Enrolment Form

Willi Wag Tails Child Care Service

Child Enrolment Details Date of Registration: ___/___/___ Gender: O Male O Female

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Customer Reference Number: __ __ __-__ __ __-__ __ __-__

Address: _____ Town: _____ Post Code: __ __ __ __

Country of Birth:_____ Ethnic Group: _____ Primary Language: _____

Is your child of Aboriginal origin: O Yes Torres Strait Islander: O Yes Neither: O Yes

Is there any relevant information relating to cultural, religious, dietary or other additional needs that the child may have? _____

Does your child attend school? O Yes O No Name of School: _____

Have you previously enrolled any other children into this service? O Yes O No

Enrolling Parent / Guardian Gender: O Male O Female

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Customer Reference Number: __ __ __-__ __ __-__ __ __-__

Address: _____ Town: _____ Post Code: __ __ __ __

Country of Birth:_____ Ethnic Group: _____ Primary Language: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email: _____

Occupation: _____ Place of Work: _____

Preferred Method of contact: Home Phone: O Yes Work Phone: O Yes Mobile: O Yes Email: O Yes

Are you of Aboriginal origin O Yes Torres Strait Islander O Yes Neither O Yes

Contracted Hours of Care Date Starting Care: ___/___/___ Permanent ○ Casual ○ Fortnight ○

Monday		Tuesday		Wednesday		Thursday		Friday	
Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart

Priority of Access: 1 – At Risk ○ 2 – Work/Study ○ 3 – Respite ○

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

Parent (Spouse) / Guardian Gender: ○ Male ○ Female

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Customer Reference Number: __ __ __-__ __ __-__ __ __-__

Address: _____ Town: _____ Post Code: __ __ __ __

Country of Birth:_____ Ethnic Group: _____ Primary Language: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email: _____

Occupation: _____ Place of Work: _____

Preferred Method of contact: Home Phone: ○ Yes Work Phone: ○ Yes Mobile: ○ Yes Email: ○ Yes

Are you of Aboriginal origin ○ Yes Torres Strait Islander ○ Yes Neither ○ Yes

Family Status: Both Parents at home: ○ Yes Sole Parent: ○ Yes Shared Custody: ○ Yes Other: ○ Yes

Are there any court orders relating to the guardianship custody of, or access to, the child? ○ Yes ○ No
If yes please provide a copy of the documents, details of court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child and any other court orders relating to the child's residence or the child's contact with a parent or other person.

Documents provided: ○ Yes ○ No

1 - AUTHORISED Person other than Parent/Guardian

Full name: _____ Relationship to child: _____

Address: _____ Town: _____ Postcode: __ __ __ __

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

This person has authority to:

- **Collect/Deliver** child **to/from** service: ○ Yes ○ No
- Give permission for **excursions out of the service**: ○ Yes ○ No
- Authorise **administration of medication** to the child: ○ Yes ○ No
- Consent to **receiving medical treatment**: ○ Yes ○ No
- Permit **transport of child by an Ambulance** service: ○ Yes ○ No
- If the parent/guardian cannot be contacted, this person should be **notified of any accident, injury, trauma or illness.** ○ Yes ○ No

2 - AUTHORISED Person other than Parent/Guardian

Full name: _____ Relationship to child: _____

Address: _____ Town: _____ Postcode: __ __ __ __

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

This person has authority to:

- **Collect/Deliver** child **to/from** service: ○ Yes ○ No
- Give permission for **excursions out of the service**: ○ Yes ○ No
- Authorise **administration of medication** to the child: ○ Yes ○ No
- Consent to **receiving medical treatment**: ○ Yes ○ No
- Permit **transport of child by an Ambulance** service: ○ Yes ○ No
- If the parent/guardian cannot be contacted, this person should be **notified of any accident, injury, trauma or illness.** ○ Yes ○ No

3 - AUTHORISED Person other than Parent/Guardian

Full name: _____ Relationship to child: _____

Address: _____ Town: _____ Postcode: __ __ __ __

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

This person has authority to:

- **Collect/Deliver** child **to/from** service: ○ Yes ○ No
- Give permission for **excursions out of the service**: ○ Yes ○ No
- Authorise **administration of medication** to the child: ○ Yes ○ No
- Consent to **receiving medical treatment**: ○ Yes ○ No
- Permit **transport of child by an Ambulance** service: ○ Yes ○ No
- If the parent/guardian cannot be contacted, this person should be **notified of any accident, injury, trauma or illness.** ○ Yes ○ No

Health and Medical Information

Medicare Number: __ __ __ __ - __ __ __ __ __ - __ Medical Centre Name: _____

Doctor Name: _____ Phone Number: _____

Address: _____

Dentist Name: _____ Phone: _____

Address: _____

Private Health Insurer: _____ Membership #: _____

Has your child been exposed to the 5 food groups: ○ Yes ○ No

Has your child sustained a bee sting: ○ Yes ○ No If yes how many: _____

Ambulance subscription	Yes / No
Do you give consent for the service to seek medical treatment for your child from a registered medical practitioner, hospital or ambulance service?	Yes / No
Do you give consent for the service to seek transportation of your child by an ambulance service?	Yes / No
Has your child been diagnosed as at risk of Anaphylaxis – if yes please attach their action plan	Yes / No
Does your child have Asthma – if yes please attach documentation as per below	Yes / No
Any allergies to food, medication, animals, insects or latex (Band-Aids)?	Yes / No
Any dietary requirements – if yes please attach documentation as per below	Yes / No
Any problems with hearing, sight or speech?	Yes / No
Any medical conditions, operations, illnesses or disabilities	Yes / No
Does your child take any regular medication? Please list.	Yes / No
Does your child have a disability or delay, including intellectual, sensory or physical impairment?	Yes / No

If you have answered YES to any of the above, please request the Medical Management Plan or Risk minimisation plan to complete with respect to a specific healthcare need, medical condition or allergy.

Payment of FEES Information

- Fees are to be paid 1 week in advance upon commencement at Willi Wag Tails Childcare Service.
- Two week's written notice must be given if you choose to cancel care for your child. If this is not received then two weeks will be added to your final account to compensate this period.
- 2 weeks' notice or more for an absence will result in **NO** fees charged.
- Less than 2 weeks' notice for an absence will result in **50%** of fees charged.
- No notice of absent will result in **FULL** fees charged.
- Any accounts outstanding more than 3 weeks will be passed on to a debt collection agency and your child's position may be suspended until paid. You will be personally liable for all debt collecting and legal costs incurred for the retrieval of the outstanding debt.
- You are liable to pay the full portion of your gap fee after the CCS has been applied.

Families' non-compliance with any part of our fee & Centre's policy may result in immediate cancellation of the child's position in care.

How would you like to receive your invoice?			Emailed	Hard Copy
Preferred payment option	EFT/Credit Card	Cash	Cheque	Bank Transfer

Permission:

I/we give permission for: *(please tick YES or NO)*

PURPOSE CONSENT OPTIONS – please tick YES or NO for each statement	YES	NO
Staff may take my child on excursions within the local community. Destinations may include: Playground next to Shire Hall, Williams Post Office, Williams Newsagency, Williams Community Resource Centre, Williams Primary School and walks along the river		
My child will be observed by staff and students for programming purposes.		
Sun cream to be applied (Coles Brand – SPF 30+ Broad Spectrum Water Resistant)		
Sudo cream may be applied if my child has a nappy rash *Parents are required to supply own nappy rash cream for ongoing nappy rash.		

Child Image and Video consent

From 1 September 2025, new legislation came into effect to enhance child safety within the Australian childcare industry.
As part of these changes, we are required to obtain explicit, informed consent from our parents/guardians before capturing, storing, or using images or videos of children in our care for any purpose.
We seek consent for specific uses of your child's image/or video. You can choose to give consent for all, some, or none of the purposes listed below.

PURPOSE CONSENT OPTIONS – please tick YES or NO for each statement	YES	NO
My child's image may be taken, used and stored for **educational purpose** within the service		
My child's video may be taken, used and stored for **educational purposes** within the service		
My child's image and or video may be taken, used and stored for **promotional and marketing** materials (e.g. brochures, flyers, advertisements, websites.		

HOW IMAGES AND VIDEOS WILL BE MANAGED

- All images and videos will be stored securely on the service device
- Access will be restricted to authorised staff members of Willi Wag Tails FDC your educator or approved contractors such as NDIS support workers or the Department.
- Where used externally (e.g. on social media or promotional material) the content may be publicly accessible and could be shared beyond the control of the service.

WITHDRAWAL OF CONSENT

- You may withdraw consent for any or all uses at any time by providing written notice to the service.
- Upon withdrawal, we will stop using your child's image or video for the specified purpose(s).
- Please note: if the material has already been published externally (e.g. social media), complete removal may not be possible.

DURATION OF CONSENT

This consent remains valid for the duration of your child's enrolment unless withdrawn in writing. You may update your consent at any time.

ACKNOWLEDGEMENT

I have read and understood the above information. I understand the purpose for which my child's image or video may be captured, stored, and used. I understand my right to refuse or withdraw consent at any time.

Signature of Parent/Guardian: _____ Date: ___/___/___

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:

Education and Care Regulatory Unit
Department for Communities Child Protection Officers
Other relevant Government Department Officers
Family Assistance Office Review Officers (Child Care Subsidy)

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.

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.
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 an 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 gap fee component of fees after the Child Care Subsidy has been applied on the due day as determined by the invoice and Centre's payment policy or as agreed to by the Centre management via EFT into the Shire account.
6. We are aware that failure to pay fees may result in cancellation of care at the Centre. 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 provide current information to Centrelink to meet eligibility criteria to receive any Child Care Subsidy entitlements.
8. 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 Subsidy.
    a. We are aware that fees for public holidays are not payable.
    b. We are aware that fees are payable for days where absences are taken.
9. We understand that any late collection will result in a fee being imposed.

10. 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.
11. 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 and may require a 'clearance certificate' for the child from a medical practitioner if requested by the staff in charge.
12. We are aware that if the child has not been immunised, they must be on a catch-up plan or are exempt from the required childhood immunisation program to receive care. Any non-immunisation will be reported to the Chief Health Officer.
13. 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.
14. 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 family, children 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. Children will not be left alone with visitors or students.
19. The Centre reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the best 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:

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

Parent / Guardian Name: _____ Signature: _____ Date: ___/___/___

Name of Senior Management: _____ Signature: _____ Date: ___/___/___

ANNUAL UPDATE of Child / Family details:

I verify that the above information in this enrolment contract is accurate and current.

Parent / Guardian Name: _____ Signature: _____ Date: ___/___/___

Parent / Guardian Name: _____ Signature: _____ Date: ___/___/___

Parent / Guardian Name: _____ Signature: _____ Date: ___/___/___

Parent / Guardian Name: _____ Signature: _____ Date: ___/___/___