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 ***CHILD ENROLMENT FORM 2017***

***NB: To confirm your booking an annual administration fee of $25 per family is to be paid.***

Centre Care Booked: Busselton Early Education (B1) or Bee on Hadfield (B2) (Please circle) ***Starting Date: ………………***

***Child’s Surname: ……………………… Child’s Other Names in full: ………………………………***

***Child’s Address: …………………………………………………………………………..***

***(M / F) D.O.B: ………………………...... Child’s CRN:………………………***

**Care Booked:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Days*** | ***Times*** |  | ***Booking*** |
| **Monday**  | From: ……..……am  | To: …….………pm  | (Full Day / Half Day)(A/School/ Vac. care) |
| **Tuesday** | From: ……..……am   | To: …….………pm  | (Full Day / Half Day)(A/School/ Vac. care) |
| **Wednesday** | From: ……..……am   | To: …….………pm  | (Full Day / Half Day)(A/School/ Vac. Care) |
| **Thursday** | From: ……..……am   | To: …….………pm  | (Full Day / Half Day)(A/School/ Vac. care) |
| **Friday**  | From: ……..……am  | To: …….………pm  | (Full Day / Half Day)(A/School/ Vac. care) |

Will you be you claiming Child care benefit from this service? Yes / No

Will you be claiming the 5o% Child care rebate? Yes / No –

To do this you need to contact Centrelink! Ph :136150

**If you answered yes to either of these questions we require: -**

***Parents and children’s dates of birth and each family members CRN’s***

|  |  |
| --- | --- |
| ***MOTHER/GUARDIAN***Name:………………………………………… | ***FATHER/GUARDIAN***Name……………………………………………. |
| **D.O.B……………………………………………**  | **D.O.B……………………………………………….** |
| **Parent CRN:………………………………….** Address: ………………………….………….....  ………………………….…………....PO Box: ……….. Post Code: …..………...  | **Parent CRN:……………………………………...**Address: ………………………….………….....  ………………………….…………....PO Box: ……….. Post Code: …..………...  |
| Phone No: (H) …………….……………………  (W) …………….………………….. (Mob) …………….………………..Email Address ……………………………….. | Phone No: (H) …………….……………………  (W) …………….………………….. (Mob) …………….………………..Email Address ……………………………………. |
| Nationality: ……………………………..………  | Nationality: ……………………………..………  |
| Religion: ………………………………..……….  | Religion: ………………………………..……….  |
| Occupation: …………………………..………. | Occupation: …………………………..………. |
| Place of Work: .………………..……….……. | Place of Work: .………………..……….……...   |
| Hours of work: ………..……………….............   | Hours of work: ………..……………….............   |
| Sibling/s: 1. ………………...…………………... 2. ………………...…………………..  | Male/Female DOB: ...………………….. Male/Female DOB: ...…………………..  |
|  3. ……………...…………………...**ROUTINES: TOILETING** | Male/Female DOB: ...………………… |
| Is your child: (please tick)  |  |
|  |  |

  in nappies  being toilet trained  needs reminding  independent in toileting

What word does your child use when asking to go to the toilet? ………………………………………………………….……………

What else should we know about toileting for your child? ………………………………………………………………………………

***Sleeping***

Does your child need a sleep or rest during the day?  Yes  No  Sometimes

What time does your child sleep? ………………..…… How long? …………………….

Does your child need a nappy, dummy or bottle at sleep time? …………………………….........

*At Bee, our Educators prioritize their efforts to meet individual family /child’s needs as much as possible. However, it is not recommended practice by child health authorities & Kidsafe to place additional items (bottles, soft toys etc) in cots; this will be addressed individually as required. Please discuss with Educators.*

Does your child have a special routine on being put to bed?

…………………………………………………………………………..…...…..............................................

Is there any important language to use at this time?

…………………………………………………………………………………………..………………………...……………………………………………………………………………………………………………………

***General Needs***

Is your child walking? ………………………………… Is your child talking? ………………………………………………….

Does your child have a special toy or object during the day (apart from sleeptime?)…………………………………………..…………………........................................................................

Does your child have any deep fears about anything in particular? (ie: noise or darkness)

…………………………………………………………………………………………………………………….

Are there any words that we need to know that has special meaning for your child? (please translate if appropriate)

 ……………………….....................................................................................

Has your child attended any other children’s services or been cared for outside the home?

 Yes  No

If yes, please provide details: (ie. playgroup) …………………………………………………………

How would you describe your child’s reaction to being with other children? ........................................................................

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

Does your child become upset when left with other people?

……………………………………………................................................................................................................................

Is there any further information which you feel may assist us in providing the best service for you and your child this year;

eg :(religious beliefs, family situations, recent significant events or cultural considerations?)

………………………………………………………...……………………….............................................................................

Please can you advise us of you and your child’s cultural background?.................................................................................

Please tell us how we could help your child’s development this year? (eg: what do you most want for your child at the centre?)

……………………………………………………………………………………………………………………..…………………

…………………….…………………………………………………………………………………………………………………...

Is there any particular area that concerns you that we need to know about?…...………...........................................................

……………………………………………………………………………………………………………………………..……………

What information about your child’s day do you consider to be important? …………..………………………………………......

………………………………………………………………………………………………………………………..…………………

Do you have any skills you could or would like to contribute to the centre’s program?

………………………………………………………………………………….…………………………………….…………………

Has / Does your child experience any language or speech difficulties, physical problems or any other health related difficulties?

 Yes  No If yes, please specify …………………………………………………………………………………

What is your child’s primary language used at home?...............................................................................................................

# ***Health***

It is important to keep this information current at all times. Special medical needs or disabilities will NOT AFFECT your child’s acceptance into the centre.

Family Doctor : ……………………………………. Phone No : ………………………………………..

Medical Clinic : ………………………………… Clinic Address : ………………..…………………….

Medicare No: (Emergency use only) ……………………………………………………………………..

Does your child have a specific health care need?  Yes  No

If yes, please provide details: ……….……………………………………………………………………...

Does your child require a Medical needs management plan? Yes No (Nominated Supervisor to explain)

**Parental Permission** - I hereby give permission for my child’s Medical needs management plan to be displayed in the centre to assist all educators in meeting his/her’s medicals needs at all times Signed: …………………………………Date:……………………….

Does your child need regular medication?  Yes  No

If yes, please provide details: ……………..………………………………………………………………..

Has / Does your child have any allergies or has your child been diagnosed at risk of Anaphylaxis?  Yes  No

If so please provide details: ………………………………………………………………………………...

Has your child been immunized?  Yes  No

Your child’s records need to be copied, kept on file and updated whenever needed. If your child is not immunised and an outbreak occurs in the centre they will be asked to stay at home until the outbreak has passed.

Immunisation record on file  Yes  No Sighted by …………..……… Date ……………..

Birth Certificate on file:  Yes  No Sighted by ……………………..…… Date ……………..

***Diet***

Does your child have any particular dietary requirements (vegetarian, medical or religious) or restrictions?  Yes  No

If yes, please provide details: ………………………………………………………………………………

……………………………………………………………………………………………………………………

Is your child allergic to any food?  Yes  No

 If yes, please provide details: ……………………………………………………………………………... …………………………………………………………………………………………………………………….

Is there any food your child particularly likes?

 …………………………………………………………… ……………………………………………………..

Or dislikes?

………………………………….…………………………………………………………………………………

***We look forward to caring for your child and welcome the family into the centre. If you have any suggestions you would like to put forward, please talk to the staff. We hope that you will approach us with any concerns you may have about the service we provide****.*

***GENERAL CONSENT***

1. **I hereby consent to my child’s photograph, name, age and suburb being used for publicity for the Centre,** should this be required.

 Y N \_\_\_\_\_\_\_\_ ­­­Initial & date

1. **I also give consent for my child’s photograph to appear on Centre’s Facebook and Website page, should this be required.**

 Y N \_\_\_\_\_\_\_\_ ­­­Initial & date

1. In the safety and care of my child I give my permission for sunscreen & insect repellant (only when required) application. Special sunscreens/repellants are to be supplied by parents.

 **Current brand used in the Centre**………………………………………… Y N \_\_\_\_\_\_\_\_ ­­­Initial & date

1. I give permission for my child to participate in LOCAL excursions form the Centre by foot, within the local community.

 **Please note a risk management plan will be completed prior and will be available for parents/guardians to view.**

 Y N \_\_\_\_\_\_\_\_ ­­­Initial & date

 **Please Note: Parents will be notified with a separate consent form before any such excursions.**

I agree to abide by the Health Policy of the Centre, which is explained in the Policy Booklet and which I acknowledge that I have read and understand. I understand that the Nominated Supervisor reserves the right exclude my child if staff consider them not well enough to attend the Centre. I understand that failure to adhere to this policy can result in the loss of placement.

In accordance with the State Health Regulations, the Centre must be provided with proof of immunisation. Each child’s immunisation booklet MUST BE SIGHTED AND A PHOTOCOPY TAKEN by a staff member. I agree to abide by all Centre Policies.

Signature: ……………………………………… Date: ……………………………………………….

## ***PRIORITY OF ACCESS***

Priority1 Is for children at risk of serious abuse or neglect.

Priority 2 Is given to a sole parent, or both parents, who are employed, seeking employment or studying/training for future employment

Priority 3 Is for any other child

I have read the above information and understand the Priority of Access..

### ***PARACETAMOL PERMISSION***

I give permission for my son/daughter to be given Paracetamol if their temperature reaches 38c and the parents cannot be contacted.

My child has been given Paracetamol previously with no side effects.

 Yes  No

Signed: ……………………….……….. Witnessed: ……………………….……...

Date: ………………………………….. Date: ……………………………………..

### ***AUTHORISED NOMINEE’S FOR DROP OFF, PICK UP AND FOR EMERGENCY TREATMENT***

***NB: authorised nominee***, in relation to a child, means a person who has been given permission by a parent or family member of the child to collect the child from the education and care service. Also to act in case of an emergency when parent is unable to be contacted.

I, ………………………………. BEING Parent/Guardian of ……………………………………

hereby authorize the Nominated Supervisor and staff of either Bee Centre to have my child, named above treated by an appropriate Medical or Dental Practitioner and I consent to the transportation of my child by an Ambulance service and I agree to being liable for all expenditure in regards to this transportation should, in the professional opinion of the Nominated Supervisor and/ or staff of the said Child Care Centre, if the need arises.

Signature: ……………………….……….. Date: ……………………….…………

***AUTHORISED NOMINEE’S FOR DELIVERY, COLLECTION AND FOR EMERGENCY TREATMENT FOR* ENROLLED CHILD**

**Authorised Nominee is a person who has been given permission by a parent or family member of the child to collect the child from the education and care service. Also, to act in case of an emergency when parent is unable to be contacted.**

**AUTHORISED NOMINEE**

I ………………………………. hereby authorise the Nominated Supervisor of Busselton Early Education to permit my child ……………………….……. to be delivered or collected by the Authorised Nominees listed below.

|  |  |
| --- | --- |
| Name: …………………………………………………...  | Name: ……………………………………………………….  |
| Phone No: (H) …………….………………………….  (W) …………….………………………… (Mob)…………….…………................ | Phone No: (H) …………….……………………………. (W) …………….……………………………. (Mob)………………….…………............... |
| Relationship to child: …………………............I would like to list this person as an emergency contactYes No Please Circle | Relationship to child: ………………………………...I would like to list this person as an emergency contactYes No Please Circle |
| **Email**: ……………………………………………………I would like this person added to the Xplor App to sign child in or out and to receive information about the child’s day to their phone or device**. Leave blank if you don’t** **want this.** | **Email**: ……………………………………………………I would like this person added to the Xplor App to sign child in or out and to receive information about the child’s day to their phone or device. ***Leave blank if you don’t want this***. |
| Name: …………………………………………………...  | Name: ……………………………………………………….  |
| Phone No: (H) …………….………………………….  (W) …………….………………………… (Mob)…………….…………................ | Phone No: (H) …………….……………………………. (W) …………….……………………………. (Mob)………………….…………............... |
| Relationship to child: …………………............I would like to list this person as an emergency contactYes No Please Circle | Relationship to child: ………………………………...I would like to list this person as an emergency contactYes No Please Circle |
| **Email**: ……………………………………………………I would like this person added to the Xplor App to sign child in or out and to receive information about the child’s day to their phone or device**. Leave blank if you don’t** **want this.** | **Email**: ……………………………………………………I would like this person added to the Xplor App to sign child in or out and to receive information about the child’s day to their phone or device. ***Leave blank if you don’t want this***. |

### ***COURT / RESTRAINING ORDERS***

It is requirement of the Child Care Regulations that if a child is subject to an access order or agreement, the Centre must be given a copy plus any subsequent alterations registered by court. Evidence of court/restraining orders or agreements should considered part of the enrolment in order to minimize the likelihood of distressing situations occurring in the future.

Is there any court orders, parenting orders or parenting plans in relation to your child including access to your child. If so please provide the centre with a copy of this order.

 Yes  No

If yes, please provide details: …………………………………………………………………….

.………………………………………………………………………………………………………….

### ***PAYMENTS OF FEES***

**I agree to keep fees 1wk in advance at all times and if I wish to withdraw my child, I understand I must give 2wks written notice in accordance with Bee Centre Fee policy.**

**Signed:......................................................... Date: ………………………….**

**If you would like your statement emailed to you please fill out email address below.**

**………………………………………………………………………………………………………….**

## ***Family Information booklet***

**I have received the Family information booklet and access to Centre Policies, which contains relevant information pertaining to my child’s care.**

**Signed: ......................................................... Date: ………………………….**

***ANY OTHER RELEVANT INFORMATION ABOUT YOUR CHILD***

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

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

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

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

***DECLARATION***

**I declare that any information I have given in this enrolment form is true and correct.**

**Signature of Parent / Guardian: .......................................**

**Print name of Parent / Guardian: ...................................... Date: .........................**

### ***School Drop off & Pick Up***

I give authorisation for my child………………………to be transported from Busselton Early Education/BEE on Hadfield (please circle) to the listed school below and for Busselton Early Education/BEE on Hadfield (please circle) to collect my child from the below listed school and return them to the centre.

I am aware my child will be transported in a fully insured business vehicle.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of School | Teachers Name | Room | Drop Off/ Pick Up Times | Parent signature |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |