



Enrolment Form

1 Wilks Road
Lenah Valley, Tasmania, 7008

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Email: info@lenahvalleychildcare.com.au
Website: www.lenahvalleychildcare.com.au



Child's Details

Child's Name _____

Date of Birth _____ CRN _____

Gender

Male

Female

Is your child of Aboriginal or Torres Strait Islander origin?

No

Yes, Torres Strait
Islander

Yes, Aboriginal

Does your child have a disability?

No

Yes

If yes: _____

Does your child have any know allergies or medical conditions?

No

Yes

If yes: _____

Has your child got an allergy or asthma action plan?

Yes

No

If yes, has this been provided to the centre?

Yes

No

Parents/Guardians Details

(Note- if 2 parents/guardians then both are to complete and sign form)

Parents/Guardian 1 Full Name _____

DOB _____ CR _____

Address _____

Telephone (H) _____ Mobile _____

Place of Employment _____

Telephone (W) _____ Occupation _____

Parents/Guardian 2 Full Name _____

DOB _____ CR _____

Address _____

Telephone (H) _____ Mobil _____

Place of Employment _____

Telephone (W) _____ Occupation _____

Would you like your account Emailed to you?

Yes

No

If yes; please provide Email Address _____

Days Required _____

Required Starting Date _____

Times That Your Child Will Be Dropped Off and Picked Up Each Day _____

Emergency Contacts &
Persons Authorised To Collect Your Child

Emergency Contact 1*

Name _____
Address _____
Telephone Home _____ Mobil _____
Relationship to child's parent/guardian _____

Emergency Contact 2*

Name _____
Address _____
Telephone Home _____ Mobile _____
Relationship to child's parent/guardian _____

Emergency Contact 3*

Name _____
Address _____
Telephone Home _____ Mobile _____
Relationship to child's parent/guardian _____

* Proof of identity will be required from the "Authorised person" before your child can be collected from centre

Medical Information

Family Doctor _____

Address _____

Telephone _____

Do you have Private Health Insurance? Yes No _____

Name of Private Health fund _____

Permission for centre staff to act in an emergency / accident

In the event of an accident / illness requiring emergency treatment,

We _____ give permission for centre staff to seek medical treatment for my child _____ and if necessary to call for an ambulance and/or Doctor.

We agree to pay any medical expenses incurred.

Parent/Guardian 1 Signature _____ Dated _____

Parent/Guardian 2 Signature _____ Dated _____

Immunisation Records Provided

Yes

No

Copy Attached

Yes

No

Staff Signature _____ Dated _____

If you choose not to have your child immunised the Federal Government may exclude you from receiving the Child Care Subsidy in which case you will be responsible to pay 100% of the Child Care cost reviewed and charged by the centre. If you have chosen not to have your child immunised, then you are required to complete a Statutory Declaration form. (Public Health Act February 1998). Your child will be excluded for the prescribed period during any outbreaks of an infectious disease within the centre.

Please note the Federal Government has introduced the "No Jab No Pay" policy.

Non-Prescribed Medications

It is imperative that the centre has parent permission to apply non-prescribed medications to your child, these can be nappy creams, insect bite creams, antiseptic creams and bonjela. An educator can apply non-scheduled medications if written permission is obtained from a parent. Due to the safety and wellbeing of your child the service will only administer medications if it is in its original container with a chemist label displaying child's name, amount required and frequency it is to be given.

Do you give permission for educators to apply non-prescribed Medications?

Yes

No

Parent/Guardian 1 Signature _____ Dated _____

Parent/Guardian 2 Signature _____ Dated _____

Authorisation/Permission of Specific Medication for Child

I/we _____ give permission for an authorised qualified educator at
(Parent/Guardian Names)

Lenah Valley Child Care to administer _____ their medication _____
(Name of Medication) (Child's Name)

that is required for the Anaphylaxis, Allergy or Asthma condition. (Please circle specific medical condition)

Parent/Guardian 1 Name: _____ Parent/Guardian 2 Name: _____

Parent/Guardian 1 Signature: _____ Parent/Guardian 2 Signature: _____

Date: _____ Date: _____

Nominated Supervisors Name: _____

Nominated Supervisors Signature: _____

Date: _____

Child's Online Portfolio

We use an online program to record children's learning and development. This program is aimed to build better communication with families and to keep families updated on your child's development. Educa is our online program which enables an educator to place learning stories, observations, photos and videos of your child's learning. This program is private and families will only have access to their child's portfolio through their own account.

Email Address. _____

Parent/Guardian 1 Signature _____ Dated _____

Parent/Guardian 2 Signature _____ Dated _____

Centre Hats

We now can offer families the opportunity to purchase a centre hat for the cost of \$10, hats will stay at the centre and have their names place on them, this helps to ensure that all children have a sun protected hat during their time at the centre. If you wish to provide your own child's hat this needs to provide full protection and either left at the centre or always in their bag for them to experience outside play.

Do you wish to purchase a centre hat?

Yes

No

Parent/Guardian 1 Signature _____ Dated _____

Parent/Guardian 2 Signature _____ Dated _____

Court Orders

Are there any court orders in place in relation to your child?

Yes

No

If there is a court order in place, you need to provide a copy to the centre. Have you provided a copy

Yes

No

Name of Parent/Guardian _____

Signature _____ Dated _____

Sun Block Protection

We give permission for the centre staff to apply sun block to our child while attending the centre.

Yes

No

Signed Parent/guardian 1 _____ Dated _____

Signed Parent/guardian 2 _____ Dated _____

Head Lice Check

We give permission for the centre staff to check our child’s hair if the need arises in relation to head lice.

Yes

No

Signed Parent/guardian 1 _____ Dated _____

Signed Parent/guardian 2 _____ Dated _____

Photography

We give permission for our child to be photographed including being in group photos while attending the centre and agree for these photos to be displayed within the centre environment, in the centre newsletter on the Educa On-line system, our website and on our restricted Facebook page only for centre parent’s access. We acknowledge that our child’s photo maybe taken during group experiences and these photos may be included in Learning Stories that may go home in other children’s portfolios.

Yes

No

Signed Parent/guardian 1 _____ Dated _____

Signed Parent/guardian 2 _____ Dated _____

Contract of Care at Lenah Valley Childcare & Early Learning Centre

We have visited and viewed the Lenah Valley Childcare & Early Learning Centre (here called the centre) and consent to the enrolment of our child. We acknowledge having access to the Handbook in the centre foyer and we agree to abide by the centre policies as they relate to our child’s placement.

We agree to comply with all Government requirements in relation to the centre and its service. We agree to pay fees in advance. We are aware that fees will be charged if our child is absent for any reason and that all absentees must be phoned in by 10.00am that day. We acknowledge that we pay for any Public Holidays throughout the year (excluding Christmas Day and Good Friday Day) that may fall on any of our child’s booked days at the centre. We will also sign for the absentees and public holidays when we next enter the centre.

We agree that if the account is not paid by the due date the account may be lodged with a mercantile agent for recovery, and in such circumstances that we will bear an account surcharge to cover the agent’s

commission. In addition we agrees to bear all legal costs and disbursements incurred in the recovery of the debt.

We also understand that a "late fee" of \$20.00 will be charged for each 15 minutes for late collection of our child after 6.30pm. We understand that we will be required to give two weeks' notice on terminating our child's enrolment. We understand that the staff can make the decision as to the fitness of our child to attend the service on any given day and this decision shall be binding. In the event of an accident/illness, staff will contact the Parent/Guardian to collect their child. If contact cannot be established with the Parent/Guardian then an Emergency contact will be phoned.

The centre reserves the right to terminate this contract at its discretion with consideration that to do so would be in the best interest of the child, the centre and all parties involved. The centre agrees to give the parent reasonable notice of its intention to exercise this right. We have read this contract of care and have received the parent information pack about the service offered by the centre on my first visit for care.

Name of Child _____

Parent/ Guardian Name 1	Parent/ Guardian Signature 1	Date
_____	_____	_____

Parent/ Guardian Name 2	Parent/ Guardian Signature 2	Date
_____	_____	_____

Director's Name	Director's Signature	Date
_____	_____	_____

Developed January 2007. Updated September 2018.