

ENROLMENT FORM

CHILD DETAILS

Surname _____

Given names _____

Preferred name _____

Home address _____

Suburb _____ Postcode _____

Gender Male Female Date of birth ____/____/____

* Please provide a copy of your child's birth certificate

Please indicate below the days you require care for your child and what type of care.

Please Circle

Monday Tuesday Wednesday Thursday Friday

Full time Part time Casual Holidays Half Day Full Day

Approximately when would you like your child to commence care with us:

Month _____

Year _____

ASAP _____

Where did you hear about us ?

Please advise us of any cultural or religious practices you would like us to follow

Is your child of aboriginal or Torres Strait Islander descent? Yes No

What language is spoken at home? _____

Child's CRN _____

If your child has siblings, please advise their names and ages.

Please provide us with any other information we should know about your child (e.g. favourite activities, fears, routines, strengths, special words (please translate if applicable), toileting and sleeping practices e.t.c)

(Optional) If your child is going to school next year, please advise the name of the school.

(Optional) Do you authorise the service to exchange information with the school to assist your child's transition to school?

Parent One Yes No Signature _____

Parent Two Yes No Signature _____

PARENT DETAILS

	Parent One	Parent Two
Surname	_____	Where answer is same as Parent One write same _____
Given Names	_____	_____
Preferred name	_____	_____
Date of birth	_____	_____
Occupation	_____	_____
Home address	_____	_____
Work Address	_____	_____
Home phone	_____	_____
Work phone	_____	_____
Mobile	_____	_____
Best contact number	_____	_____
Email	_____	_____
Parent's CRN	_____	_____
Country of birth	_____	_____
Preferred language	_____	_____

Does the child live with you? _____

MEDICAL INFORMATION

Medicare Number _____ Expiry date: _____

Do you have ambulance cover? Yes No

Private Health Fund Yes No Fund name _____ Fund Number _____

Doctor's Name _____ Doctor's phone number _____

Doctor's address _____

Immunisations

Are your child's immunisations up to date? Yes No

* Please provide a copy of your child's Australian Childhood Immunisation Records (ACIR) Statement. (You can get a copy by calling 1800 653 809, by email on acir@medicareaustralia.gov.au, from a Medicare or Centrelink office or online at www.medicareaustralia.gov.au/online).

If relevant, please also provide the following documents:

- A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule
 - An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor
 - An ACIR Immunisation Exemption – Conscientious Objection Form signed by a doctor
- These forms are available from www.humanservices.gov.au

Child Health/Immunisation records have been sighted.

Please note Child Care Benefit cannot be claimed if children are not fully immunised because of conscientious objection.

Specific Health Care Needs

Does your child have any specific health care needs or medical conditions eg asthma, allergies, anaphylaxis, diabetes? Yes No

If yes, please provide details

DIET

* If yes, please provide a Medical Management Plan for your child (these are prepared by and signed by the child's doctor). The Plan should cover what triggers the medical condition or allergy, first aid needed, doctor's contact details, plan review date and include a photo of your child.

Does your child have any dietary restrictions that you have not already mentioned? Yes No

If yes, please provide details

ADDITIONAL NEEDS

Has your child been diagnosed with any special needs or learning difficulties? Yes No

If yes, please provide details

AUTHORISATIONS AND EMERGENCY CONTACTS

Do you authorise the Approved Provider, Nominated Supervisor or an educator to seek medical treatment for your child from a registered medical practitioner (includes dentist), hospital or ambulance service, and/or to transport your child by ambulance in an emergency?

Parent 1 Yes No Signature _____

Parent 2 Yes No Signature _____

You may authorise another person to collect your child from the service. If your child needs to be collected because they are unwell, we will contact this person if we cannot contact you or you are unable to collect your child. This person must therefore live a maximum of 30 minutes from the service and must provide identification when collecting the child. Please obtain their consent before listing them as an emergency contact.

Contact One

Name _____

Relationship to child _____

Home phone _____ Work phone _____ Mobile _____

Address: _____

Email _____

Contact's Signature: _____

- I authorise this person to collect my child from your service Yes No
- Can we notify this person of any emergency involving your child if we cannot immediately contact you? Yes No
- Can this person consent to medical treatment or the administration of medication if we cannot contact you? Yes No
- Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you? Yes No

Parent One Signature _____

Parent Two Signature _____

Contact Two

Name _____

Relationship to child _____

Home phone _____

Work phone _____

Mobile _____

Address _____

Email _____

Contact's Signature _____

- I authorise this person to collect my child from your service Yes No
- Can we notify this person of any emergency involving your child if we cannot immediately contact you? Yes No
- Can this person consent to medical treatment or the administration of medication if we cannot contact you? Yes No
- Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you? Yes No

Parent One Signature _____

Parent two Signature: _____

COURT ORDERS

Are there any court orders, parenting orders or parenting plans covering the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

- Yes (please attach) No

Are there any other court orders that relate to the child's residence or contact with a parent or other person?

Yes (please attach) No

PHOTOGRAPHY

- my child being photographed by educators and staff members at the Service for educational purposes or to support their medical documentation
- my child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements.
- the photographs taken by educators and staff members being used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles.
- the photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments.
- the posting of photographs taken by educators and staff members on the Service's social media account in a closed group

I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.

Parent One Yes No Signature _____

Parent Two Yes No Signature _____

REGULAR OUTINGS

We may undertake regular outings to places e.g. the park or post office. Before the first outing, we will obtain your authorisation, outlining all relevant details and risks involved. If the risks do not change for subsequent outings to the same venue over the next 12 months, do you authorise the Nominated Supervisor or educators at the service to take your child on the regular outing?

Parent One Yes No Signature _____

Parent Two Yes No Signature _____

DECLARATION

As a person who has parental responsibility for the child referred to in this enrolment form for Olive Grove Centre of Early Learning I;

- Declare that the information in this enrolment form is true and correct and I will immediately inform the Service in the event of any change to this information
- Understand there may be costs involved in the provision of professional medical, ambulance or hospital services to

My child as a result of a medical emergency or accident at the service, and I agree to pay those costs

- Agree to collect or make arrangements for the collection of my child if he/she becomes unwell at the service
- Will not send my child to the service if he/she is sick/unwell
- Understand my child must have any required medication (including Epipen) with them at the service at all times or they will be unable to attend
- Understand and agree that a first aid trained staff member may administer first aid when necessary
- Declare that I have read and understood the Code of Conduct and policies Olive Grove Centre of Early Learning and will abide by them. These policies include the Medical Conditions Policy, Administration of Authorised Medication Policy, Delivery and Collection of Children Policy, Infectious Disease Policy, Immunisation Policy, Behaviour Guidance Policy (in Relationships with Children Policy) and Privacy and Confidentiality Policy
- Have read and will comply with the fees and payment structure Olive Grove Centre of Early Learning
- Agree to update any information relating to my emergency contacts, the people I have authorised to collect my child, and my child's medical or dental professionals (including their contact details)
- Agree to provide updated information about my child's immunisations whenever he or she is vaccinated
- Agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy
- Agree for my 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
- Agree to provide information about my child's life, family and community to support the achievement of meaningful learning outcomes
- Understand that the Nominated Supervisor may suspend or terminate my child's place at the service if he/she feels that the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member

Parent One Signature _____

Date _____

Parent Two Signature _____

Date _____

Privacy Notice

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through our website, Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the Early Years Learning Framework. This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, child care benefit information, Medicare

number, immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences and needs, including special needs.

We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent or we are complying with an Australian law.

We aim to keep the personal information we hold accurate, up-to-date and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency.

We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is the Approved Provider or Nominated Supervisor who may be contacted by telephone on 9398 8980 or email caroline@olivegrovechildcare.com.au or admin@olivegrovechildcare.com.au or by mail Post Box 274 Gosnells 6990 WA

We will provide a copy of any updates to our Privacy and Confidentiality Policy on our Service Noticeboard and include the changes in our Newsletter.

Credit Card Request Authority

A.C.N 137 187 252
A.B.N: 62 009 958 939

Olive Grove Centre of Early Learning
39 Otterden Street Gosnells 6110
P.O. Box 274 Gosnells WA 6990

I/We _____
(Surname) (Given Names)

Address _____

I Authorise and request Olive Grove to debit my credit account via their electronic clearing system.

Signature: _____ Date: _____

CREDIT CARD (please mark one)		<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD
ACCOUNT NUMBER: _____			
EXP DATE: _____ / _____		3 DIGIT SECURITY NO: _____ (LOCATED ON THE BACK OF CARD)	
CARD HOLDER NAME: _____ (Exactly as printed on card)			
BILLING ADDRESS: _____ _____ _____			
PHONE: (_____) _____ - _____		FAX: (_____) _____ - _____	
SIGNATURE: _____		DATE: _____	

Maximum Debit Amount: \$_____ All accounts will be debited weekly and need to be one week in advance. **This is a private and confidential document**