



Amaze Early Education Centre – Gaven Enrolment Form

Office Use Only

Date enrolled: ___ / ___ / _____ Start date: ___ / ___ / _____

Days enrolled: Mon ___ Tue ___ Wed ___ Thu ___ Fri ___

Child's Room: _____

Entered Kindyhub:

Child Details

Door Code: _____

Given Name: _____ Surname: _____

Child's CRN: _____ Gender M/F

Address: _____

Suburb: _____ Postcode: _____

Date of Birth: ___ / ___ / _____ Place of Birth: _____ Ethnicity: _____

Languages spoken: _____ Religion: _____ Lives with: _____

Days of care required: Mon ___ Tue ___ Wed ___ Thu ___ Fri ___

Child Care Subsidy

Eligible hours per fortnight: *(Please circle)* 100 hrs 72 hrs 24hrs CCS percentage: _____

Please supply the child's original birth certificate for staff to sight and copy.

Please tick or cross the boxes below:

- My child attends this and no other centre
- My child attends another centre as well as this one. CCS hours claimed at other centre: _____
- My child has a sibling attending another approved centre on a weekly basis
- My child has a sibling attending vacation care in school holidays
- My child has the following allergies: _____
- My child has the following dietary needs due to allergies, religion, beliefs, etc. _____
- My child suffers from: Anaphylaxis / Asthma / Diabetes / Epilepsy / Other. *We need a related Health Management Plan to be completed by your Doctor.*
- My child is on regular medication. *We need a related Medical Authorisation Record.*
- My child is immunised. *Please supply your Immunisation Record. Our current policy states that all children enrolling in Amaze Ormeau need to be immunised or on a catch up schedule. Children who have not supplied a complete record of immunisation may be treated as unimmunised and therefore will be excluded from the service.*
- My child has attended child care in the past
- My child is toilet trained. If no what strategies are you currently using? _____
- I give permission for my child to participate in celebrations at the Service such as Christmas, Birthdays, Easter, etc. If not, please submit: _____

Is there anything else you would like us to know that will assist us in getting to know your child?
For example, likes, dislikes, behaviour management, needs, strengths:

Siblings

Name: _____ Gender: M / F D.O.B: ___ / ___ / _____ CRN: _____

Name: _____ Gender: M / F D.O.B: ___ / ___ / _____ CRN: _____

Name: _____ Gender: M / F D.O.B: ___ / ___ / _____ CRN: _____

Name: _____ Gender: M / F D.O.B: ___ / ___ / _____ CRN: _____

Parent/Guardian Details

Please provide copy of drivers licence or Photo ID as proof of Identification

Relationship to child: _____ Relationship to child: _____

Title: _____ Title: _____

First Name: _____ First Name: _____

Surname: _____ Surname: _____

Home address: _____ Home address: _____

Suburb: _____ Suburb: _____

Post code: _____ Post code: _____

Home Phone no. _____ Home Phone no. _____

Mobile no. _____ Mobile no. _____

D.O.B: _____ D.O.B: _____

Email Address: _____ Email Address: _____

CRN: _____ CRN: _____

Ethnicity: _____ Ethnicity: _____

Cultural Background: _____ Cultural Background: _____

Language Spoken: _____ Language Spoken: _____

Occupation: _____ Occupation: _____

Work address: _____ Work address: _____

Suburb: _____ Suburb: _____

Phone: _____ Phone: _____

Legal Documentation

- Do you have any legal documents detailing custody for your child? *If so please supply documents to the Director. (Please ensure that you read our policy on Health & Safety and Arrival and Departure).*
- Is there anyone who is prohibited from having contact with or collecting the child? *Please provide legal documentation to the Director.*

Please ensure that you provide us with any amendments to the above as they occur.

Authorised to Collect / Emergency Contacts

If there is another person who has a parenting role e.g. Step parent and they are not listed in previous section please add their details here.

We require at least two local contacts that, if we cannot contact you, we can call if your child is unwell or in the case of an emergency. People listed below will be authorised to collect your child from the Service.

Relationship to child: _____ Relationship to child: _____

Title: _____ Title: _____

First Name: _____ First Name: _____

Surname: _____ Surname: _____

Home address: _____ Home address: _____

Suburb: _____ Suburb: _____

Home Phone: _____ Home Phone: _____

Mobile: _____ Mobile: _____

Work Phone: _____ Work Phone: _____

** I authorise this person named people to collect my child from the Service; Yes/No Int: ____

** I authorise this person named people to collect my child from the Service; Yes/No Int: ____

** I authorise this person to be contacted in the event of an emergency where a parent/guardian cannot be reached; Yes/No Int: ____

** I authorise this person to be contacted in the event of an emergency where a parent/guardian cannot be reached; Yes/No Int: ____

** I authorise this person to consent to the medical Treatment of my child and to authorise the administration of medication to my child; Yes/No Int: ____

** I authorise this person to consent to the medical treatment of my child and to authorise the administration of medication to my child; Yes/No Int: ____

** I consent to this person to authorise an educator to take my child outside the education and care service; Yes/No Int: ____

** I consent to this person to authorise an educator to take my child outside the education and care service; Yes/No Int: ____

Please ensure that this information is kept up to date.

Medical Details

Child's Doctor: _____ Phone: _____

Address: _____

Do you have any religious requirements in case of an accident? _____

Medicare Number: _____ Private Health Fund Details: _____

In the event of an emergency, illness or accident concerning my child and the centre being unable to contact me or another person authorised by me, I consent to the Service seeking on my behalf medical, hospital and ambulance attention for my child and I accept liability for medical, dental, hospital and ambulance expenses where incurred. If the Doctor or Dentist listed on the enrolment form or the nearest Doctor or Dentist available considers immediate medication, anaesthetic or surgery he/she has my permission to administer whatever procedure is deemed necessary.

In the event of a medical emergency, which is deemed life threatening, an ambulance will be contacted as the first priority by Service staff prior to contacting you. We recommend that all children attending Childcare Service should have ambulance cover. In the event of an emergency and you are unable to be contacted, permission is given for your child to be transported via Ambulance, accompanied by an Amaze educator

I agree to all of the above conditions:

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

I give permission for my child to visit the field at the back of the centre for educational purposes or for physical activity. A risk assessment will be done each time to ensure that the area is safe for the children.

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

Checklist:

- Custody order sighted and on file where applicable
- All details submitted
- Birth certificate copied and on file
- Parent/Guardian Proof of ID (drivers licence) supplied and copied
- Medicare Card copied
- Immunisation Record sighted or Approved Documentation
- Health Management Plans (And related documents as per the Medical Conditions Policy)

Conditions of Enrolment

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 enrolment fee prior to my child starting and am aware that the enrolment fee is non-refundable.
- I agree to keep my fees paid up to date, including one week in advance, and understand that a placement for my child within the Service will not be held if my fees are not kept current. I understand that all booked days are paid for even when my child is absent due to sickness, on holidays or when my booked day falls on a public holiday.
- I agree that I am liable for all costs incurred by Amaze Education (including costs that Amaze Education may be contingently liable) in any attempt to collect any monies owed by you under this agreement including debt collection costs, repossession costs, location search costs, process server costs and solicitor costs on a solicitor/client basis. All outstanding debts required to be sent to any debt collection agent will also be registered with the Australian Credit Registry which may affect your credit history.
This listing will remain on your credit file for a period of 5 years. Please be aware that this information may affect any future credit application with other credit providers.
- I agree to call the Service if my child will be absent.
- 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 \$2.00 per minute 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.
- I agree to giving two weeks written notice to withdraw my child or reduce booked days
- 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 my child to be photographed and videoed and the video and photos used for displays at the Service, shared with other children and families, used as teaching resources and to publicise the Service. (Please fill out attached Media form)

- I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.
- 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 give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I understand that availability of placements will be given on a priority basis in accordance with government guidelines, these are as follows:
- First Priority – A child at risk of serious abuse or neglect
 - Second Priority – A child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under section 14 of the Family Assistance Act.
 - Third Priority – Any other child
- I understand that it is my responsibility to update any changes affecting my subsidised hours on the myGov site
- I understand that it is my responsibility is to notify my service of any changes relating to my subsidised entitlements and activity that may affect my hours per fortnight.
- I understand that if I dispute my activity hours it is my responsibility to notify my service whilst this is being looked into by Centrelink
- I have read the Parent Information Booklet and am familiar with the Service's Policy Manual located in the foyer on the sign in tablet. 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 understand that information gathered in this form and other forms will be used by the service in the provision of education and care for my child. Information gathered will be shared with others in the provision of care, which may include, but is not limited to, educators, students, volunteers and regulatory authorities. All care will be taken to store my sensitive information in a confidential manner.

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