



KAZ POSSUMS CHILD CARE CENTRE
ENROLMENT FORM

FEE FOR THE YEAR 2021: \$102

ENROLMENT FORM

NB: This information is required for Government and Regulatory purposes

COMMENCEMENT DATE: ___/___/___ **DAYS:** Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

CHILD'S DETAILS

Child's Family name		Child's Given (First) Name	
Other Names or Former Names (by which the child is known)			
Gender	Male/ Female	Date of Birth/...../.....
			Child's CRN:
Address			
			Post Code
Aboriginal or Torres Strait Islander?	Yes / No	Country of birth	
Languages spoken at home			
Ethnic or Cultural Identity		Religion	

DETAILS OF PARENTS / GUARDIANS

	PARENT/GUARDIAN ONE	PARENT/GUARDIAN TWO
Family name		
Given name:	Title:	Title:
Date of Birth:	Gender:	Gender:
Other Names known by		
Address		
	Post Code:	Post Code:
Employment Status	(Please circle) Full /Time Part/Time Student Seeking Employment Home Duties	(Please circle) Full /Time Part/Time Student Seeking Employment Home Duties
Place of work or study		
Occupation		
Phone No (W)	W: H:	W: H:
Mobile phone		
Email		
CRN Number		
Country of Birth		
Religion		
Languages spoken at		
Aboriginal or Torres Strait Islander?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registered for CCS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/ Guardian 1 Signature:		Parent/ Guardian 2 Signature:

COURT ORDERS

Are there any court orders affecting the custody/ residency of your child? **Yes** **No**

If “yes”, you are required to supply a copy of a court order for custody/ residency or access.

A copy of the agreement or permission for the non-residential parent to collect your child will also be required. All staff will be made aware of the existence of such documentation.

If there is a query about who should collect your child, the person who wants to collect your child will be asked to produce a court order for access or custody.

If there are no custody or access orders from the courts we cannot refuse a parent access to their child if they can prove they are the paternal parent.

A photocopy must be attached and the Director needs to be notified if circumstances change.
(ATTACH ANY RESIDENCE ORDERS TO ENROLMENT FORM)

CONTACTS

IN THE CASE OF EMERGENCY, IF WE ARE UNABLE TO CONTACT PRENT/GUARDIAN ONE OR TWO (ABOVE), PLEASE INDICATE 2 PEOPLE (OVER THE AGE OF 18 YEARS) IN ORDER OF PREFERENCE WHO MAY ACT ON YOUR BEHALF.

	CONTACT ONE	CONTACT TWO
Family name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Given name:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Post Code	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Day time phone	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mobile phone	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Relationship	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Nominated person's signature	<input style="width: 95%; height: 40px;" type="text"/>	<input style="width: 95%; height: 40px;" type="text"/>

PERSONS (OVER 18 YEARS OLD), OTHER THAN PARENTS, AUTHORISED TO COLLECT YOUR CHILD

	PERSON ONE	PERSON TWO
Family name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Given name:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Day time phone	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mobile phone	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Relationship	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Language Spoken	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Nominated person's signature	<input style="width: 95%; height: 40px;" type="text"/>	<input style="width: 95%; height: 40px;" type="text"/>

Please note: staff will not allow anyone to collect your child unless notice is given by the parent or guardian

PLEASE INDICATE 2 PEOPLE (OVER 18 YEARS OLD) WHO ARE AUTHORISED TO CONSENT TO MEDICAL TREATMENT OF, OF TO AUTHORISE ADMINISTRATION OF MEDICATION TO YOUR CHILD.

	PERSON ONE	PERSON TWO
Family name	<input type="text"/>	<input type="text"/>
Given name:	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Day time phone	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Language Spoken	<input type="text"/>	<input type="text"/>
Nominated person's signature	<input type="text"/>	<input type="text"/>

PLEASE INDICATE 2 PEOPLE (OVER 18 YEARS OLD) WHO ARE AUTHORISED TO AUTHORISE AN EDUCATOR TO TAKE YOUR CHILD OUTSIDE OF KAZ Possums Child Care Centre PREMISES E.G. PERMISSION FOR EXCURSIONS.

	PERSON ONE	PERSON TWO
Family name	<input type="text"/>	<input type="text"/>
Given name:	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Day time phone	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Language Spoken	<input type="text"/>	<input type="text"/>
Nominated person's signature	<input type="text"/>	<input type="text"/>

Please indicate two people who are authorised to consent for your child to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/Service.

	PERSON ONE	PERSON TWO
Family name	<input type="text"/>	<input type="text"/>
Given name:	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Day time phone	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Language Spoken	<input type="text"/>	<input type="text"/>
Nominated person's signature	<input type="text"/>	<input type="text"/>

Does your child have any diagnosed allergies or intolerances?

Yes No

If you answered YES to the above question please fill out the following table

IF YOUR CHILD HAS ASTHMA, DIABETES, EPILEPSY, FEBRILE CONVULSIONS, ANAPHYLAXIS, ALLERGY OR ANY OTHER CONDITION REQUIRING EMERGENCY CARE PLEASE COLLECT AN ACTION PLAN FROM THE NOMINATED SUPERVISOR

List Allergies/ Intolerance	Is this an Intolerance or Allergy?	Cause	Symptoms & Signs	Special Instructions (e.g. Diet / Medication)

Please note this information needs to be updated on a regular basis as children out grow complaints or severity of allergy increases.

Asthma Action Plan must be completed and signed by your doctor. (Updated every 6 months, this is your responsibility).

OTHER HEALTH INFORMATION

Has your child ever experienced any language or speech difficulties, physical problems or other health related difficulties?

Details: _____

Have reports on the child been done from any of the following services, or is the child currently using any of these services since completing the Waiting List Application Form? (Please attach new reports)

- Medical Reports
- Basic Developmental Assessment
- Psychological Assessment
- Speech Pathology
- Physiotherapy
- Occupational Therapy
- Vision Check
- Hearing Check
- Special Education
- Special Play Group
- Respite Care
- Using disability allowance

Do you have any concerns about your child's development?

Details: _____

CHILD'S DEVELOPMENTAL HISTORY

Toileting

- Is your child in nappies?
- Being toilet trained?
- Needs reminding?

What words does your child use when asking to go to the toilet?

Child's Rest

Does your child need a sleep or rest during the day? Time and for how long

At rest does your child need: Nappy Dummy A bottle Special toys or objects

Details _____

Does your child have any special rest routine?

Details _____

Is there any important language to use at this time?

Details _____

Meal Times

Does your child have any particular dietary or meal time requirements and/ or restrictions?

Details: _____

ENROLMENT AGREEMENT

**ALL SECTIONS TO BE SIGNED BY PARENT AND WITNESSED BY KAZ POSSUMS CHILD CARE CENTRE
NOMINATED SUPERVISOR/APPROVED PROVIDER:**

I, _____ (parents name) being the custodial parent/ guardian of
_____ (child's name) agree to place my child at

KAZ Possums Child Care Centre on the following days and times (please circle day and indicate approximate arrival and departure time)

Monday	Tuesday	Wednesday	Thursday	Friday
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Having read and understood fully the context of this document I hereby agree as follows:	Parent/ guardian initials	Nominated supervisor/Approved Provider
1. I acknowledge I have received KAZ Possums Child Care Centre Family Handbook and agree to the condition of enrolment outlined therein.		
2. I acknowledge that KAZ Possums Child Care Centre's Policies and Procedures Manual is available at the Service for full access.		
3. PRIORITY OF ACCESS: KAZ Possums Child Care Centre has Priority of Access Guidelines. First Priority: a child at risk of serious abuse or neglect Second Priority: a child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment. Third Priority: any other child. There are some circumstances in which a child who is already in a child care service may be required to leave the service or change days due to priority of access obligations. Should this be required, 2 weeks notice will be given.		
4. FEES AND DEPOSIT		
a. I agree to pay the fees for my child, in advance on the first day of care each week as per KAZ Possums Child Care Centre's Fees Policy.		
b. I agree to pay the scheduled bond as set out in KAZ Possums Child Care Centre's Fees Policy prior to commencing care.		
c. I agree that when my child is absent from the Centre due to illness and/ or holidays, and Public Holidays, I must still pay fees to retain my position at the Centre.		

d. I agree to pay a late collection fee if I collect my child after the closing time as per KAZ Possums Child Care Centre's Fees Policy.		
e. I agree to inform the Centre staff as soon as practicable if I am unable to attend care on any particular day or if I am running late.		
f. I agree to KAZ Possums Child Care Centre releasing my billing details to a debt collection agency of their choice if I fail to meet my payment requirements as set out in KAZ Possums Child Care Centre's Fees Policy.		
g. I agree to sign the attendance sheet when dropping off my child and picking them up from the Centre.		
5. TERMINATION OF CARE		
a. I agree to give 4 weeks written notice, that being 20 working days from the date of notification (inclusive) of termination of care to the Service. In the event that 4 weeks' notice is not given I understand that my deposit will be used in lieu of notice to pay all outstanding fees.		
b. If terminating care in December and/or January I agree to give 6 weeks notice, that being 30 working days from the date of notification (inclusive) of termination of care in writing to the Nominated Supervisor/Approved Provider. In the event that six weeks notice is not given I understand that my deposit will be used in lieu of notice to pay all outstanding fees.		
c. I understand that KAZ Possums Child Care Centre has the right to choose not to enroll or to terminate care of a child if it is felt that there is a risk of harm to this child, other children in our care or staff. Termination would not take place until all avenues of intervention have been exhausted.		
6. CHILD CARE SUBSIDY I understand that under the Child Care Subsidy I am allowed 42 days absences (including Public Holidays) within the financial year where a medical certificate has not been produced. Child Care Subsidy ceases if allowable absences are exceeded and full fees must be paid. I understand and agree to pay full fees for absent days if I exceed my 42 allowable absent days in care.		
7. HEALTH		
a. In the event of my child contracting an infectious condition or disease, this includes temperature over 38 degrees, vomiting, diarrhea, conjunctivitis and rashes; I agree to exclude him/ her as per KAZ Possums Child Care Centre's Health Policy.		
b. If required, I will provide a medical clearance by a doctor or health authority, which states that the child is not at risk of infecting others and fit to return to care.		
c. The Nominated Supervisor of a children's service must ensure that a child is not enrolled in the service unless a parent/guardian of the child: (a) has given written authorisation for the service to seek urgent medical, dental or hospital treatment or ambulance service, and (b) has given written consent to the carrying out of appropriate medical, dental or hospital treatment, in the event that such action appears to be necessary because the child has been injured, or is ill, at the premises. I hereby consent to the Director or his/her designated representative/s to arrange <ul style="list-style-type: none"> • Emergency Medical Care • Hospital Care • Dental Care • Transport in an ambulance in the case of an emergency • Or any other treatment required. If I cannot be contacted, I accept that the emergency service will be at the nearest appropriate public hospital.		
d. If I cannot be contacted and it becomes necessary to treat my child in order to reduce fever (38 degrees), I hereby consent to the Director or his/her designated representative to:		

<ul style="list-style-type: none"> Administering a paracetamol elixir in the dose and frequency recommended on the bottle. <p>Please see staff for list of ingredients of paracetamol used.</p>		
<p>e. I have read the KAZ Possums Child Care Centre's Health Policy in relation to the administering of Panadol Colourfree Suspension and I agree with the contents of the policy</p>		
<p>f. I give permission for staff to administer, the following to my child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adhesive Strips <input type="checkbox"/> Antiseptic creams, sprays and lotions <input type="checkbox"/> First Aid Spray (Rapid with tea tree oil) <input type="checkbox"/> Stingose Spray <input type="checkbox"/> Sunscreen- Stokoderm (DEB) Sun Protect SPF50+ <input type="checkbox"/> Sorbolene <p>Other – Please specify.....</p>		
<p>g. I agree to allow staff to administer Asthma First Aid if my child has difficulty breathing or has a first attack of asthma whilst attending the service.</p>		
<p>h. (a) I agree to provide copies of my child's immunisation updates as they occur. If my child is not immunised I agree to abide by KAZ Early Learning Centre's Immunisation Policy and exclude my child for the required period as stated in the policy.</p> <p>(b) I understand the NSW Parliament passed a Bill to amend the Public Health Act 2010 to strengthen vaccination enrolment requirements in child care. From 1 January 2018:</p> <ul style="list-style-type: none"> children who are unvaccinated due to their parent's conscientious objection can no longer be enrolled in child care it is an offence (with a penalty of 50 penalty units) for a principal to fail to comply with the child care vaccination enrolment requirements it is an offence (with a penalty of 50 penalty units) for a person to forge or falsify a vaccination certificate. <p>The only unimmunised children who can be enrolled in child care after 1 January 2018 are those who are on a recognised catch-up schedule (provided that the <u>appropriate</u> documentation has been provided), or those who are unimmunised due to medical reasons as described at section 2.1.4 of the <u>Australian Immunisation Handbook 10th ed</u> (provided that the <u>appropriate documentation</u> has been provided).</p>		
<p>i. KAZ Possums Child Care Centre has a policy of children wearing hats for outdoor play. Parents/guardians must ensure that their child has a well fitting wide brimmed hat with the child's name on it. Educators and staff apply sunscreen throughout the day to the children.</p> <p>Please see staff for list of ingredients of sunscreen used.</p> <p>I agree to the Service staff will be applying sunscreen to my child throughout the day. I accept responsibility for the use and application of the sunscreen by the service. I am also aware that if I do not supply a hat for my child they will be using a spare hat supplied by the service.</p> <p>If a child is allergic to the sunscreen used by the service the parents/guardians must provide an appropriate 30+ sunscreen or a letter from their doctor that states that the child is unable to wear sunscreen.</p>		
<p>8. GENERAL</p>		
<p>a. I agree to notify the Director of any changes to my working status, address, telephone numbers, emergency contacts and information relevant to my child's care.</p>		
<p>b. I hereby consent to my child's photograph, name, age and suburb being used for publicity for KAZ Possums Child Care Centre, should this be required on a newsletter or pamphlet</p>		
<p>c. I have read KAZ Possums Child Care Centre Grievance Policy in the Family Handbook and am aware of the process for enquiries and concerns I may have</p>		
<p>9. PROGRAMMING</p> <p>Programming documentation involves a number of tools to record children's learning and development, these include:</p>		

<p><i>Daily Dairies and Portfolios</i> - Staff document daily experiences to help clarify goals, record individual children's development and to articulate more precisely to others what we are doing and why. This involves:</p> <ul style="list-style-type: none"> - Observations of individual children - Children's work samples - Transcripts and memorabilia - Family stories - Photographs <p>Other forms of recording the program include displays, posters, projects and reflective journals.</p> <p>The Education and Care Services National Regulations, requires that all children's services maintain and keep up to date records of programs for children, developmental records and daily routines. This includes providing a developmental record for each child and record of the daily program.</p> <p>Portfolios and Daily Dairies are available for parents to read. KAZ Possums Child Care Centre encourage parents to access their child's individual portfolio. Parents/guardians are required to respect the privacy of others, and only access their own child's portfolio. Any information that is considered to be of a sensitive nature (being medical, behavioural, developmental concerns, or children with additional needs) is recorded in separate files and stored in a locked cabinet.</p>		
<p>a. I understand that the staff will be recording my child's learning and development within an individual portfolio, daily dairy, posters, displays, projects and reflective journals.</p>		
<p>b. I agree to my child's photo to be taken and used to record their learning and development and to be used within their individual portfolio, the Daily Dairy and other displays within the Centre.</p>		
<p>c. I agree to my child's name and/ or photo placed in other children's portfolios when children have been involved in group activities. I understand that the other child's family will have access to this photo.</p>		
<p>10. ADDITIONAL NEEDS</p>		
<p>a. I agree to disclose all known additional needs, including developmental, medical and social/ emotional, of my child to the service, providing all relevant documentation and assessments and abide by KAZ Possums Child Care Centre's Early Intervention Policy and Health, Medication and Illness Policy.</p>		
<p>b. If an additional need becomes evident with my child after the time of enrolment I agree to abide by KAZ Possums Child Care Centre Intervention Policy</p>		
<p>11. SOCIAL NETWORKING</p>		
<p>a. I am aware that the service has a Facebook account. I understand that my child's photo will not be placed on Facebook unless written permission is given.</p>		
<p>b. I agree not to post anything onto a social networking site that will offend any staff member, parent or child using the service.</p>		

Please provide details on who is liable to pay the childcare fees?

If I am found in breach of any of the terms of this agreement, I understand that care may terminate without notice.

PLEASE TICK OR CROSS THE BOXES BELOW:

- My child attends this and no other Centre
- My child attends another Centre as well as this one. CCS hours claimed at other Centre: _____
- My child has a sibling attending another approved Centre on a weekly basis
- My child has a sibling attending vacation care in school holidays

- My child is immunised. Please supply your Immunisation Record.
- My child has attended child care in the past
- I give permission for my child to participate in celebrations at the Service such as Christmas, Birthdays, Easter, etc. If not, please submit:

	YES	NO
I give permission for my child to participate in Coloured Hair Spray.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my child to participate in face Painting.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my child to participate in Temporary Tattoos.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission to use my child's photo on the public KAZ Possum's FACEBOOK page.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my child's photo to be used in the KAZ Possums Newsletter (monthly highlights given to parents and carers only and displayed in our foyer).	<input type="checkbox"/>	<input type="checkbox"/>

Custodial Parent/ guardian signature: _____ **Date:** _____

Custodial Parent/ guardian name (PRINT): _____

Nominated Supervisor/Approved Provider signature: _____ **Date:** _____

Nominated Supervisor/Approved Provider name (PRINT): _____

OFFICE USE ONLY:	DATE	SIGNED
Admin fee paid: \$ <u>150</u>/...../.....
Agreement signed and copy supplied to family./...../.....
Birth Certificate/ proof of birth sighted./...../.....
Immunisation record copied and filed./...../.....
Additional needs reports copied and filed./...../.....
Parents Proof of Work Status copied and filed./...../.....
Information entered on Computer./...../.....