



Outback Kids Enrolment Form

Information collected in this enrolment form will be dealt with in accordance with the Outback Kids Privacy Policy

OFFICE USE ONLY: Date Received by Service: _____ Start Date: _____ Wait List: Y/N

General Information and Childs Details:

First Name(s): _____ Family Name: _____

Address:

 _____ Post Code: _____

Other Name(s) Known by/as: _____ Gender: Male/ Female (circle)

Date of Birth: ___/___/___ Place of Birth: _____

Expected Hours Of Attendance:

Please enter your preferred start and finish times. Our Educators rosters are based on the expected attendance time of each child and twenty four hour's notice of absence or change is appreciated. Please note kinder aged children are expected to attend the centre on kinder days from 8.30 am.

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time:					
Finish Time:					

CCB Details

Customer CRN: _____ Customer Name: _____

Customer Date of Birth: ___/___/___ Child CRN: _____

Is this child currently enrolled in another service that attracts CCB or CCR? Yes /No (circle)

Other Siblings:

Name:	Date of Birth:	Does this child attend a service that you claim CCB and CCR for?
		Yes/ No
		Yes/ No
		Yes/No

Parent 1:

Mother/ Father/ Other (circle)

Title: _____ First Name: _____ Family Name: _____

Other name/s by which parent is known: _____

Address: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Place of work/ Study: _____ Work Address: _____

Occupation: _____ Work Contact Number: _____

Enter work start and finish times in the relevant days on the table below:

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:

Parent 2:

Mother/ Father/ Other (circle)

Title: _____ First Name: _____ Family Name: _____

Other name/s by which parent is known: _____

Address: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Place of work/ Study: _____ Work Address: _____

Occupation: _____ Work Contact Number: _____

Enter work start and finish times in the relevant days on the table below:

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:

Name of parent that the child resides with: _____

Do you have any special talents or interests you would like to share with the children? Such as music, cooking and or sport?

Are their arrangements for parents that the child does not reside with? Such as every second weekend is with the child's father?

Court Orders/ Parenting Plans and or Parenting Orders

Are there any court orders, parenting plans or parenting orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? Yes /No (circle) if **yes** please complete the following:

1. Bring in the original orders/ plans for staff to see and a photocopy to be attached to this form.
2. If these orders change the powers of a parent/ guardian to, Authorise the taking of the child outside the service by a staff member of the service, consent to the medical treatment of a child , request or permit the administration of medication to the child, collect the child from the service and or give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers:

Parental Responsibility

Parents

A "parent" in relation to a child includes- a) guardian of the child and b) a person who has parental responsibility for the child under a decision or order of court

All parents have powers and responsibilities in relation to their children that can be changed by a court order or plan. The National Law refers to these powers and responsibilities as "parental responsibility". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order or plan may take away the responsibility of a parent to do something, or it may give it to another person.

Cultural Back Ground

At Outback Kids we aim to create an environment at the centre where every child's background and culture is respected and each child's individual identity can be nurtured. To assist us to achieve this please provide details of your families back ground and or culture:

Is your child of Aboriginal and or Torres Strait Islander origin? Yes/No (circle)

If yes please specify: _____

	Country of Birth:	Primary Language	Childs Cultural Identity
Child			

Parent 1			
Parent 2			

Is there any customs, celebrations or religious aspects that you would like us to recognise with in our service? _____

Are their events and certain celebrations that you do not want your child to participate in?

Any cultural, religious or dietary requirements? Yes/ No (circle) if yes please specify:

Authorised Nominee Emergency Contacts List

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the centre staff will notify one of the following people who are nominated to collect and care for the child after accident, injury, trauma or illness. Please list at least two nominees to collect your child, and at least two people whom staff may contact of you cannot be contacted in an emergency. You may list the same people for both purposes if you wish and they must be all at least 18 years of age.

Name and Address	Relationship to the Child	Permissi on to Contact?	Permissi on to Collect?	Contact Numbers
		Yes/No	Yes/No	H: W: M:
		Yes/No	Yes/No	H: W: M:
		Yes/No	Yes/No	H: W: M:
		Yes/No	Yes/No	H: W: M:

Health and Medical Information

Family's Medicare Number: _____ Name of Health Fund _____

Health Fund Member Number: _____

Doctors Name: _____ Doctors Phone Number: _____

Address: _____

Dentist Name: _____ Dentist Phone Number: _____

What is the name of your maternal and Child Health Centre? _____

Does your child have a maternal and child health record (this is their record of immunisations, health and development assessments)? Yes/No (circle)

Has your Child been immunised? Yes/No

We will require a copy of up to date immunisation records, immunisation certificate from local government or a statement from the Australian Childhood Immunisation Register. Immunisation can affect your CCB if it is not current and up to date. In the event of the possible exposure to other children at the centre of infectious diseases and in accordance with health requirements children who are not immunised or children that families cannot prove they have been immunised will be excluded from the centre for the recommended period. No refund or non-payment will apply for the period in which the child has been excluded.

Childs last immunisation date: _____ Childs next immunisation date: _____

Health record and immunisation certificate sighted by: _____

Position: _____ Signed: _____

Does your child have any dietary restrictions? Yes/ No

If yes please provide details: _____

Does your child have any special needs? (E.g. Anaphylaxis, speech, gifted and talented, ADD /ADHD or any other behavioural disorders)

Does your child have any other medical conditions? (E.g. asthma, epilepsy, diabetes, and chronic illness that are relevant to the care of your child)

Is your child receiving regular medication, please list medication and any side effects it may present?

Does your child have any allergies or sensitivities (please provide us with an Action plan or a procedure that is relevant to the allergy)?

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? Yes/No (circle)

Does your child have and auto injector pen or device? Yes/No (circle)

Has the anaphylaxis medical management plan been provided to the service? Yes/No (circle)

Have you discussed the anaphylaxis allergy in consult with the director? Yes/No (circle)

In the case of anaphylaxis you will be provided with a copy of the service anaphylaxis management policy and risk minimisation plan. You will be required to provide the centre with and individual action plan for your child that is signed by the medical practitioner who is treating the child. This will be attached to the enrolment form and copies will be placed with medication in case of use of the medication.

Other Information

If there is anything else that the centre should know about the child (eg. excessive fevers, favourite activities, special family circumstances?)

Priority of Access

The centre has a waiting list and it is managed on a “first come first served” basis, however, to ensure the system is fair the Australian government has a “priority of access guideline” for allocating places in certain circumstances.

On this basis, priority will be given to: 1. First priority, a child at risk of serious abuse or neglect. 2. Second Priority, a child of a single parent who satisfies, or of parents that both satisfy the work/training/study test with the family assistance office assessment. 3. Third Priority is any other child.

I understand that as part of the DEEWR funding requirement, 14 days’ notice will be given to a non-working user of the centre whose child may be required to leave the centre if a child of a working family needs the position.

Signed: _____ Relationship: _____

Permission to Apply Sunscreen

I give permission for staff to apply sunscreen as required to my child. The centre will supply a SPF 30+ sunscreen. I understand that it is my responsibility to apply sunscreen of a morning and the staff at the centre will re-apply during the day.

Signed: _____ Relationship: _____

Permission to Use the Childs Name

I give permission for the staff at Outback Kids Child Care Centre to display my child’s name on artwork, observations, programming and other necessary documentation.

Signed: _____ Relationship: _____

Permission for Photographs with in the Centre

I hereby consent for my child to be photographed or filmed during play and at various functions that the centre may have, for programming and planning, displays with in the centre, emails sent to families with in the centre and in other children's portfolios where group photos are necessary to be placed in the folio or email. Photos/Media of my child may be used for training and publicity like the local newspaper or television.

Signed: _____ Relationship: _____

Declarations

I, _____ (please print full name of the nominee for the child referred to in this enrolment form)

Declare the information in this enrolment form is true and correct and undertake to immediately inform the centre in the event of any change to this information

Understand that Outback Kids will rely on this information as being accurate, in order to appropriately care for my child

Understand that the child enrolment at the centre depends on my acceptance of the condition with in Outback Kids Parent Handbook, a copy of this which I have been given. I have read this and understand and accept the condition s as set out therein

Acknowledge that I am responsible for payment of all fees and charges incurred by the child referred to in this enrolment form for services provided with in the centre. All fees are to be paid each fortnight and any fees incurred during debt collection will be added to my account if debt in incurred

Signed: _____ Relationship: _____

Consent to Emergency Medical Treatment

I, _____ (please print full name of the nominee for the child referred to in this enrolment form)

Agree to collect or make arrangements for the collection of the child referred to in the enrolment form if she /he become unwell at the centre

Consent to the staff seeking urgent medical, dental or hospital treatment or ambulance services and transportation for the child and for the carrying out of appropriate medical, dental or hospital treatment and agree I will reimburse any costs incurred by the centre as a result

Signed: _____ Relationship: _____