

Date Received:



### ENROLMENT FORM

**FAMILY NAME:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

**Service (circle) Deni Preschool Deni Childcare Centre Barham Early Learning**

**Mobile (Preschool/ Childcare) Venue** \_\_\_\_\_

Start Date \_\_\_\_\_ Permanent or Casual (for Mobile service)

An invite to Storypark, which is how we communicate with you about your child's learning while at our services will be sent to your email address. We will also periodically contact you via email with invoices/accounts etc. Please nominate an email address that you would like these sent to:

Email : \_\_\_\_\_ @ \_\_\_\_\_ (for invoices)

Email: \_\_\_\_\_ @ \_\_\_\_\_  
(for Storypark and other communication)

Prior to your child's position beginning at Deniliquin Childrens Centre it is essential that the following information is complete and kept up to date. This information must be completed by each known parent/guardian who has lawful authority in relation to the child.

**Please notify the service of any changes to details on this form as soon as possible.**

All information collected in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff and nominated representatives from the Department of Education and Communities, or for the purpose of reporting requirements.

*We thank you for your understanding and cooperation and look forward to working in partnership with you.*

**Privacy Disclaimer**

Deniliquin Children's Centre acknowledges and respects the privacy of its clients. The information that is being collected by the Deniliquin Childrens Centre is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipient of this information is Deniliquin Children's Centre, its authorised educators 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 the Centres Confidentiality Policy.

Child's Details	
Child's surname:	
Child's given name(s):	
Other names known by:	
Child's home address/addresses:	
Child's Date of Birth:	Place of Birth:
Child's Gender (please circle):	Male / Female/prefer not to say
Language(s) used in the child's home:	
Cultural background:	
Child's CRN for CCS:	
Is the child of Aboriginal or Torres Strait Islander descent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide a photocopy of the <u>child's birth certificate</u> or equivalent.	Yes <input type="checkbox"/> No <input type="checkbox"/>

*If the child has more than 2 parent/ guardians, please seek another form from the administration staff/ Nominated Supervisor.*

Parent/ Guardian 1	Parent /Guardian 2
Relationship to Child:	Relationship to Child:
Full Name:	Full Name:
Other Names Known By:	Other Names Known By:
CRN for CCS: (Child Care Centre and Mobile Child Care only)	CRN for CCS: Child Care Centre and Mobile Child Care only)
Parent 1's Date of Birth	Parent 2's Date of Birth
Cultural background:	Cultural background:
Place of Birth:	Place of Birth:
Please provide any relevant cultural background details:	Please provide any relevant cultural background details:
Home Address:	Home Address:
Telephone: (H) (W) (M)	Telephone: (H) (W) (M)
Email address	Email address
Does the child live with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation:	Occupation:
Place of Employment:	Place of Employment:
Name of any siblings currently enrolled at Deniliquin Children's Centre services	

<p>Do you hold a current health care card which has the child listed on it?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (please supply a copy )</p> <p>I / we will advise the service of any changes to the information provided in this application, which would affect eligibility or the level of subsidy provided</p>	<p>Do you hold a current health care card which has the child listed on it?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (please supply a copy )</p> <p>I / we will advise the service of any changes to the information provided in this application, which would affect eligibility or the level of subsidy provided.</p>
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### Court Orders Relating to the Child

<p>1) 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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide all relevant documentation and paperwork</p>	
<p>2) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide all relevant documentation and paperwork.</p> <p><b>Please note that without this documentation we cannot legally enforce the Order/s.</b></p>	
<p>Is the child in Out of Home Care (foster care) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Which agency? FaCs NGO (please circle)</p> <p><i>If yes, please provide all relevant documentation and paperwork including court orders and name and contact details of relevant case workers</i></p>	
<b>Medical Authorisation:</b>	<b>Medical Authorisation:</b>
<p>Authorisation for an educator at the service to seek medical treatment from a registered medical practitioner, dental practitioner, hospital or ambulance service in the event of an emergency.</p> <p>Authorisation for the transportation of the child by an ambulance service in case of an emergency. (Reg 161)</p> <p>Authorisation for an educator at the service to administer general first aid products as per the manufacturer's recommendations (<b>e.g. band aids, disinfectant, wipes</b>)</p> <p>Please be advised that if an asthma or anaphylaxis emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parent/ guardian and/or emergency services as soon as possible. (Reg 94.)</p>	
<p>Signature Parent/ Guardian 1</p> <p>_____</p>	<p>Signature Parent/ Guardian 2</p> <p>_____</p>
<p><b>Authorisation for Child to Participate in Excursions and Incursions</b></p> <p>Authorisation for an educator at the service to take the child <u>within the Deniliquin Children's Centre grounds</u> for relevant learning experiences, such as routine excursions including emergency evacuation drills</p> <p>Further details will be provided when such events are planned. Notice will be given either in written or verbal form.</p> <p>Authorisation for the child to participate in any <u>incursions</u> the service may organise. For example, an incursion on fire safety presented by someone from the local fire station, music lessons etc. Further details will be given when these events are planned, either by verbal or written notification.</p>	
<p>Signature Parent/ Guardian 1</p> <p>_____</p>	<p>Signature Parent/ Guardian 2</p> <p>_____</p>

<b>Emergency Contact Person 1</b> Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. <i>Education and Care Services National Regulations</i>	<b>Emergency Contact Person 2</b> Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. <i>Education and Care Services National Regulations</i>
<p>There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a <b>maximum of 30 minutes</b> from the service and must provide identification when collecting the child.</p> <p>Name of Individual: _____</p> <p>Relationship to Child: _____</p> <p>Address: _____</p> <p>Telephone: (H) _____            (W) _____            (M) _____</p>	<p>There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a <b>maximum of 30 minutes</b> from the service and must provide identification when collecting the child.</p> <p>Name of Individual: _____</p> <p>Relationship to Child: _____</p> <p>Address: _____</p> <p>Telephone: (H) _____            (W) _____            (M) _____</p>
Declaration of Consent for being an Emergency Contact Person for the Child	Declaration of Consent for being an Emergency Contact Person for the Child
<p>I _____ (print full name) agree to be an Emergency contact person for the child and agree to be contacted in the case of an emergency involving this child.            Signature of Emergency Contact Person</p> <p>_____</p> <p>Date: _____</p>	<p>I _____ (print full name) agree to be an Emergency contact person for the child and agree to be contacted in the case of an emergency involving this child.            Signature of Emergency Contact Person</p> <p>_____</p> <p>Date: _____</p>
Medical Authorisation for Child: Emergency Contact Person 1	Medical Authorisation for Child: Emergency Contact Person 2
<p>Parent/Guardian: 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?            Signature Parent 1 _____</p> <p>Signature Parent 2 _____</p>	<p>Parent/Guardian: 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?            Signature Parent 1 _____</p> <p>Signature Parent 2 _____</p>
Authorisation to take Child outside of service: Emergency Contact Person 1	Authorisation to take Child outside of service: Emergency Contact Person 2
<p>Parent/Guardian: Can this person be contacted to give consent for the child to be taken outside the service's premises in the event that you cannot be contacted?            Signature Parent 1 _____</p> <p>Signature Parent 2 _____</p>	<p>Parent/Guardian: Can this person be contacted to give consent for the child to be taken outside the service's premises in the event that you cannot be contacted?            Signature Parent 1 _____</p> <p>Signature Parent 2 _____</p>

Authorisation to transportation of the child	Authorisation to transportation of the child
Parent/Guardian: Can this person who authorise the education and care service to transport the child or arrange transportation of the child (this is not currently the case at our services) Signature Parent 1 _____	Parent/Guardian: Can this person who authorise the education and care service to transport the child or arrange transportation of the child (this is not currently the case at our services) Signature Parent 1 _____
Signature Parent 2 _____	Signature Parent 2 _____

### Details of Other People who can Collect the Child

*Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator.*

In the event that you or your nominated emergency contact cannot collect the child, educators will use this list to arrange someone to collect the child. This list may be added to throughout the year.

Please list people in the preference you would like them to be contacted. Individuals must be able to produce identification when collecting the child.

Person 1	Person 2
Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Telephone: (H) _____ (M) _____ (W) _____	Telephone: (H) _____ (M) _____ (W) _____
Person 3	Person 4
Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Telephone: (H) _____ (M) _____ (W) _____	Telephone: (H) _____ (M) _____ (W) _____

### Considerations for the Child

#### Cultural Considerations

Please outline the child's ethnic or cultural background and if relevant any cultural practices you would like followed:

#### Religious Considerations

Please outline the child's religious background and if relevant any religious practices you would like followed:

### Medical Requirements Reg. 162

<b>Medical Requirements Reg. 162</b>	
Child's Registered Medical Practitioner or Service Details:	
Practitioner's Name: Contact Numbers:	Address:
Child's Registered Dental Practitioner or Service Details	
Service Name Practitioner's Name:	Contact Numbers:  Address:
Child Medicare Number:	
Private Health Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have any specific medical needs or conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>  If Yes, please tick appropriate box Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other .....
Does the child have any dietary restrictions?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete <b>Individual diet form</b> . This will enable an Intolerance / Modified diet plan to be completed.
Does your child have any additional needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete an <b>Additional Needs information form</b> . This information will help with supporting your child in the environment.
Is your child being supported for any other special needs by a health professional?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete an <b>Additional Needs information form</b> . This information will help with supporting your child in the environment.

### Immunisation Details

Is your child immunised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child's immunisation up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If <b>yes</b>, please provide their <b>Immunisation History Statement</b> issued by the Australian Immunisation Register. You can access a statement via the myGov app or request one at <a href="http://medicareaustralia.gov.au">medicareaustralia.gov.au</a> by registering for online services or call 1800 653 809.</p> <p>NB: Personal Health Record (Blue Book) is not accepted.</p> <p>If <b>no</b>, please attach <b>Immunization History Statement</b> (for children who can't be immunised for medical reasons) or an <b>Australian Immunisation register Immunisation History Form</b> (for a child on a catch up schedule)</p>	

### Further Information about Child

**Is there any other information regarding your child that the centre should be aware of?**

Yes  No

If yes, please provide relevant details:

### Photography Policy

#### Photography Permission

I understand that my child will be photographed during their time at Deniliquin Children's Centre. These photos may be displayed at the service and used to document play and learning in my child's profile on Storypark (online), or may be used to promote the service within the community (service newsletter, local newspaper, etc.).

If your child has a specific medical requirement, their photo will be displayed on a form that details how to respond to the child's medical requirements. Please consent to your child's photo being displayed for this purpose.

I consent to my child being photographed while at the service and the photos being displayed and used for educational and medical purposes including in group and individual stories in their learning journal on StoryPark and for medical management plans

Yes  
 No

I consent to my child's photograph to be used for posts on Facebook (public) and understand that their face will not be shown

Yes  
 No

I consent to my child's photograph to be used for promotional purposes including:

The service newsletter

Yes  
 No

The local newspaper

Yes  
 No

If you ticked NO to any of the above, please tick all that apply to your consent from the following options:

- I consent to my child included in INDIVIDUAL stories only (not group)  
 I consent to my child's photograph to be used in slideshows displayed in the foyer of the service ONLY (not on Storypark/online)  
 I do not give permission for my child's photo to be taken or used at the service for any reason

Signature Parent/Guardian 1 \_\_\_\_\_

Signature Parent/Guardian 2 \_\_\_\_\_

### Office use only FORMS

Attachment number	Name
NQS 2.12 A 8	Management of a medical condition form
NQS 2.14 A 1	DCC Individual diet form
NQS 5.38 A 1	DCC Additional Needs information form
NQS 1.1 A1	Family Profile of the child

### Consent to use and disclosure of child's personal information

I understand that Deniliquin Children's Centre services will collect my child or legal ward's personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (Personal Information).

I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education (Department). I understand that the Department will only use or disclose such Personal Information relating to my Child as permitted under applicable privacy laws including the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002 (HRIP Act). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the Service.

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

Signature Parent 1 \_\_\_\_\_

Signature Parent 2 \_\_\_\_\_

### Deniliquin Childrens Centre Inc. Membership

- I agree to become a member of Deniliquin Childrens Centre and further agree to accept the objects of the Company as amended from time to time. I understand that this gives me voting rights at the AGM.
- I understand that annual membership at the Deniliquin Childrens Centre of \$1 is included when paying my fees.

Signature Parent 1 \_\_\_\_\_

Signature Parent 2 \_\_\_\_\_

### Declaration:

I, \_\_\_\_\_ and \_\_\_\_\_  
(PRINT FULL NAME) (PRINT FULL NAME)

As a person who has lawful authority of the child referred to in this enrolment form:

- Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- Consent to the educator's at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.
- Consent to the educators administering medication if so requested by me or those I have nominated to do so on my behalf.
- Have read and agree with the fees, payment structure and policies of Deniliquin Children's Centre and agree to pay fees by the due date.
- Agree to pay any additional expense incurred if debt recovery is needed should my account become overdue
- I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or Person to collect the child and any contact details of any medical or dental professional nominated in the Enrolment Form.
- I agree that the child's place at the service is subject to the Priority of Access scheme as outlined by the Child Care Subsidy System and funding departments.
- I agree to the child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- I agree that I will assist with my child's learning and the service's documentation methods by completing Family Input documentation.

Signature Parent 1 \_\_\_\_\_

Signature Parent 2 \_\_\_\_\_



**Additional Child Information for Educators**

Educators will form a relationship with your child as soon as they commence care. By providing us with the following information we can better meet your child's needs and ensure our practices can be consistent with what you do at home.

The following information will be shared with your child's educators. Confidential copies will be kept with your child's individual profiles.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**SLEEP ROUTINE**

Regular sleep times/lengths \_\_\_\_\_

**DIET/FEEDING**

Regular food times \_\_\_\_\_

**TOILET/NAPPY ROUTINE**

Is your child: fully toilet trained  in nappies  pull ups  toilet training nappy  only to sleep

**SOCIAL BEHAVIOUR**

Is your child used to other adults, other children, lots of noise, or does your child have any fears?

\_\_\_\_\_  
\_\_\_\_\_

**CHILD'S INTERESTS**

Has your child been in care before?  Yes  No

Does your child get upset when left with other people?  Yes  No

(If yes, please specify useful calming techniques)

Are there any words that we may need to know that have special meaning to your child (translate where necessary)?  
 Yes (please specify)  No

**ADDITIONAL INFORMATION**

Is there anything else you could tell us to help us care for your child? Information about your child's personality is useful for us in understanding your child.

.....  
.....  
.....

How can we assist your child this year? What goals and outcomes do you want for your child at our centre?

Is there any further information which you feel may assist the centre in providing the service best suited to your needs and the needs of your child?

Are there any skills that you or family members have that you would like to contribute to the centres program?

***Thank you for taking the time to complete this information***