



Edgeworth Child Care Centre Inc.



Child Enrolment Record

(All information supplied on this form is strictly confidential)

Child's full name _____

Address _____

DOB _____ Place of Birth _____

A copy of your child's Birth Certificate or Australian Citizenship Certificate or Passport is required.

Sex: Male Female Any former names? _____

Child's CRN No. (from FAO) _____

Details of any court orders, parenting orders or parenting plans?

Yes No (If yes, please provide details & copies)

Is your child of Aboriginal or Torres Strait Islander origin?

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

Ethnicity / Culture _____

Does / can your child participate in festivals / celebrations at the centre?

Yes No (If no, please provide details)

Language spoken at home _____

Religion _____

Any special requirements that Educators need to be aware of?

Immunisation:

Has your child been immunised? Yes No

Is your child up-to-date with their immunisation schedule? Yes No

A copy of your child's 'Immunisation History' from Medicare is required

Special Consideration

Does your child have dietary restrictions / requirements? Yes No
(If yes, please provide details & also please complete Food Restriction Form)

Does your child have additional needs / or a disorder? Yes No
(If yes, please provide details & copies of reports or diagnosis)

Has your child undergone any type of assessment? Yes No
(If yes, please provide details & copies of assessment)

Does your child regularly visit a Specialist? e.g. Speech therapist, Physio-therapist, Occupational-therapist Yes No (If yes, please provide details & copies of any reports)

Does your child have any specific healthcare needs we should know about?
e.g. medical condition, allergies, asthma, convulsions, anaphylaxis, diabetic etc. Yes No
(If yes, please provide details / action plans)

Does your child have a medical management plan/s, anaphylaxis management plan, minimisation plan or regular medication? Yes No (If yes, please provide details & Action Plan)

Approved Provider or Staff member has sighted a health record for that child, a notation of that fact: _____ / ____ / ____

Has your child had any of the following?
 Measles German Measles Ear Infection Throat Infection
 Hepatitis Mumps Chicken Pox

Religious requirements ? _____

Medicare Number _____

Yes, Edgeworth Child Care Centre has Ambulance cover

Medical Practitioner / Medical service details:

Doctor's Name _____ Phone No. _____

Doctor's address _____

Family Dentist _____ Phone No. _____

Dentist's address _____

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Commencement date _____

PARENT 1 / CARER 1

PARENT 2 / CARER 2

Title / First Name _____ Title / First Name _____

Last Name _____ Last Name _____

CRN No (FAO) _____ CRN No (FAO) _____

Former Names _____ Former Names _____

Date of Birth _____ Date of Birth _____

Address _____ Address _____

State _____ Postcode _____ State _____ Postcode _____

Home Ph _____ Home Ph _____

Mobile Ph _____ Mobile Ph _____

Email _____ Email _____

Ethnicity/Culture _____ Ethnicity/Culture _____

Language Spoken at Home _____ Language Spoken at Home _____

Occupation _____ Occupation _____

Work Name _____ Work Name _____

Work address _____ Work address _____

Work Ph _____ Work Ph _____

Are you applying for Child Care Benefit as reduced fees? Yes No

Does your child &/or sibling attend other registered care? Yes No

If yes what type of care? LDC FDC OOSH Other _____

How many hours per day? _____

(This affects your childcare benefit; you may be entitled to a higher percentage)

PARACETAMOL:

I _____ give permission for the staff at Edgeworth Child Care Centre to administer a Paracetamol Elixir, or drops as per centre policy. I understand staff will only administer paracetamol after a parent has given verbal permission over the phone.

Signature _____ Date _____

MAINTAINING FEES:

I agree to abide by the centre's FEES Policy. I also understand that if fees fall behind the amount of my security deposit, my child's place at the centre will be terminated.

Signature _____ Date _____

OUTSTANDING ACCOUNTS:

I _____ understand that Edgeworth Child Care Centre Inc. will forward any outstanding accounts to 'Active Debt Recovery' and disclose family information to this business, in co-operation, to enable any monies owing to be finalised.

Signature _____ Date _____

EDGEWORTH CHILD CARE CENTRE'S POLICIES AND PROCEDURES

I have been informed of the centre's policies, # access to this information is via the centre's web site www.edgeworthchildcarecentre.com.au or CD or by request of a printed version. I am aware that I may request a copy of any policy at any time, and that these policies will change from time to time due to the annual review process undertaken by the centre. I understand that the centre will keep me informed of any changes. I also acknowledge that I have read and understand the contents of the Parent Information Booklet issued by the centre, and agree to abide by the conditions and policies stated therein.

Signature _____ Date _____

SUNSCREEN / INSECT REPELLANT:

[Sunscreen & insect repellent will be in their original containers with elements listed]

I consent for staff to apply sunscreen / insect repellent to my child.

- Yes sunscreen
- Yes insect repellent
- No I will provide ECCC with sunscreen & insect repellent from home

Signature _____ Date _____

PERMISSION FOR PHOTOGRAPHY:

I consent for my child to be photographed within the centre (eg centre activities / portfolios, Family camera to be used for Birthday celebrations and a DVD production at the end of year disco).

Please note that Copyright of ALL photos remain the property of Edgeworth Child Care Centre Inc. and are NOT to be uploaded to social media sites.

Signature _____ Date _____

AMBULANCE / HOSPITAL AUTHORISATION:

I _____ hereby consent

- (a) for the Approved Provider, Nominated Supervisor /Director or an Educator of Edgeworth Child Care Centre Inc. to seek urgent medical, dental or hospital treatment and/or ambulance transportation and
- (b) 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. Please note that our insurance company will determine whether ambulance transportation costs are covered, by verifying whether incident is an accident or a pre-existing illness/condition. We strongly recommend that all families have their own Ambulance cover.]

EXCURSIONS:

All parents/guardians are to receive a written itinerary, along with the reasons for taking the children on the excursion, prior to giving permission for their child to participate in the excursion. [ECCC does not take children on spontaneous regular outings].

In the event where parent / carer 1 and parent / carer 2 cannot be contacted please provide details of the next appropriate person to contact.

Title / First Name _____

Last Name _____

Home address _____

Home Phone _____

Mobile _____

Work Phone _____

Can drop off & collect my child on a daily basis?
 Yes No

Can collect my child in an emergency situation?
 Yes No

Can authorise a person to collect / remove the child from ECCC?
 Yes No

Is authorised to consent medical treatment?
 Yes No

Can authorise administration of medication?
 Yes No

Relationship to the child

Title / First Name _____

Last Name _____

Home address _____

Home Phone _____

Mobile _____

Work Phone _____

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Relationship to the child

PRIORITY OF ACCESS

Priority of access must be given to children in keeping with guide-lines of the NSW Department of Education – Early Childhood Education & Care (Formerly DoCS)

Priority access is as follows:

Priority 1: A child at risk of serious abuse or neglect.

- Children and parents can benefit from short term respite.
- Care is to be for a limited period, during which time the State Welfare Department would attempt to resolve the social or other circumstances leading to the child being at risk, and a limited period could involve a few weeks to cover a particular emergency, or a restricted number of hours of care each week.

Priority 2: A child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test.

- Care is to be regular part-time, or full-time as circumstances require.
- Care is to be for the period of employment/training plus reasonable travel time.
- Evidence of employment/training may be sought.

Priority 3: any other child.

- Care can be for regular short hours.

Within each category the following children are to be given priority: children in Aboriginal or Torres Strait Islander families; children in families which include a person with a disability; children in families on low income; children in families with culturally diverse background; children in socially isolated families; children of single parents.

The centre should satisfy themselves, that the disability gives rise to a need for childcare and should ensure that the child will benefit from integration into the service.

The Director (Nominated Supervisor) may have the need to overturn priority access in “special” circumstances. This can only be done in consultation with the Parent Management Committee and our NSW Department of Education & Communities – Early Childhood Education & Care Directorate.

The Priority of Access Guidelines require that when there are no vacancies, a child who is a priority 3 may be required to leave the child care service, or alter their days, in order to provide a place for a higher priority child.

The Director (Nominated Supervisor) will notify the person liable to pay the child care fees 14 day notice of the requirement for the child to leave our centre or to alter the child’s attendance days.

DECLARATION

I / We _____ certify that the above information is correct. I undertake to inform the Director / Nominated Supervisor immediately of any changes to this information.

Signature _____ Date _____

Signature _____ Date _____

Legend:

Department of Human Services (Federal Government, governs FAO)

FAO – Family Assistance Office (part of Centrelink) (provide CCB CCR and other services enables a reduction in child care fees)

DET – NSW Department of Education – Early Childhood Education & Care (Formerly DoCS)

Revised October 2017

Orientation conducted by _____ with _____

Date _____