child or residence of the child. It is the parent's responsibility to ensure that all documents regarding custody/ access are kept up to date at all times. Please refer to the Custody, court and protection orders centre policy for additional guidance

Are there any special family arrangements (i.e. Sole Parent, Shared Custody etc?) (Please circle)

Yes / No

If yes, please provide details:

 **Please note:** The Education and Care Service (Centre) is guided by our centre's Custody, Court and Protections Order Policy. For more information regarding how this will affect your family please ask the Centre Manager to provide you with a copy. Alternatively, this policy and all centre policies, are always available at the education and care service.

5. Centrelink Information – MUST BE COMPLETED FOR EVERY ENROLMENT

Centre Name:

Start Date:

Parent CRN:

Child CRN:

Registering Parent Name:

Approved Centrelink Hours:

Registering Parent DOB:

Does your child attend another service?

YES / NO

If yes, which service and how many days do they attend that service?

Does your child have siblings attending another service?

YES / NO

If yes, which service?

Name of Siblings

Important Information

The Child Care subsidy will be available to many eligible families using Jenny's Kindergarten and Early Learning services, and these changes can affect the amount of fee assistance that each family will receive. All parents must log on to MyGov to confirm income and work information before you can claim the subsidy.

It is your responsibility to register your child at Centrelink prior to enrolment in order to claim the Child Care Subsidy. It is also your responsibility to notify the centre if your child care arrangements change as it will affect the amount of Child Care Subsidy (CCS) applied by the Family Assistance Office.

Three things will determine a family's level of Child Care Subsidy:

- Annual income will determine the percentage of subsidy a family is eligible for,
- An activity test will determine how many hours of subsidised care families can access, and
- The type of child care service will determine the hourly rate cap covered by the subsidy

You can find more information about how to prepare for the subsidy in the attached brochure, and by visiting <https://www.education.gov.au/ChildCarePackage>.

6. Emergency Contact Authorisation

The nominees below will only be contacted in emergency situations in instances where all to contact the parent/legal guardian have failed, or when prior written notice has been provided by the parent/legal guardian. Specific authorisation information is provided for each Nominee.

Authorised Nominee 1:

First Name:		Surname:	
Relationship to child:		Date of Birth:	
Mobile Phone:		Home Phone:	
Home Address:			
Email Address:			
Work Address:		Work Phone:	

I Authorise this Nominee to:

- ☐ Collect my child from the service and authorise an education and care service team member to take my child outside the education and care service.
- ☐ Consent to medical treatment or the administration of medication to my child during times of illness or emergency.
- ☐ Consent to medical treatment for my child from a registered medical practitioner, hospital or ambulance service and transportation of my child by an ambulance service
- ☐ any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child

Parent/Guardian Signature:

Date:

SIGN HERE

Authorised Nominee 2:

First Name:		Surname:	
Relationship to child:		Date of Birth:	
Mobile Phone:		Home Phone:	
Home Address:			
Email Address:			
Work Address:		Work Phone:	

I Authorise this Nominee to:

- ☐ Collect my child from the service and authorise an education and care service team member to take my child outside the education and care service.
- ☐ Consent to medical treatment or the administration of medication to my child during times of illness or emergency.
- ☐ Consent to medical treatment for my child from a registered medical practitioner, hospital or ambulance service and transportation of my child by an ambulance service
- ☐ any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child

Parent/Guardian Signature:

Date:

SIGN HERE

Authorised Nominee 3:

First Name:		Surname:	
Relationship to child:		Date of Birth:	
Mobile Phone:		Home Phone:	
Home Address:			
Email Address:			
Work Address:		Work Phone:	

I Authorise this Nominee to:

- ☐ Collect my child from the service and authorise an education and care service team member to take my child outside the education and care service.
- ☐ Consent to medical treatment or the administration of medication to my child during times of illness or emergency.

Parent/Guardian Signature:

SIGN HERE

<input type="checkbox"/> Consent to medical treatment for my child from a registered medical practitioner, hospital or ambulance service and transportation of my child by an ambulance service	
<input type="checkbox"/> any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child	Date:

Please note: it is the parent/ legal guardian's responsibility to ensure that the authorised nominee information (and all other information in this enrolment form) is up to date and current at all times. Should any of the above information change please see the Centre Manager for an update form.

7. Your Child's Health

Has the child's Health Record – Medicare Immunisation History Statement been sighted? (Please Circle)	Yes / No	Centre Manager Signature:
Does your child have any known allergies/ illnesses? (Please Circle) If Anaphylactic please go to section 7.2 below	Yes / No	Description of allergies/illness:
Does your child have any medical conditions/ long term medications or any other specific health care needs e.g. asthma, epilepsy, diabetes, behavioural, medically diagnosed intolerances etc.? If yes please complete, with the Centre Manager, the relevant medical conditions management/ risk minimisation plan (if no specific management plan is available for your child's condition then a general medical conditions management plan/risk minimisation plan will be completed.)	Yes / No	Description of condition/medication requirements:
Does your child have any dietary requirements/restrictions? Including intolerances not formally diagnosed from a medical practitioner? If yes please complete with the Centre Manager a Care a Routine Deviation.	Yes / No	Briefly describe dietary requirements/restrictions:
Does your child have any special requirements/additional needs that may require any special consideration in the education and care service? These would include cultural and religious considerations. If yes please discuss with the Centre manager regarding any additional documents required e.g. a care and routine deviation plan or medical conditions management plan	Yes / No	Brief description of additional need:
Please list any previous serious injuries or illnesses related to your child that may affect their time at the Centre:		



Important Information

If you answered yes to any of the above questions, specific policies and procedures may apply to the individual care of your child. The Centre Manager will provide you with the relevant policies and procedures and assist you to complete any documentation required.

You may need to provide current action plans or medication information from your child's treating practitioner prior to your child's commencement at the service. Your Centre Manager will provide you with further details.

Parent Acknowledgement

I have received, from the Centre Manager, the policies and procedures relevant to my child's medical condition/ additional care needs and have been assisted to complete the relevant documentation e.g. Medical conditions management and risk minimisation plan or Care and Routine Deviation Form for non-medically diagnosed dietary requirements.

I understand that where medical conditions/ dietary intolerances have been medically diagnosed, that the management plans may need to be accompanied with documentation from the medical practitioner e.g. emergency action plans.

I understand that this information will be reviewed 6 monthly and, that should any changes to my child's condition occur I must notify the service as soon as practical and possible.

Parent/Guardian Name:		Parent/Guardian Signature:	
		Date:	


OFFICE USE: Centre Manager Confirmation

All sections are completed in full and all information provided	Y / N	All necessary boxes are ticked and signed	Y / N	Centre Manager Checked	Y / N
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7.1. Additional Information and Permission for Staff to Act in Case of Accident or Emergency

A you a member of the ambulance service?	Yes / No	Ambulance Membership No:	
Health Fund:		Medicare No:	
Registered Medical Practitioner Name:		Registered Medical Practitioner Contact Number:	
Registered Medical Practitioner Address:			
Dentist Name:		Dentist Contact Number:	
Dentist Address:			

In case of an accident or illness requiring emergency treatment, the team member in charge will call an ambulance if required. Every effort will then be made to contact the parents or those listed as an authorised nominee to inform them of the situation. Parents are asked to complete and sign the following:

<input type="checkbox"/> I / we authorise the approved provider, nominated supervisor or educator to seek/provide urgent medical, dental, hospital treatment or ambulance service, including the transportation by ambulance (accompanied by an education and care services team member), for my child should this be considered necessary and accept any responsibility for cost incurred. <input type="checkbox"/> Furthermore, I have read, and agreed to abide by the conditions of the use of the centre and to accept such responsibility as enrolment at the centre imposes.	Parent/Guardian Signature:	
	Date:	

7.2 Anaphylaxis


Has your child been diagnosed as at risk of anaphylaxis? (Please circle)	Yes / No
Does your child have an auto injection device e.g. Epipen or other medication related to their Anaphylaxis? (Please circle)	Yes / No
Does your child have dietary requirements related to their Anaphylaxis? If so, please describe briefly:	
Does your child have any environmental requirements related to their Anaphylaxis? If so, please describe briefly:	

Important Information

If you answered yes to any of the above questions, specific policies and procedures will apply to the individual care of your child. The Centre Manager will provide you with the relevant policies and procedures and assist you to complete any documentation required. It is important to note that you will need to provide a current action plan completed by your child's medical practitioner prior to your child commencing at the service.

Parent/ Guardian Acknowledgment

I have received, from the Centre Manager, the policies and procedures relevant to my child's Anaphylaxis care needs and have been assisted to complete the relevant documentation e.g. Medical conditions management and risk minimisation plan.

Parent/Guardian Name	Parent/Guardian Signature:	
	Date:	

8. Immunisation

Has your child been Immunised? (please circle)

Yes / No

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

- ✓ Be fully immunised
- ✓ Up-to-date according to the Australian Standard Vaccination Schedule
- ✓ On a catch up vaccination schedule, or
- ✓ You have an approved exemption for your child

Please provide the Centre Manager with a copy of your child's immunisation and child health record.

Age:	Immunisation:	Date Immunisation received: (Parent to advise)	Original sighted and copied: (Centre Manager to initial)
Birth	<ul style="list-style-type: none"> Hepatitis B (HepB) 		
2 Months	<ul style="list-style-type: none"> Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), <i>Haemophilus influenzae</i> type B, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) Pneumococcal conjugate (13vPCV) Rotavirus 		
4 Months	<ul style="list-style-type: none"> Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), <i>Haemophilus influenzae</i> type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) Pneumococcal conjugate (13vPCV) Rotavirus 		
6 Months	<ul style="list-style-type: none"> Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), <i>Haemophilus influenzae</i> type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) Pneumococcal conjugate (13vPCV) Rotavirus b 		
12 Months	<ul style="list-style-type: none"> <i>Haemophilus influenzae</i> type b and Meningococcal C (Hib-MenC) Measles, mumps and rubella (MMR) 		
18 Months	<ul style="list-style-type: none"> Measles, mumps, rubella and varicella (chickenpox) (MMRV) 		
4 Years	<ul style="list-style-type: none"> Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated poliomyelitis (polio) (DTPa-IPV) Measles, mumps and rubella (MMR) (to be given only if MMRV vaccine was not given at 18 months) 		

Approved Exemptions:

Your child is exempt from the immunisation requirements in the following circumstances:

- You have been told by your doctor about the benefits and risks of immunising your child;
- Your child's doctor or a recognised immunisation provider will need to complete a 'Medical Contraindication' form, immunising Your child with a particular vaccine is medically contraindicated;
- The child has a natural immunity to a disease or a vaccine is temporarily unavailable;
- NSW – No Jab No Play – The child is on a vaccine catch up schedule **or** has a medical condition preventing them from being full vaccinated- Your child's doctors or a recognised immunisation provider will need to complete a 'Medicare Immunisation Exemption Medical Contraindication Form' **or** children identified as being eligible within the 12 weeks 'grace period'(NSW)

NOTE: IT IS YOUR RESPONSIBILITY TO NOTIFY CENTRELINK AND THE CENTRE IF YOUR IMMUNISATION SCHEDULE CHANGES AS IT WILL EFFECT THE AMOUNT OF CHILD CARE BENEFIT APPLIED BY THE FAMILY ASSISTANCE OFFICE UNLESS EXEMPTIONS ARE PREVIOUSLY APPROVED

There may be specific documentation that you will need to provide Prior to your child commencing at the service. Please discuss this with your Centre Director/ Centre Manager

9. Maintaining Fees

- ☐ I agree to abide by the centre's policy of maintaining fees two (2) weeks in advance. I also understand fees are to be paid for all days the child is absent or sick and public holidays. If I am late collecting my child an additional fee will be charged. If fees fall behind the "two (2) weeks in advance", my child's place at the centre may be jeopardised.
- ☐ I am aware that more information regarding my child's fees is available in the centre's Fee Policy

Parent/Guardian Signature:

Date:

SIGN HERE

10. Additional Permissions

I, the person whose name and signature appears below, as parent/legal guardian hereby acknowledge and give (Team members and the approved provider) the following permissions and authority to act as stated below:

To apply sunscreen to my child. I understand that I must provide and clearly label sunscreen for my child if they have allergies or reactions to the Service's supplied sunscreen. (Please circle)	Yes / No
To apply nappy creams/ lotions/ powders, provided by myself for my child. I understand that these must adhere to the guidelines in the medication policy and must be clearly labelled at all times. (Please circle)	Yes / No
For my child to be observed by students for development and training purposes. (Please circle)	Yes / No
For my child to participate in evacuation drills that may require my child to go to the designated meeting place that is outside of the education and care service	Yes / No

Excursions and Transportation of Children

I authorise team members of the education and care service (centre) to take my child from the service (centre) at times of excursion or regular transportation e.g. to and from school. I understand that the service (centre) will follow the Delivery and Collection of Children, Transportation of Children, Excursion/ Incursion and Supervision Policies and ensure that written permission has been obtained from myself in accordance with the Jenny's Kindergarten & Early Learning services policy guidelines.	Yes/ No
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Administration of Panadol (Paracetamol) Parent Authorisation

I hereby give permission for the staff of the Centre to administer Children's Panadol (Paracetamol) in accordance with the centre's relevant policies and procedures including but not limited to the Medication policy, Incident, Injury, Trauma and Illness policy and Administering First Aid policy. (Please circle)	Yes / No
I understand first aid measures are the preferred method of fever/ illness assistance. In the event that an emergency dose of Panadol is required (as per centre policy guidelines) I understand that I will be required to collect my child immediately and seek further medical assistance. I understand that Panadol (Paracetamol) will only be administered as a last resort and emergency services (ambulance) will be contacted should my child's condition worsen. (Please circle)	Yes / No
I acknowledge that my child must be temperature/medication free for 24hrs before returning to care.	Yes / No

Parent/ Guardian Name

Parent/Guardian Signature:

Date:

SIGN HERE

11. Parent involvement and Special interests/ talents

Are you able to donate your time to the centre to help in events such as parent meetings or extra-curricular activities, incursions and excursions? (Please circle)	Yes / No
Do you or any of your family members have any special interest's skills or talents that you would like to share with the centre? (Please circle)	Yes / No

Please provide details if you have answered yes to any of the above:

12. Permissions regarding Photographs

The taking of photographs at the education and care services is an integral part of the curriculum development and individual program provided to your child. In general, the photographs will be used for educational purposes and is a great way to highlight the accomplishments that they have made, the friendships they have and the special moments they participate in throughout their time in care. As there are multiple children in a room there may be times where your child's photograph will be taken with other children and these photographs may appear in other children's portfolio to be taken home at the end of the year. Please complete the below permissions for the use of your child's photographs.

I give permission for the centre to use the photographs of my child for educational purpose, observations and portfolios including instances where my child's photograph may appear in other children's portfolios. this includes the parent portal- OWNA.	Yes/ No
If answered No, the Centre may use the photographs for educational purposes, observations and portfolios but my child's face and name are not to be included where they may be distributed to other families e.g. portfolios	Yes/ No
I give permission for my child's photograph to be used for publicity purposes If answered yes please indicate by ticking the relevant box, what media you agree that the images can be used for: <input type="checkbox"/> Advertising or promotional material <input type="checkbox"/> Website or newsletter publication <input type="checkbox"/> Facebook or other social media publication	Yes/ No
I give permission for Jenny's Kindergarten Education to send me information and promotions via email.	Yes/ No
Parent/ Guardian Name	Parent/Guardian Signature:
	Date:

SIGN HERE

13. Policy & Enrolment Information Confirmation

- ☐ I understand that I must familiarise myself with the centre's policies as soon as possible and practical and discuss any concerns with the Centre Manager. I am aware that the services policies are always available to me in the Education and Care Service (Centre) and copies may be provided to me on request * Conditions apply. By signing below, I am agreeing that the responsibility to read and understand the policies and procedures is mine and agree to abide by them at all times.
- ☐ I am also aware that the policies will change from time to time due to review by Jenny's Kindergarten & ELS to ensure they meet Regulatory requirements. I am aware that I am provided with opportunity to contribute to the policy review process at any time and that Jenny's Kindergarten will notify me of changes made.
- ☐ I acknowledge that I have read and understand the contents of the parent Handbook issued by the centre, and agree to abide by the conditions and policies stated in there.
- ☐ I understand, when withdrawing my child from care I must provide the centre, in writing, with four (4) weeks' notice.
- ☐ I understand that a late fee of \$1 per minute, charged in 15 minute increments, will be charged whilst my child remains at the service after operational hours. This is to be paid in cash to the educators on arrival.

Parent/Guardian Name	Parent/Guardian Signature:
	Date:
Witness Name	Witness Signature:
	Date:

SIGN HERE

SIGN HERE