

# All Day Long Enrolment form

Please attach a passport size photo of your child here.

Name:

## Attached documents

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

Child's birth certificate		Child CRN eligibility letter		Arrangement form completed and signed	
Immunisation record		Photo identification of all emergency contacts		Childcare subsidy Confirmation	
Parent CRN eligibility letter		Medical document			

## Child Details: *Education and Care Services National Regulations - Regulation 160 (3a, e)*

Given Name(s):					
Middle Name:		Surname:			
Name Usually Called:	All Day Long				
Date of Birth	All Day Long				
Centrelink Reference Number (CRN) Please note: parent and child have individual numbers	All Day Long				
Child's home address:					
Child lives with:					
Child's birth certificate or equivalent has been cited by the nominated supervisor/ responsible person				Yes	no
Days of attendance	Mon	Tues	Wed	Thus	Fri
Child's Start Date:					

Office Use Only

Date entered:	Entered by:
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**Cultural consideration:** *Education and Care Services National Regulations - Regulation 160 (f, g, h)*

Language spoken at home:		
Ethnicity:		
Religion:		
Is the Child of Aboriginal or Torres Strait Islander Descent?	Yes	No
Please outline any cultural practices you would like followed:		
Religious celebrations:		

**Medical Information:** *Education and Care Services National Regulations - Regulation 160 (3a, l, j)*

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	

**Child's Registered Medical Practitioner or Service Details:**

Service Name:	 <p><b>All Day Long</b> CHILDCARE and EDUCATION</p>
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
Ambulance membership number:		

Does the child have any specific health care needs or conditions, including allergies or anaphylaxis?	Yes		No	
	If yes, please provide: <ul style="list-style-type: none"> <li>➤ A photo of the child</li> <li>➤ If relevant, state what triggers the medical condition, allergy or anaphylaxis</li> <li>➤ First aid needed</li> <li>➤ Contact details of the doctor who signed the plan</li> <li>➤ When the Plan should be reviewed.</li> </ul>			
Does the child have any dietary restrictions?	Yes	No	Details:	
Medication will only be in accordance to our medication policy. All medication, including non-prescription such as, nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. <i>Education and Care Services National Regulations Regulation 95 and 93</i>		Parent 1 Signature:		
		Parent 2 Signature:		
Authorisation for a responsible person to seek medical treatment from in the case of an emergency.	Yes	Parent 1 signature:		
	No	Parent 2 signature:		
Authorisation for a responsible person to transport the child in an ambulance in the event of an emergency	Yes	Parent 1 signature:		
	No	Parent 2 Signature:		
Please note a responsible person may administer medication in accordance to the medication plan if the child has a diagnosed illness such as asthma, allergy etc, without making contact, prior to administration (contact made as soon as possible afterwards) <i>Education and Care Services National Regulations - Regulation 94.</i>	Yes	Parent 1 signature:		
	No	Parent 2 signature:		

## Immunisation Details

I have chosen not to have my child immunised.	Yes	No	Documents attached	
			Yes	No
Are your child's immunisations up to date?	Yes	No	Documents attached	
			Yes	No



**The child's health record has been sighted by:** \_\_\_\_\_

**Position:** \_\_\_\_\_

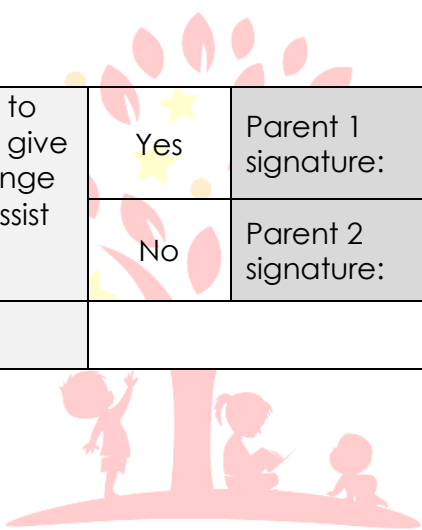
# Development Information

<p>Please provide us with any other information we should know about your child  <i>(For example, additional learning and support needs, information about the child's wellbeing, physical comfort or personal needs, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)</i></p>	
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# 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>	 Yes	Parent 1 signature:	
	 No	Parent 2 signature:	
Name of the School:			

# Family Information

<p>Does the child have any siblings? If so, please provide their names and ages.</p>	
<p>Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names and ages.</p>	



## Primary parent *Education and Care Services National Regulations - Regulation 160 (3b)*

Parent Full Name:			
Address:			
Phone Number/s:	Home	Mobile	Work
Parent Date of Birth:		Country of birth:	
Email address:			
Relationship to child:		Centrelink number (CRN):	
Does the child live with you:	Yes	If No who does the child live with:	
	No		
Occupation:		Place of employment:	
Hours of work:			

## Secondary parent *Education and Care Services National Regulations - Regulation 160 (3b)*

Parent Full Name:			
Address:			
Phone Number/s:	Home	Mobile	Work
Parent Date of Birth:		Country of birth:	
Email address:			
Relationship to child:		Centrelink number (CRN):	
Does the child live with you:	Yes	If No who does the child live with:	
	No		
Occupation:		Place of employment:	
Hours of work:			

## Court Order *Education and Care Services National Regulations - Regulation 160 (3c, d)*

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	Documentation attached:
	No	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes	Documentation attached:
	No	

**Please note that without this documentation we cannot legally enforce the Order/s.**

# First Emergency Contact Education and Care Services National Regulations - Regulation 160

(3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child.

**Please obtain the person's consent before listing them as an emergency contact**

Full Name:			
Relationship to child:			
Address:			
Phone Number:	Home	Mobile	Work
Email Address:			
Can this person be contacted to give consent for medical treatment or for the administration of medication to your child in the event that you cannot be contacted?	Yes	Parent signature:	
	No		
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?	Yes	Parent signature:	
	No		
Is this person authorised to collect the child from the service in the event that you are uncontactable and unable to collect?	Yes	Parent signature:	
	No		

# Secondary emergency contact Education and Care Services National Regulations -

Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

Full Name:			
Relationship to child:			
Address:			
Phone Number:	Home	Mobile	Work
Email Address:			
Can this person be contacted to give consent for medical treatment or for the administration of medication to your child in the event that you cannot be contacted?	Yes	Parent signature:	
	No		
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?	Yes	Parent signature:	
	No		
Is this person authorised to collect the child from the service in the event that you are uncontactable and unable to collect?	Yes	Parent signature:	
	No		



# Child Care Subsidy (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?	Yes	No
Are you liable for fees for care provided at an approved child care service?	Yes	No
Do you meet residency requirements?	Yes	No
Does your child meet immunisation requirements?	Yes	No
Have you completed the Child Care Subsidy assessment on the <a href="#">myGov</a> website?	Yes	No
Have you received confirmation about your Child Care Subsidy?	Yes	No

**Please Note:**

If you need assistance with filling out this form please speak to the Director who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

## Enrolment agreement

Please read the following agreement carefully before signing. Please ask if there is anything in this documentation that you are unsure of.

Please tick the following items to authorise:

**Health and Safety**

I/We give permission for this child to: Participate in outings to places of interest (permission slip attached for regular outing locations or before a special event outing)	Yes	No
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	Yes	No
Have Band-Aids or sticking plasters applied when necessary	Yes	No
Have staff apply Nappy Cream/Paste (supplied by parents)	Yes	No
Have staff apply Insect Repellent	Yes	No

**Photography and Video**

For photos and video footage to be taken of your child for Service use	Yes	No
For photos and video footage of my/our child to be used in Learning Stories, newsletters and promotions of the Centre	Yes	No
For photos and video footage of your child to be used on our website, social media and pamphlets for 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



**Written arrangements:**

A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

This Written Arrangement between ..... and all Day Long, Childcare and Education is an ongoing agreement between the all Day Long service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

Arrangement Type:	CWA	RA	ACCS	Arrangement with an organisation	
Name of Service:					
Service ID:					
Parent/Guardian Full Name:					
Parent/Guardian Contact Details:					
Parent CRN:					
Date the arrangement was entered:					
Full Name of Child attending care:					
Child's Date of Birth:					
Child CRN:					
Expected Session of Care:	Mon	Tues	Wed	Thurs	Fri
Start time for Session:					
End time for Sessions:					
Care Arrangement:	Routine Care		Casual Care	Flexible Care	
Fees to be charged to the individual for the sessions of care provided					

*Note: Proposed fees can be detailed by reference to other material (such as fee schedule or information on website maintained by the provider) Parties understand and are aware fees may vary from time to time.*





Please tick box to confirm you have read each point:

I agree to inform the Centre in writing immediately of any changes to the above information.	
I agree to pay the Centre enrolment fee prior to my child starting and am aware that the enrolment fee is non-refundable.	
I agree to keep my fees paid a week in advance and will keep moneys owed up to date. I understand that my child's position at the Centre 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 <b>\$15.00 per 15-minute block</b> after closing time. In the event that a child is left at the Centre for over an hour after closing and 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 giving two weeks written notice to withdraw my child or reduce booked days	
I agree to bring my child to the Centre with sunscreen applied and give permission for staff to reapply sunscreen throughout the day.	
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 my child to be observed by educators and students supervised by 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 have read the Parent Handbook and am aware that the Centres Policies are located in the Foyer to become more familiar with. 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 have provided accurate and up to date information on the Written Arrangement	
I, or someone I know has a skill they could share with the children.	

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

How did you hear about us?

Word of Mouth		Internet Search		Website	
Advertisement		Social Media		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.

