

Child Details

Child CRN			
First Name		Middle Name/s	
Surname		Date of Birth	
Address		Post Code	
Phone Number		Country of Birth	

Do you identify your child as: Aboriginal Torres Strait Islander Neither

Please circle the days on which you require care; Start Date: _____

MONDAY Time:	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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Parent / Guardian Details

Guardian 1		Guardian 2	
Title		Title	
Given Name/s		Given Name/s	
Surname		Surname	
Relationship to child		Relationship to child	
Mobile Phone		Mobile Phone	
Email Address		Email Address	
Home Phone		Home Phone	
Home Address		Home Address	
Postcode		Postcode	
Work Phone		Work Phone	
Work Address		Work Address	
Postcode		Postcode	

Occupation		Occupation	
Organisation		Organisation	
Date of Birth		Date of Birth	
Country of Birth		Country of Birth	
Family CRN		Guardian 1	Guardian 2

Child Care Benefit

Your family may be entitled to receive Child Care Benefit (CCB) and/ or a Child Care Rebate from the Family Assistance Office (FAO). You will need to provide us with you and your child's CRN and Date of Birth. If you do not know your CRN you will need to contact **FAO on 13 61 50**.

Family Details

Ethnicity: _____ Religion: _____

Languages spoken at home: _____ Family Profile: _____
(I.e. Single/two parent family etc.)

Do you have any skills, talents or interests you may like to contribute to the centre program?

What method would you like us to use to involve your family in participating and involvement of the centre? E.g. Emails, Newsletter, Family Night, Excursions/Incursions

Important Cultural/Religious Customs:

Before /After School Care - School Aged Children Only

Does your child attend Kindy, Pre-Primary or Primary school? Yes No

Will you require us to drop off or collect your child from school? Yes No

If Yes, please indicate which school

What year is your child in? _____ What is your child's classroom number? _____
What is your child's Teachers' name/s?

Please indicate on the next page what day/s and times you will require drop off or collection for your child;

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Drop off time: _____ Collect time: _____	Drop off time: _____ Collect time: _____	Drop off time: _____ Collect time: _____	Drop off time: _____ Collect time: _____	Drop off time: _____ Collect time: _____

Court/Custodial Orders

Person/s denied access to child (not to collect child)

Name	Relationship to Child or Custodian

Date of Issue: _____ Copy of Certificate Attached: Yes No

Custodian Name: _____ Contact Phone Number: _____

Address: _____ Postcode _____

Emergency Contacts

Approved persons will be contacted in emergency situations when the parents or guardians are not available (in order as listed). They are authorised to sign children out of the centre without additional written permission. Please supply at least two names, other than the parents/guardians, whom we may contact in the event of an emergency. These people should be of good health, easily contactable, reside within a close proximity to the centre and be capable of dealing with emergency situations.

Emergency Contact (1)	Emergency Contact (2)
Relation to child	Relation to child
Mobile Phone	Mobile Phone
Work Phone	Work Phone
Home Phone	Home Phone
Address	Address
Signature	Signature

Authorised Contacts

We are unable to release children into the care of anyone who is not listed here as an authorized contact.

Authorised people must be at least 18 years of age and be able to provide suitable photo identification. It is the responsibility of the child's legal guardian/s to notify our team if people other than those listed below will be dropping or collecting the child from care. Please see our Policy of Delivery and Collection for more details.

Child is authorised to be received from or collected by any of the following people;

Contact (1)		Contact (2)	
Relation to child		Relation to child	
Mobile Phone		Mobile Phone	
Work Phone		Work Phone	
Home Phone		Home Phone	
Address		Address	

Contact (3)		Contact (4)	
Relation to child		Relation to child	
Mobile Phone		Mobile Phone	
Work Phone		Work Phone	
Home Phone		Home Phone	
Address		Address	

Immunisation Record

Is your child fully immunised?	At date: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child's immunisation record been sighted by a member of our team and a photocopy attached to this enrolment application?		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Please ensure you notify the Director upon the completion of each immunisation update.

What communicable diseases has your child had:

German Measles Yes No

Measles Yes No

Mumps Yes No

Chicken Pox Yes No

Whooping Cough Yes No

Other (please list) _____

I understand that in the event of an outbreak of a vaccine preventable disease at the centre, our management is obligated to notify the Health Department of unimmunised children in the centre and those children will be excluded from attendance for such time as the Department deems necessary. Please be aware that daily fees are still applicable during this time.

Parent /Guardian Signature: _____ Date: _____

Medical Information

Medicare Number: _____ Ambulance Fund: _____

Health Insurance Fund: _____ Insurance Number: _____

Family Doctor's Name: _____

Organisation: _____ Phone: _____

Address: _____ Post Code: _____

Family Dentist's Name: _____

Organisation: _____ Phone: _____

Address: _____ Post Code: _____

Medical Information Continued

Does your child have any of the following?

Asthma **Seizures** **Allergies** **Other**

Details



Does your child take prescribed medication or treatment on a regular basis? Yes No

Details

Does your child have a diagnosed disability or special needs? Yes No

Details

Does your child have any special dietary requirements? Yes No

Details

Has your child ever had any serious illness or hospitalization? Yes No

Details

Has your child ever had a convulsion with a high temperature? Yes No

Details

Your Child's Needs and Routine

This information will assist us in transitioning and settling your child into care, as well as allowing us to program for their individual needs and interests. Any additional information you feel may further assist us may be added in the comments section at the end.

0-2 year olds

What position does your child sleep in? _____

Do you allow your child to hold and drink a bottle in bed? _____

Does your child sleep in a bed or cot? _____

What are your child's normal sleep times during the day? _____

What are your child's normal sleep times during the night? _____

Does your child have any comforters? If so what? _____

When does your child use their comforter/s? _____

Does your child have any fears or phobias? If so, what? _____

Please list your child's preferred foods and eating requirements. _____

2-6 year olds

Does your child usually sleep during the day? If so, for how long? _____

Do you allow your child to sleep with a pillow? _____

Does your child have any comforters? If so what? _____

When does your child use their comforter/s? _____

Does your child have any fears or phobias? If so, what? _____

Does your child require toilet training? If so, what words are used at home for toileting?

Does your child participate in festivals/celebrations?

Yes

No

Please give details (i.e. religious beliefs)

Please list your child's preferred foods

Your Child's Interests and Needs

Does your child have any current likes and interests that may assist us in programming for your child?

What do you most want your child to achieve while at Annie's Angels Play And Development Centre? Is there any area of your child's development / speech and language/ behaviour / hearing / sight, that concerns you? Is there a particular area that you would like us to concentrate on whilst your child is in our care? Please use the space below to provide us with additional information that may assist our team in understanding your child better and in turn will allow him/her make the most of their time with us.

Conditions of Enrolment

It is the responsibility of the child's legal guardian to provide us with you and your child's CRN to be linked up to our service and receive Child Care Benefit and have this subsidy applied to the weekly fee charged, prior to the commencement of care. You will need to contact FAO if you are unaware of you or your child's CRN or if you are not eligible for child care benefit. Full fees, no CCB fee reduction will be applied until such a time until we have received notification from FAO.

Upon enrolment, you will be required to pay two weeks in advance, prior to your child commencing care. Fees may be paid by Direct Debit or Cash payment and you will be required to maintain your account to reflect two weeks in advance at all times. Failure to do so may result in the immediate cancellation of care.

All Public Holidays (with the exception of W.A. gazetted Public Holidays which occur on a Monday) and booked days not attended due to illness or absence are payable in full and include extended periods of absence such as vacation.

Two weeks written and attended notice must be given to the Director upon withdrawal of care. Two week's written notice is required when changing or altering a permanent booking. Changes to a single booking or bookings within individual weeks are mostly unavailable. Extra days may be booked when and if they are available.

It is the responsibility of the child's legal guardian/s to ensure that the child is signed into and out of the centre upon every attendance. Where the child has been absent from the centre, the child is required to be signed as

'absent' for that day upon their next regular attendance. Failure to sign a child in or out will result in the CCB fee reduction not being applied to the day, hence full fees will be payable.

A Late Collection fee will be charged to the parent / guardian \$1.00 per minute, per child, per adult (maximum 2 adults) if their child/ren are collected from care after the centre's closing time. This will not be added to the parent's fees; instead the parent will need to make direct payment to the staff member/s in cash and is not subsidised by your Child Care Benefit (CCB).

Failure to comply with our Fees Policy or departure from the centre with an outstanding account will result in the balance owing being forwarded to our debt collection agency following the cessation of care. Annie's Angels Play And Development Centre Child Care reserves the right to charge a fee for accounts exceeding or not meeting the Annie's Angels Play And Development Centre Payment of Fees Policy.

Photo identification is to be provided by all parties collecting a child for the first time, or upon request by centre staff. Children will not be released into the care of anyone under the age of 18 or any person not listed on the enrolment form as an emergency or authorised contact.

Families are required to recognise the Priority of Access Guidelines and if necessary may be required to alter or sacrifice their days when and as needed to place a higher priority child in care.

The Priorities are as follows:

- First Priority:** Children at risk of serious abuse or neglect.
Second Priority: Children whose parents satisfy the work / Training / Study test under section 14 of The Family Assistance Act.
Third Priority: Any other child.

Children with contagious or contractible illnesses which can be transferred to others will not be accepted into the centre and will be excluded from care until such a time as they are no longer infectious. Children who develop symptoms of such an illness whilst in care will be sent home immediately. Parents/Guardians are responsible for ensuring that their child is collected promptly if ill whilst in care.

The centre takes no responsibility for any illnesses contracted at the centre. All children must provide a medical clearance prior to re-commencing care, which clears them of any further spread of infection and states that they are fit to return to a group care environment.

Children that develop a temperature of 38 degrees or higher will require immediate collection from care. Parents/guardians are responsible for arranging someone to collect the child.

The centre will not administer Panadol / or similar unless written authorisation is given, the correct medication form has been completed and Panadol / or similar has been supplied to the centre for use by the child while in care. The centre does not have its own Panadol / or similar at the Centre.

Children who display symptoms of behavioural concern will be given every opportunity to respond to behaviour management methods employed by our staff, and if the situation requires it, a behaviour management plan will be devised in consultation with the child's parents/guardians. If the child does not responded positively to such a plan following and all reasonable methods fail to result in an improvement in behaviour, the Director will discuss alternative care with the parents/guardians, in consideration of the health and safety of the other children and Team Members in the centre. Please see our Behaviour Management Policy for more information.

All grievances must be addressed with the appropriate person and in an appropriate manner as outlined in our Grievance Policy for families.

Upon Enrolment the Director must sight the enrolling child's original birth certificate and immunisation records and retain copies to be kept on file at the centre. All Information provided in this enrolment application and subsequent information gathered for purposes of programming, will be kept confidential within the centre. Parents and legal guardians retain the right to access any and all written observations pertaining to their child only. All information of a confidential nature may not be discussed with people or bodies outside of Annie's Angels Play And Development Centre without the express written permission of the parent/guardian or legal documentation instructing otherwise.

Enrolment Agreement

Parents/Guardian's must read and initial each section of the enrolment agreement. By initialing and signing this form, you are declaring that you have read, and are agreeing to, each of the terms.

Section		Initial
Parent Handbook	I have read, understood and agree to the terms outlined in the Annie's Angels Play And Development Centre Parent Handbook and consent to the enrolment of the admitted child/ren.	
Regulations	I agree to comply with all Government requirements in relation to the Centre and its service.	
Priority	I understand that children who are third priority in the Priority of Access Guidelines to alter their days or give up their place at the Centre in order to provide a place for a higher priority child.	
Fees	I understand and accept that fees must be paid for any days, including public holidays (except Monday Public Holidays), for which my child is enrolled whether or not he/she is in attendance. I understand that that if my child is not collected from the centre by closing time I will incur a late fee penalty as specified in the Parent Handbook.	
Notice Upon Leaving	I am aware that two weeks written notice must be given to the Director when terminating my child's place. If this is not done, I will incur the normal fee for this interim period.	
Administration of Medication	I agree that all medicine, whether prescribed or non-prescribed, will be administered by staff according to instructions given by a medical practitioner. I will fill out a form giving full details of dosage and times required based on medical advice.	
Emergency Medical Attention	If emergency medical care is required for my child I hereby authorise Annie's Angels Play And Development Centre staff to act on my behalf in seeking medical or dental treatment either by a doctor, dentist or other person/body nominated below. In addition I give permission for Annie's Angels Play And Development Centre staff to call an ambulance where necessary to seek hospital treatment at my expense.	

	I agree that in the event of a sudden illness or accident, if I or my emergency contacts cannot be contacted, the Centre Director/Team Leader shall have the discretionary power to seek immediate medical attention for my child. In the event of my child receiving injuries requiring urgent medical treatment, I agree to pay all medical costs incurred on behalf of my child.	
First Aid	I consent to First Aid being administered to my child by a staff member who holds a First Aid Certificate, should the need arise.	
Unwell Child	I understand that the centre will notify me immediately if my child is ill, and I will arrange for the child to be collected from the centre immediately.	
Temperature	I agree to make all necessary arrangements for my child to be collected immediately, in the event that they develop a temperature of 38 degrees or higher.	
Contagious Diseases	I am aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition. I understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner.	
Developmental Observations	I consent to my child being the subject of observations by centre staff for programming and/or training purposes.	
Programmed Activities	I consent to allow my child to participate in all programmed activities and will advise in writing should I wish for my child to be excluded from any given activity.	
Permission for Photographs	I consent to my child being photographed for the following purposes: <input type="checkbox"/> Inclusion in their individual child portfolios, centre programming, display in the centre and daily journal <input type="checkbox"/> Local paper articles and publicity materials	
Visitors	I am aware that there may occasionally be visitors to the Centre. I consent to our child being in the presence of visitors or volunteers, with the Centre's appropriate supervision by qualified/experienced staff.	
Sunscreen application	I give permission for Annie's Angels Play And Development Centre to apply SPF30+ sunscreen to any unprotected areas of my child's skin when they are or planning to go outside. <input type="checkbox"/> I will alert staff of any sensitivity's my child has to sunscreen and provide my own brand. <input type="checkbox"/>	
Authorised Contacts for Collection	I give permission for people listed on this form as an Authorised or Emergency Contact to collect or drop off my child, unless I notify the Director, in writing, of any changes.	
Leaving the Property	I give permission for my child to move out of the centre grounds when necessary for situations such as fire drills. I give permission for my child to be escorted to/from local parks, local schools or libraries without	

	express written permission with the exception of excursions to areas not with in walking distance.	
School drop off and collection	I give permission for the Management and staff of Annie's Angels Play And Development Centre Child Care to arrange and provide transport for my child to and from the nominated school, escorted by centre staff in accordance with Regulation 66 of the Children and Community Services (Child Care) Regulations 2006.	
Policies and Procedures	I agree that it is my responsibility to read and abide by all the terms and conditions of enrolment as outlined in Annie's Angels Play And Development Centre Policies and Procedures. I agree to uphold these conditions during our family's time at the centre. I agree to abide by all of the above listed Conditions of Enrolment.	
Termination Of Care	I am aware that if we fail to provide information correctly as required by the Centre, the Centre will be able to terminate services forthwith. The Centre reserves the right to terminate this Agreement, when in its discretion it considers that to do so would be in the interest of the Centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.	

Parent / Guardian (1) Signature: _____ Date: _____

Parent / Guardian (2) Signature: _____ Date: _____

Director/Supervising Officer Signature: _____ Date: _____

OFFICE USE ONLY

Priority 1 2 3

Date Enrolled: _____

- Copy of Birth Certificate
- Copy of Immunisation
- Originals sighted SO Signature: _____

Updated Enrolment Details: Date: _____ Parent Signature _____

Updated Enrolment Details: Date: _____ Parent Signature _____

Updated Enrolment Details: Date: _____ Parent Signature _____

Updated Enrolment Details: Date: _____ Parent Signature _____

End of Care: _____