

COWRA EARLY CHILDHOOD SERVICES

20 Comerford St. COWRA NSW 2794 P | 63422338

ENROLMENT FORM

Service Type: ☐ Carinya ☐ Family Day Care ☐ Mobile LDC ☐ OOSH After School Care
☐ Occasional Care ☐ Mobile Preschool ☐ OOSH Vacation care
☐ OOSH Occasional Care

Name of school - _____

Please circle days required: Monday Tuesday Wednesday Thursday Friday

Child's details

Full Name: _____
 (please include other/former names)

D.O.B: _____ Place of Birth: _____
 (please verify by copy of Birth Certificate)

Gender: _____

Home Address: _____

Religion: _____ Cultural Identity: _____

Do you identify your child as being of Aboriginal or Torres Strait Islander origin? ☐ Yes ☐ No

Primary Language: _____ Primary Language of parents: _____
 (spoken at home) (if child is pre-verbal)

Child's Centrelink CRN: _____

Medicare Number: _____ (number on card)
 (to which the child is covered)

Name of Health Fund: _____ Membership Number: _____

Is your family eligible for a health care card? ☐ Yes ☐ No
 (If yes, please verify with a copy of the card)

Are there any court orders/parenting orders/plans relating to your child? ☐ Yes ☐ No
 (If yes, please attach a copy of the orders)

Are the parents/guardians of this child separated? ☐ Yes ☐ No
 If yes, what are the care arrangements for the child?

Parent/Guardian Name: _____ M T W T F

Parent/Guardian Name: _____ M T W T F

A separate enrolment form must be completed by each parent/guardian in the situation of shared care arrangements throughout the care week.
 In accordance with the **Mobile** Fee Policy the parent/guardian who has the child in their care on that day is responsible for the payment of fees for that period. Any changes to these arrangements must be notified to Cowra Early Childhood Services administration immediately.

Health/ Medical Conditions

Is your child fully immunised?

☐ Yes

☐ No

(It is a requirement of The Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013 that all early childhood education and care services hold copies of your child's most up to date immunisation records. A copy of the Immunisation History Statement, issued by the Australian Childhood Immunisation Register 1800 653 809 or sourced through Medicare Online Services www.medicareaustralia.gov.au/online will need to be given to the service prior to commencement of enrolment)

Medical conditions/
Ongoing Illnesses:

(Please specify the illness and identify the medication which is being administered, when & how)

Allergies:

☐ Yes

☐ No

Allergic to:

How is your child affected by this allergy?

☐ Eczema
(ASCIA Action Plan for Eczema to be completed – see Mobile)

Has your child been diagnosed as at risk of Anaphylaxis?

☐ Yes

☐ No

(If yes, an ACSIA Anaphylaxis Action Plan signed by a doctor must be provided, see Mobile for Plan)

Asthma:

☐ Yes

☐ No

(If yes, an Asthma Australia, Asthma Care Plan signed by a doctor must be provided, see Mobile for Plan)

Does your child have any additional needs to consider eg. hearing or eyesight difficulties or developmental delays?

Special Dietary Requirements:

☐ Yes

☐ No

Does your child have any known dietary restrictions?

Siblings

Name:

D.O.B:

Name:

D.O.B:

Name:

D.O.B:

Name:

D.O.B:

Others living in the home (e.g. grandparents, boarder)

Name:

Relationship
to child:

Parent/guardian/person with parental responsibility details 1

First Name: _____ Surname: _____
(CCS receiver)

Other names: _____
(other names by which the parent may be known e.g. maiden name)

Centrelink CRN: _____

Do you require a CCB statement every 3 months? ☐ Yes ☐ No

Relationship to the child: _____ D.O.B: _____
(e.g. Mother/Father/Guardian)

Residential Address: _____

Postal Address: _____
(If different from above)

Home Phone: _____ Mobile Phone: _____

Email Address: _____
(We must have an email address for this enrolment)

Occupation: _____ Employer: _____

Work Address: _____

Work Phone: _____ Work Mobile: _____

Best Communication: ☐ In Person ☐ Phone ☐ Email ☐ Communication Sleeve ☐ Other

Parent/guardian/person with parental responsibility details 2

First Name: _____ Surname: _____

Other names: _____
(other names by which the parent may be known e.g. maiden name)

Centrelink CRN: _____

Relationship to the child: _____ D.O.B: _____
(e.g. Mother/Father/Guardian)

Residential Address: _____

Postal Address: _____
(If different from above)

Home Phone: _____ Mobile Phone: _____

Email Address: _____
(Please **ONLY** provide if you frequently use your email address)

Occupation: _____ Employer: _____

Work Address: _____

Work Phone: _____ Work Mobile: _____

Best ☐ In Person ☐ Phone ☐ Email ☐ Communication Sleeve ☐ Other

Communication:

Emergency contacts and authorised nominee information

These contacts must be different from parent/guardians already listed. Please ensure those listed below are located within an hour of the venue and are 18+ years of age. By listing names below parents/guardians authorise that these people may be contacted in the unlikely event of an emergency and may collect the child/ren from the service if parents/guardians are unable to.

Emergency contact 1 (other than parent/guardian)

First Name: _____ Surname: _____

Full Address: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Relationship to child: _____ Email Address: _____

☐ This person is over 18 years of age and is an authorised nominee to collect my child.

☐ This person is over 18 and is authorised to consent to medical treatment and administration of medication.

☐ This person is over 18 and is authorised to give permission to an early childhood professional to remove my child from the service for excursions or medical treatment from a registered medical professional.

Parent/guardian signature: _____

Date: _____

Emergency contact 2 (other than parent/guardian)

First Name: _____ Surname: _____

Full Address: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Relationship to child: _____ Email Address: _____

☐ This person is over 18 years of age and is an authorised nominee to collect my child.

☐ This person is over 18 and is authorised to consent to medical treatment and administration of medication.

☐ This person is over 18 and is authorised to give permission to an early childhood professional to remove my child from the service for excursions or medical treatment from a registered medical professional.

Parent/guardian signature: _____

Date: _____

Emergency contact 3 (other than parent/guardian)

First Name: _____ Surname: _____

Full Address: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Relationship to child: _____ Email Address: _____

☐ This person is over 18 years of age and is an authorised nominee to collect my child.

☐ This person is over 18 and is authorised to consent to medical treatment and administration of medication.

☐ This person is over 18 and is authorised to give permission to an early childhood professional to remove my child from the service for excursions or medical treatment from a registered medical professional.

Parent/guardian signature: _____

Date: _____

Medical Information

This information may be used in the unlikely event of a medical emergency where your child's medical practitioner may be contacted.

Practitioners Name: _____ Dentist Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Other medical/
health services
accessed: _____

General information about your child

Does your child
have any special
interests? _____

Does your child
have any dislikes? _____

Does your child
have any specific
fears? _____

Does your child get
upset when left with
others? _____

Has your child been
enrolled in an
education and care
service before? ☐ Long Day
Care ☐ Preschool ☐ Family Day
Care ☐ Occasional
Care ☐ Other

Is your child
currently enrolled in
another education
and care service? _____

Further information

Please inform us of any family
customs, religious or cultural
celebrations to be respected by the
service, e.g.: Hanukkah, Easter,
Christmas _____

Are there any activities at the service
that may contravene your family
values or beliefs? _____

How would you like to share your
family culture with the children,
families and educators of the service? _____

Please provide us with any other
information which will help us provide
the best quality education and care
for your child. _____

Routines

To enable our service to provide an appropriate routine for your child, it is important that we have as much information about your child as possible.

Eating

Does your child have any diet restrictions, allergies or religious customs?

What time does your child usually eat during the day?

Is your child an independent eater?

Feeding (if applicable)

Is your child currently on formula, breast milk or cow's milk?

☐ Formula

☐ Breast milk

☐ Cow's Milk

Does your child use a bottle or cup?

☐ Bottle

☐ Cup

Does your child have their milk warm?

☐ Yes

☐ No

How often will your child require feeding?

Rest/Sleeping

Does your child sleep during the day?

☐ Yes

☐ No

Sleeping patterns:

Does your child sleep in a cot or bed?

☐ Cot

☐ Bed

Does your child have a comforter?

How does your child go to sleep?

Toileting

Is your child:

☐ In Nappies

☐ Toilet Training

☐ Toilet trained

Are there any special words your child uses for going to the toilet?

CECS Parent statement and authorisation form

I understand that my child's enrolment with Cowra Early Childhood Services depends on my acceptance of the following -

- 1. I agree to pay the calculated fees in advance for my child to attend their regular permanent days/sessions regardless of his/her absence.**
- I understand that my information will be passed onto other services within Cowra Early Childhood Services if I/we incur a debt, which may until the debt is cleared affect my child's enrolment.
- I agree to notify Cowra Early Childhood Services if my child is absent.
- I allow the people listed as parent/guardian/person with parental responsibility or emergency contacts and authorised nominees to collect my child from Cowra Early Childhood Services Carinya/OOSH/FDC/Mobile.
- I give permission for educators to apply first aid to my child in the event of an accident (e.g. ice pack, band aid). I understand that educators hold a current first aid certificate to treat my child effectively.**
- I give permission for Cowra Early Childhood Services to seek urgent medical/dental or hospital treatment or ambulance service and further consent to the carrying out of appropriate medical, dental or hospital treatment for my child by a registered practitioner. **This includes transportation of my child by an ambulance service.** I agree to pay any associated medical/transport costs involved.
- I give permission for photographs/videos of my child to be taken for individual developmental portfolios and educational records, portfolios of my child's peers and service displays.**
- I give permission for my child to be observed by people other than CECS educators (e.g. students, health professionals)
- I agree to give Cowra Early Childhood Services two weeks' notice in writing (FDC families please refer to Educator/Family contract for timeframe) if my child is to be withdrawn permanently from a booked session and will pay the fees in lieu thereof. Carinya/OOSH/FDC - If my child does not attend during the last days of booked care, I will pay full fees as required by the Department of Education Employment and Workplace Relations.**
- I give permission for educators to apply SPF 50+ sunscreen to my child whilst at the service for outdoor play when the UV rating is 3 or above. I understand that it is my responsibility to apply sunscreen to my child before attending the service each morning.
- I understand that the educators of CECS are Mandatory Reporters and it is a legal requirement that any child suspected of being at risk of significant harm will be reported to Community Services.**
- I will notify the service in writing should I need to change the details of an emergency contact or authorised nominee.
- I will, if required, produce evidence in support of this application.**
- All information given is true and correct.

Mobile - Parent statement and authorisation form

- I hereby acknowledge that I have received and read the Confidentiality/Privacy Policy included in this enrolment pack and which is on page 27 of the Mobile Parent Handbook.
- I give permission for educators to apply insect repellent to my child whilst at the service for outdoor play.**
- I understand that due to the weather conditions, staffing, vehicle problems, etc. the Mobile Service may cancel some sessions at late notice and fees will be charged for these sessions.
- I give permission for my details to be handed onto a debt collector if my fees become greater than 28 days overdue. If an overdue account is referred to a debt collection agency for collection I understand the commission payable calculated on the basis of the debt being paid in full and legal costs incurred either directly or by the collection agency on an indemnity basis shall be added to the amount outstanding and form part of the debt.**
- I give permission for photographs/videos of my child to be used in a professional manner for the promotion of Cowra Early Childhood Services in the following medias:

☐

Newspaper article

☐

CECS Social Media

Parent/guardian/person
with parental
responsibility signature: _____

Name: _____

Date: _____

Parent/guardian/person
with parental responsibility
signature: _____

Name: _____

Date: _____

Administration of Panadol

Child's Name: _____

Weight of child: _____

Parent Authorisation:

I hereby give permission for the educators of Cowra Early Childhood Services to administer Panadol (paracetamol) to my child should he/she has a fever. Other methods will be used to lower the temperature they include tepid sponging, removal of excess clothing and increased intake of fluids.

Cowra Early Childhood Services carries Panadol Drops and Panadol Elixir. If I wish my child to have an alternative form or brand of paracetamol, then I will provide it for my child, it will be labelled accordingly with administration directions from the child's practitioner or pharmacist. I understand that Panquil is not a suitable alternative.

I understand that every effort will be made to notify me (or another emergency contact or authorised nominee) at the time Panadol (paracetamol) needs to be administered, and that I (or another emergency contact or authorised nominee) may be required to collect my child immediately. If contact is unable to be made, then, in the interests of the health and comfort of my child, the Panadol (paracetamol) will be administered.

I understand that panadol will work more effective if I give my child's approximate weight. This is also a precaution taken by the service in that if my child is small for his/her age that the recommended dosage for that age group may result in my child consuming too much. I will update this record regularly.

Parent/guardian/
person with
parental
responsibility
signature: _____

Name: _____

Date: _____

Parent/guardian/
person with
parental
responsibility
signature: _____

Name: _____

Date: _____

This form will be retained by the Cowra Early Childhood Services for a period of twenty-five (25) years.

For office use only Enrolment Notes
