

**TELL ME and I forget
TEACH ME and I remember
INVOLVE ME and I learn**



Tiny Scholars

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CONFIDENTIAL ENROLMENT FORM (Parent and Child)

Given names: _____ Last name: _____ Sex: M / F _____

Previous, other or preferred names your child is known by: _____

Date of birth: _____ Place of birth: _____ Date to start: _____

Orientation Days: _____ Language(s) Spoken: _____

Culture Heritage: _____ Religion: _____ Country of birth: _____

Child's Address: _____

Child's CRN: _____ Parent's CRN: _____

Days / Times requested	Mon	Tue	Wed	Thu	Fri
Arrival Time					
Departure Time					

	PARENT ONE	PARENT TWO
Title (please tick one)	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> Father <input type="checkbox"/> HNR <input type="checkbox"/> LORD <input type="checkbox"/> LADY <input type="checkbox"/> Other: _____	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> Father <input type="checkbox"/> HNR <input type="checkbox"/> LORD <input type="checkbox"/> LADY <input type="checkbox"/> Other: _____
First Name		
Surname and/or Maiden Name		
Relation to child		
Home Address		
Suburb		
Postcode		
Home Phone		
Mobile Phone		
Country of birth		
Culture Heritage		
Language spoken		
Marital status		
Occupation		
Work Organization		
Work Address		
Work Phone		
D.O.B		
License No.		
Email Address		

	<u>Child's Doctor</u>	<u>Child's Dentist</u>
Address:		
Phone No:		
	Medicare No	Ambulance Fund
	Private Insurance Fund Number	Private Insurance Fund Name

Emergency Contacts/ Authorizations to Collect

- Please list contact Person(s) other than parent(s)/guardian(s) listed above suitable to be contacted in case of Emergency.
- Also tick boxes as appropriate for those you wish to authorize to pick up your child from the Centre - they can authorize another person in the event they cannot attend to the child. (They MUST be over the age of 18).

1. Name: _____ Relationship: _____

Phone No: _____ Work No: _____

Mobile No: _____ License No: _____

Address: _____

Authorisations (please tick one): Emergency Pick up Medical Excursion

2. Name: _____ Relationship: _____

Phone No: _____ Work No: _____

Mobile No: _____ License No: _____

Address: _____

Authorisations (please tick one): Emergency Pick up Medical Excursion

3. Name: _____ Relationship: _____

Phone No: _____ Work No: _____

Mobile No: _____ License No: _____

Address: _____

Authorisations (please tick one): Emergency Pick up Medical Excursion

I understand that my child will not be released to anyone apart from the people listed above whom I authorize and will give prior notice to the center of when these people will be collecting my child. I also understand identification may be required to verify authorization for pick up.

Signature of Parent: _____ Date: _____

Regulation 99

Children leaving the education and care service premises.

(4) The child may only leave the relevant premises if the child—

(a) Is given into the care of—

- 1. A parent of the child; or**
- 2. An authorized nominee named in the child's enrolment record; or**
- 3. A person authorized by a parent or authorized nominee named in the child's enrolment record to collect the child from the premises; or**

(b) Leaves the premises in accordance with the written authorization of the child's parent or authorized nominee named in the child's enrolment record; or

(c) Is taken on an excursion in accordance with this Division;

160 Child enrolment records to be kept by approved provider and family day care educator

(3) An enrolment record must include the following information for each child—

(a) The full name, date of birth and address of the child;

(b) The name, address and contact details of—

- 1. Each known parent of the child; and**
- 2. Any person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted; and**
- 3. Any person who is an authorized nominee**

Note:-

Authorized 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. See section 170(5) of the Law

HEALTH

Immunisation: Has your child been immunised or is up to date with their immunisations? YES NO

Your child's Immunisation status details are required for enrolment. Please bring a photo copy of your child's Immunisation Records with the "Blue Book" for verification to your orientation visit.

PUBLIC HEALTH ACT 2010 - SECT 87

87 Responsibilities of principals of child care facilities with respect to immunisation

(1) Certificates for immunisation or exemption must be provided before enrolment The principal of a child care facility **must not** enrol a child, or **permit a child to enrol**, at the child care facility unless the parent of the child, or the principal of another child care facility, has provided to the principal:

(a) A "vaccination certificate" , being an immunisation certificate indicating that the child is age appropriately immunised or a certificate in the approved form by an authorised practitioner certifying that the child is following an approved vaccination catch-up schedule, or

(b) If a vaccination certificate does not cover some of the vaccine preventable diseases for which immunisation at the child's age is recommended by the NSW Immunisation Schedule, the vaccination certificate and a certificate of a kind specified in subsection (2) with respect to those vaccine preventable diseases, or

(c) If no vaccination certificate is provided, a certificate of a kind specified in subsection (2) with respect to the vaccine preventable diseases for which immunisation at the child's age is recommended by the NSW Immunisation Schedule.

(2) Certificates of any of the following kinds may be provided in respect of any vaccine preventable disease not covered by a vaccination certificate:

(a) A certificate in the approved form by an authorised practitioner certifying that the child should have an exemption for one or more vaccines for specified vaccine preventable diseases due to a medical contraindication to vaccination,

(b) A certificate in the approved form in which:

(i) the parent of the child certifies that the parent has a conscientious belief of a kind specified in the approved form that vaccination for specified vaccine preventable diseases should not take place, and

(ii) An authorised practitioner certifies that the practitioner has explained the benefits and risks associated with immunisation to the parent and has informed the parent of the potential danger if a child is not immunised.

Declaration

I have a personal, philosophical, religious or medical belief involving a conviction that vaccination under the latest edition of the standard vaccination schedule should not take place. On this basis I choose not to have my child immunised. I understand that my child will be excluded from the Centre for the prescribed period during any outbreak of a vaccine-preventable disease within the facility. **(Please attach form from practitioner stating your child shall not be vaccinated).**

Parent Signature: _____

Date: _____

Allergies and Medical Conditions

Does your child have **allergic reactions** e.g. Food, medicine, grass, bees, face paint, sunscreen, nuts etc.

Yes

No

Does your child have any **special medical conditions** e.g. Asthma, Epilepsy etc. and/or takes any regular medication

Yes

No

If your child has a severe allergy (anaphylaxis) or a medical condition requiring administration of medication (asthma) please collect an Action Plan from the supervisor. This must be completed and signed by a medical practitioner. **Alternatively** ask your practitioner to fill one out for you and bring it in with you.

1. Type of Condition:	
Product(s) allergic to:	
Treatment plan:	
2. Type of Condition:	
Product (s) allergic to:	
Treatment plan:	

Details of medication if yes: _____

GENERAL HEALTH

Does your child have challenging behaviours we should know about (please specify)? _____

Any Physical disabilities: _____

Child's present health status: _____

Grommets: Yes No Date of insertion: _____

What communicable diseases has your child had?

German measles Chicken Pox Measles Mumps Whooping Cough

Other: _____

GENERAL NEEDS

Special Requirements

Does your child have any special requirements? E.g. comforter: _____

Any particular fears e.g. thunder, balloons etc.: _____

Special Dietary Needs

Does your child have any special dietary needs? E.g. vegetarian: _____

Likes: _____

Dislikes: _____

Special Diets: _____

Speech / Occupational or other Therapies:

Condition (e.g. Speech)	Therapist (M. Smith)	Phone Number

CULTURAL PRACTISES

Does your child participate in any cultural, religious practices or particular celebrations?

YES

NO

Please provide details: _____

Can your child participate in cultural celebrations/festivals including birthdays at the Centre?

YES

NO

Any special words to know in any language to help make your child's day smoother:

COURT ORDERS

Should there be existing / present Court orders in relation to your child the centre will need a copy of that court order to keep on file. Could you please also provide the following details?

Date of court order		
Name of persons authorized to collect child/ren	1.	2.
Address of authorized person		
Phone Number		

HOME CIRCUMSTANCES

Please advise staff if there are any special circumstances at home that may relate to your child's response to practices at the Centre i.e. moving house, family arrangements etc.: _____

Other children living at home names and ages: _____

Can you contribute any skills to our centre's program or have time to volunteer? E.g. sewing, typing etc:

PRIORITY OF ACCESS (Please tick priority)

The centre must comply with enrolment priority access guidelines set down by the Federal Government

Priority places within the Centre are provided for:

- Families who are Aboriginal or Torres Strait Islanders
- Families with a non-English speaking background
- Single parents or socially isolated families
- Both parents working, training and/or studying
- Children at risk
- Sibling children

Please read & sign the following agreements:

Medication

In the event that my child is suffering from a temperature that is above normal (normal temperature being 36.1 to 37.2), I give permission for the staff to administer Paracetamol according to the prescribed dosage on the bottle, at staff's discretion. I understand that staff will make all attempts to contact parents or emergency contacts before administering and that I am required to immediately collect my child to prevent the spread of infection.

Signed: _____ Mother/Father/Guardian
Printed Name: _____

Photo Consent

I give permission for my child to be photographed for use within the Centre, for advertising or news items.

Signed: _____ Mother/Father/Guardian
Printed Name: _____

Medical Emergency Consent

If the parent/s or emergency contacts listed cannot be reached, I authorise the staff to seek and allow medical/health authorities to carry out necessary medical, dental or hospital and/or ambulance procedures. I also will pay medical fees and/or cost of medicine, which could be incurred by my child.

Signed: _____ Mother/Father/Guardian
Printed Name: _____

Sunscreen

I give permission for my child to have sunscreen applied during the day and will apply sunscreen to my child each morning prior to arrival or on arrival at the Centre.

Signed: _____ Mother/Father/Guardian
Printed Name: _____

Excursions

I understand that for any excursion, I will be given notice and required to sign a detailed permission slip.

Signed: _____ Mother/Father/Guardian
Printed Name: _____

Observation Consent

I give permission for my child's development to be observed and recorded for staff and student purposes.

Signed: _____ Mother/Father/Guardian
Printed Name: _____

Continued on next page...

Fees

I agree to pay all fees, regardless of whether my child is absent while he/she is enrolled at pre-school including public holidays. Fees will be deducted through direct debit and are charged for two weeks in advance. I understand that any declined transactions will incur a fee. I will also sign and fill a detailed direct debit form and submit it to the centre manager. I also will ensure that my account is at 0 balances when I am terminating my child(ren) enrolment(s) at Tiny Scholars Childcare and Preschool.

Signed: _____ Mother/Father/Guardian

Printed Name: _____

Mandatory Reporting

I understand that Child Care Staff are Mandatory Reporters and are legally bound to report a child who is at risk of harm or if they suspect the child is at risk of harm.

Signed: _____ Mother/Father/Guardian

Printed Name: _____

I have read the centres policies / handbook and agree to act in accordance with the stated requirements. To my knowledge, the information given above is true and correct and I have accepted _____ (child's name) to be enrolled at the centre.

Signed: _____ Mother/Father/Guardian

Printed Name: _____

Understanding of this Enrolment Form & Information Handbook

I hereby agree to abide by the arrangements and conditions of enrolment as laid down on this form and in the Centre's information handbook.

Signed: _____ Mother/Father/Guardian

Printed Name: _____

How did you hear about us (please tick)?

Google Internet Television Newspaper Radio Word of mouth Brochure

Other: _____

Please attach all information regarding this enrolment to the back of this document.

AGREEMENTS & INFORMATION (office use only)

Custody Documentation	Yes	No	Bond paid	Yes	No
Parent CRN			Immunisations attached	Yes	No
Child CRN			Parent Handbook rec'd	Yes	No
Birth Certificate Sighted	Yes	No	Action Plan Attached	Yes	No

Staff Name

Staff Signature

Date