

Child's Name:

ENROLMENT FORM



Building Blocks
CHILDCARE

OFFICE USE:

ENTERED BY:

DATE:

ATTACHED DOCUMENTS CHECKLIST

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


PLEASE TICK TO INDICATE DOCUMENTS ARE ATTACHED	
Copy of Child's birth certificate or passport	
Immunisation history statement	
Photo identification of all parents & emergency contacts	
Copy of Medical plan provided (if require)	
Copy of Court Orders, Parenting Plans, Parenting Orders	
All areas of the form are complete	

www.buildingblockscooma.com

Building Blocks Childcare
14 Baron Street, Cooma NSW 2630
7:00am-6:00pm

kim.cai@hotmail.com
Phone: (02) 6452 1531


Child's details

Given name(s)	
Middle name	
Surname	
Name usually called	
Date of birth	
Gender (please circle)	Male / Female
Centrelink Reference Number (CRN) Please note: Parent and child have their own individual CRN number	
Child's home address	
Child lives with	
Child's birth certificate or equivalent has been cited by nominated supervisor/certified supervisor and photocopied 	Yes / No
Days of attendance required (Please circle)	Mon Tues Wed Thurs Fri
Child's start date	

Cultural Consideration


Language spoken at home	
Ethnicity /Religion/Cultural background	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please circle)	Yes / No
Please outline any cultural/religious practices you would like to followed:	

Parent 1

First Name	
Last name	
Residential Address	
Phone Number	(H) (M) (W)
Date of Birth	
Country of Birth	
Email address:	
Parent Centrelink Reference Number (CRN) 	
Relationship to child	
Please provide any relevant cultural background details:	
Does the child live with you? (Please circle)	Yes / No
Occupation	
Place of employment and employment status:	Full time Part time Casual

Parent 2

First name	
Last name	
Residential Address	

Phone Number	(H) (M) (W)
Parent Date of Birth	
Country of Birth	
Email address:	
Parent Centrelink Reference Number (CRN)	
Relationship to child	
Please provide any relevant cultural background details:	
Does the child live with you? (Please circle)	Yes / No
Occupation	
Place of employment and employment status:	Full time Part time Casual

EMERGENCY/ AUTHORISED PERSON CONTACTS

This list may be added to or changed throughout the year, Please note:

1. Your child will not be allowed to leave with any person not on this list unless the centre has been contacted prior to collection.
2. The people on this list may be required to produce photo identification such as a driver's licence.

There may be times when your child has an accident, injury, trauma, or illness and the parents or guardians cannot be contacted or are unable to collect your child due to other commitments. To deal with these situations, the centre must be able to notify one of the following people who are authorised and available to collect and care for your child.

An emergency contact is an acknowledged person who, with the parent/guardian's authorisation, is allowed to give permission for the following:

- Authorise the taking of your child outside the service by a staff member of the service;
- Consent to the medical treatment of your child;
- Request or permit the administration of medication to your child;
- Collect your child if necessary.

Contact 1

Full Name:	
Relationship to child:	

Address:	
Phone Number:	(H) (M) (W)
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? (Please Circle)	Parent : Yes / No Signature: _____
Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? (Please Circle)	Parent : Yes / No Signature: _____
Does this person have authority to collect your child	Parent : Yes / No Signature: _____



Contact 2

Full Name:	
Relationship to child:	
Address:	
Phone Number:	(H) (M) (W)
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? (Please Circle)	Parent : Yes / No Signature: _____
Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? (Please Circle)	Parent : Yes / No Signature: _____
Does this person have authority to collect your child	Parent : Yes / No Signature: _____


Contact 3



Full Name:	
Relationship to child:	
Address:	
Phone Number:	(H) (M) (W)
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? (Please Circle)	Parent : Yes / No Signature: _____
Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? (Please Circle)	Parent : Yes / No Signature: _____
Does this person have authority to collect your child	Parent : Yes / No Signature: _____

COURT ORDER

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 If yes, please provide all relevant documentation 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 If yes, please provide all relevant documentation paperwork
Please note that without this documentation we cannot legally enforce the Order/s.	

MEDICAL INFORMATION

Medicare Number:	
Medicare Expiry Date:	
Number of child on card:	
Has your child ever been diagnosed at risk of : Anaphylaxis, Asthma, Allergies, Eczema, Convulsions, Epilepsy etc. 	

Does your child have any medical conditions or other health care needs? If require please provide a medical plan	
Child's Registered Medical Practitioner or Service Details:	
Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	
Child's Registered Dental Practitioner or Service Details:	
Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	
Private Health Cover (Please Circle):	Yes / No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes / No
Does the 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. The Plan should include:</p> <ul style="list-style-type: none"> • A photo of the child • If relevant, state what triggers the medical condition, allergy or anaphylaxis • First aid needed • Contact details of the doctor who signed the plan • When the Plan should be reviewed.
Does the child have any dietary restrictions? (Please Circle) 	<p>Yes/No</p> <p>If yes, please attach relevant details.</p>

<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> • The label must contain the child’s name and • Parents must provide any verbal or written instructions provided by the medical practitioner. <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 “Administration of Authorised Medication” form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	<p>Parent 1 Signature:</p> <hr/> <p>Parent 2 Signature:</p> <hr/>
<p>Do you authorise the Nominated Supervisor or another educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?</p>	<p>Parent 1 Signature:</p> <hr/> <p>Parent 2 Signature:</p> <hr/>
<p>Do you authorise the Nominated Supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?</p>	<p>Parent 1 Signature:</p> <hr/> <p>Parent 2 Signature:</p> <hr/>

IMMUNISATION DETAILS

<p>I have chosen not to have my child immunised.</p>	<p>Yes / No</p> <p>Please note: [Approved documentation must be provided before your child can attend – See Immunisation Policy]</p>
<p>Are your child’s immunisations up to date?</p>	<p>Yes / No</p> <p>Parent 1 Signature:</p> <hr/> <p>Parent 2 Signature:</p> <hr/>

<p>Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle)</p>	<p>Parent 1 Signature: _____</p> <p>Parent 2 Signature: _____</p>
<p>Please be advised that if the 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></p>	

TRANSITION TO SCHOOL

<p>Have you decided what school to send your child to? If so, do you give the service permission to exchange information with the school to assist your child transition to school?</p> <p>Name of School: _____</p> <p>Permission to exchange information: Yes/No</p>	<p>Parent 1: Yes / No Signature: _____</p> <p>Parent 2: Yes / No Signature: _____</p>
<p>While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child’s private school so we can incorporate them in to your child’s program:</p>	

FAMILY INFORMATION

<p>Does the child have any siblings? If so, please provide their names and ages.</p>	
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Does the child have any other close relations attending the centre? E.g. cousins. If so, please provide their names and ages.	
Any other relevant information you would like to share with us?	

GENERAL CONSENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please circle the following items to authorise:

HEALTH & SAFETY:

I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	Yes	No
Have SPF30+ sunscreen applied prior to sun exposure	Yes	No
Have Band-Aids or sticking plasters applied when necessary	Yes	No

PHOTOGRAPHY & VIDEO

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave Service)	Yes	No
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	Yes	No
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	Yes	No
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	Yes	No
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	Yes	No

Please tick box to confirm you have read each point.

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service two weeks in advance plus fees for the current week, a total of 3 weeks fees to start care.
- I agree to give two weeks written notice to withdraw my child.

- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$10.00 per 5-minute block after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.
- I have read the Parent Handbook and am familiar with the Service's Policy and Procedures Manual. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I am able to make this suggestion in person to a staff member or anonymously in the suggestion box.
- I consent to received childcare usage statement/invoice, newsletters and other information by email at the email address provided on the front of this form

Signed: _____ Name: _____ Date: ___ / ___ / _____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Privacy Disclaimer

We acknowledge and respect the privacy of its 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 Privacy and Confidentiality Policy.