



Willi Wag Tails Childcare Service

## Enrolment Form

**Places will be allocated as per the Priority of Access outlined in the Parent Handbook.**

### Child Enrolment Details

[Complete one form for EACH child].

Date Commencing Care:

Given Names		Last Name	
DOB		Centrelink Reference Number	
Address			
Postal Address (if different from above)			
Ethnicity	Female <input type="checkbox"/> Male <input type="checkbox"/>		
Language Spoken	First	Second	
Religion			
Birth Extract Presented	YES <input type="checkbox"/>	NO	<input type="checkbox"/>
Immunisation History Presented	YES <input type="checkbox"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

### Attendance Days and Times Required

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Do you require a:

- Casual Booking
- Permanent Booking

Is your child of Aboriginal or Torres Strait Islander origin? *(please tick)*

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander

Updated:

Date: \_\_\_\_\_

Sign: \_\_\_\_\_

**Parent Enrolment Details:**

	PARENT ONE	PARENT TWO
First Name		
Last Name		
Date of Birth		
CRN		
Home Address		
Home Phone	Mobile:	Mobile:
Email Address*		
Ethnicity	Language Spoken:	Language Spoken
Marital Status		
Occupation		
Work Name	Work Phone:	Work Phone:
Work Address		

**Family Status**

Please circle the options that best describes your situation?

Both parents at home	Sole parent	Shared custody	Other
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**Custody Arrangements**

If you are separated or divorced, who has legal custody of the child?

Parent 1	Parent 2	Both	Other
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**Family Status**

Parent 1 Access Arrangements?	Full	Limited
Parent 2 Access Arrangements?	Full	Limited
Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? Please provide documentation to the centre.	Yes/No	

**Person's Authorised to Deliver and/or collect Child:**

**Contact One**

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	

**Contact Two**

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	

**Contact Three**

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	

**Contact Four**

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	

**Contact Five**

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	

**Contact Six**

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	

**Emergency Contacts & Authorisations (must live/work within 30 minutes of centre)****Contact One**

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
This person has the authority to (please circle):			
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No

**Contact Two**

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
This person has the authority to (please circle):			
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No

**Contact Three**

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
This person has the authority to (please circle):			
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No

**Health & Medical Information**

Medicare Number			
Medical Centre Name			
Name of Doctor		Phone	
Address			
Private Health Insurer			
Family Dentist		Phone	
Address			
Do you have a current Ambulance Subscription			Yes/No
<b>Does Your Child Have:</b>			
Any allergies: eg. food, medication, animals, insects?			Yes/No
Any special dietary requirements?			Yes/No
Any problems with hearing, sight, speech?			Yes/No
Any health problems, operations, illnesses, disabilities?			Yes/No
Does your child take any regular medication?			Yes/No
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?			Yes/No
Does either parent have a disability?			Yes/No

### Payment Information

- Fees are to be paid 1 week in advance upon commencement at Willi Wag Tails Childcare Service.
- Two weeks written notice must be given if your child will be ceasing attendance. If this is not done then two weeks will be added to your final account to compensate this period.
- Casual days off, sick days and public holidays are still payable, for all permanent positions.
- Any accounts outstanding more than 3 weeks will be passed on to a debt collection agency and your child's position will immediately be suspended until paid. You will be personally liable for all debt collecting and legal costs incurred for the retrieval of the outstanding debt.
- Families' non-compliance with any part of our fee & Centre's policy may result in immediate cancellation of the child's position.

How would you like to receive your invoice?	Emailed	Hard copy	
How would you like to pay?			
Eftpos/Credit Card	Cash	Cheque	Electronic

### Permission:

I give permission for: *(please circle YES or NO)*

1. The staff at this Centre to take my child on excursions within the local community with written authorisation on the day. Destinations may include: Playground next to Shire Hall, Williams Post Office, Williams Newsagency, Williams General Store, Williams Community Resource Centre and Williams Primary School. **YES / NO**
2. My child being observed by staff and students for programming purposes. **YES / NO**
3. My child's photograph being published in the local community and Centre displays. **YES / NO**
4. My child's photograph to be emailed. (To family / Other Centres in Newsletters). **YES / NO**

Signature of Parent/Guardian (1): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (2): \_\_\_\_\_ Date: \_\_\_\_\_

**Information About the Child**  
**(Copy for Enrolment File and for the Main Room)**

Does your child drink:	Formula	Cow's Milk
Describe your child's current feeding schedule:		
Is there a history of colic?		Yes/No
Does your child suffer from nappy rash?		Yes/No
Treatment used:		
Does your child drink from a cup?		Yes/No
Please give a brief outline of your child's daily routine. (Inc. time of meals and sleeps etc)		
Place of Child in the Family:		
Names and ages of any siblings:		
Does your child sleep through the night?		Yes/No
Approximately how many hours sleep		
How can we help your child settle at sleep times? e.g. comforters		
Does your child have any fears or anxieties?		Yes/No
Please describe:		
What things is your child particularly interested in?		
Is your child toilet trained?		Yes/No
Does your child prefer to use the toilet or potty?		Yes/No
What word does your child use for urination?		
What word does your child use for bowel movements?		
Does your child have any special dietary needs?		Yes/No
What foods does your child particularly like?		

Any further comments about your child that you feel might help us to understand him or her?

**Routines**

Has your child begun toilet training?	Yes/No
Is your child used to being with other children?	Yes/No
Is your child used to being with other adults?	Yes/No
Is this the first time your child has been cared for by someone other than a family member?	Yes/No
Are there any aspects of your cultural, ethnic, and/or religious background that you would like us to be aware of?	Yes/No
Are there any religious activities the staff should be aware of?	Yes/No

**Health of the Child Form**

**Special Health Support Needs:**

Does your child have any special health support needs? (ie asthma, diabetes, epilepsy, allergies (anaphylaxis), special dietary requirements etc).

YES / NO

If your answer is YES please specify: \_\_\_\_\_

You and your Doctor will be required to complete a “*Special Needs Support Plan*” and/or an “*Emergency Action Plan*”, to ensure the Centre is fully prepared to manage your child’s special health needs. This will include appropriately training staff to administer medication or other actions required to manage your child’s condition.

**Ointments, Creams and Applications:**

The Centre provides the following preparations for First Aid: protection from the sun or biting insects, nappy rash or sore gums during teething. The Centre will ensure the brand named below is the only product used. Please sign against products you give staff permission to use on your child.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE
Sunscreen	Home Brand – SPF 30+ Broad Spectrum Water Reistant	Outdoor play – sun protection	
Band-Aids	Johnson & Johnson	Minor wounds/abrasions	
Nappy rash cream	Lucas’ Paw Paw Cream	Nappy rash	
Teething Gel	Bonjela– with written authorisation on the day	Teething sore gums	
Insect Repellant	Rid – Low Irritant	Mosquito repellent – outdoors	
Stingose	Stingose	Insect bites	

My child is allergic or cannot use the above products. I agree to provide the following products for my child. I confirm I have applied these products to my child on more than three occasions without incident.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE

**Permission to administer paracetamol**

When a child's temperature exceeds 39°C Children's Paracetamol will be administered. It is Centre policy to always contact the parent or emergency contact to seek verbal permission before administering an appropriate dose of paracetamol but we must also have this consent in writing before any medication can be given. Once paracetamol is administered the child's parent or emergency contact must collect the child from the centre. If the child has not been collected 1 hour after the parent or emergency contact has been contacted an ambulance will be called.

Medication: Children's Paracetamol.

Quantity: as per age and weight.

Time: when required, as per Centre policy

Method: orally.

I give permission for Children's Paracetamol to be administered to my child with verbal consent.

I understand that for all other medications not listed above I must complete and sign an *Authority to Give Medication* form on the day in which medicine is to be administered.

I have read and agree to follow the Centre policy on Administration of Medication as outlined in the parent handbook.

I have signed previously granting staff permission to seek medical attention when needed for my child.

Signature of Guardian / Parent (1): \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian / Parent (2): \_\_\_\_\_ Date \_\_\_\_\_

## **Parents/Guardians Enrolment Agreement**

**Please read and complete this form and return to the Centre.**

*(The use of the word "we" will also include the singular "I" where applicable in this section.)*

1. We have viewed the Centre and consent to the enrolment of the admitting child (hereafter referred to as the child).
2. We acknowledge having received and read the Centre's Parent Handbook and we understand any changes to such will be displayed on the Centre's notice-board in the foyer of the Centre or through newsletters.
3. We agree to comply with all Government requirements in relation to the Centre and its service.
4. We agree that in the case of accident or injury, the centre will attempt to contact us and, where we cannot be contacted, medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of an Ambulance and we agree to meet the expense of an Ambulance. In the case of an emergency, as determined by the Staff at the Centre, we authorise the Centre to contact an Ambulance and send the child to hospital.
5. We agree to pay the weekly fee on the due day as determined by the Centre's payment policy requirement or as agreed to by the Centre.
6. We are aware that any failure to pay due fees may result in cancellation of care at the Centre's option. We are aware that fees need to be adjusted from time to time with due notice given to parents.
7. We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.
8. We understand that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.
9. We are aware that fourteen (14) days notice in writing of cancellation of care must be given in advance. Where the required notice is not given and the child does not attend the service then the parent will be charged a penalty fee equal to the fee that would have been charged had their child attended the service. This fee will be charged separately to any childcare fee and, therefore, will not attract Child Care Benefit or the Child Care Rebate.
  - a. We are aware that fees for public holidays are payable.
  - b. We are aware that fees are payable for days where absences are taken.
  - c. I agree that on days where my child is absent the Coordinator (or authorised person) can sign the absence on my behalf as required.
10. We understand that a system of payment for late collection operates at the Centre to cover overtime payments due to staff. Any late collection will result in a fee being imposed.
11. We understand that children who are third priority in the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child.
12. We are aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner.
13. We are aware that if the child has not been immunised against measles, or in the absence of proof of earlier contact with the disease, the child will be excluded from the Centre if there is an outbreak of measles. We understand that the child will be accepted for further care by the Centre after receipt of medical advice that the infectious period has passed.
14. We are aware that the Centre may require the presentation of a medical certificate in the event of the child developing a long term medical disability.
15. We agree to provide the centre with all relevant information regarding the health of our child and any other information required by the centre.
16. We are aware that if we fail to provide information correctly as required by the Centre, the Centre will be able to terminate services forthwith.

17. We are aware that confidential information about the child may be exchanged in the normal course of work between staff members when this is reasonably needed for the proper operation of the centre and the wellbeing of users and staff.
18. We are aware that there may occasionally be visitors to the Centre. We consent to our child being in the presence of visitors or volunteers, with the Centre's appropriate supervision by qualified/experienced staff.
19. The Centre reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of the Centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
20. We have read this Contract, and received relevant information about the service offered by this Centre for the care of:

\_\_\_\_\_  
*Name of Child*

We agree to abide by the conditions of use of the Centre and this Contract.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Witness \*

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Witness \*

\_\_\_\_\_  
 Signature for and on behalf of  
 Willi Wag Tails Childcare Centre

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Witness \*

\* A Witness to a signature should be an adult (who is not a signatory) who can verify the identification of the signatory.

### **Privacy Statement**

The Centre is required to collect and use personal/health information about families on the enrolment form.

This information is required to ensure the health and safety of your child whilst in our care, and to meet legislative requirements set down in: Education and Care Services National Regulations and National Quality Framework

The information you give is used by Centre staff who need to access the information to meet the above requirements, and may also be disclosed to the following authorities:

Child Care Licensing Unit Licensing Officers  
 Department for Communities Child Protection Officers  
 Other relevant Government Department Officers  
 Family Assistance Office Review Officers (Child Care Benefit)

All personal information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

You are entitled to access personal and private information kept about you and your family on request, and may ask for inaccurate information to be up-dated or corrected.

Failure to provide the required information will result in non-acceptance of your child's enrolment.