



Croydon Childcare Centre

ENROLMENT FORM

Child's Details						
Child's Name:		Surname:				
Preferred name:		Child's CRN:				
Address:		Suburb:				
Postcode:		Gender:	Male		Female	
Date of birth:	/ /	Copy of your child's birth certificate attached?			Y	N
Is your child of aboriginal or Torres Strait Islander descent?	Yes, Aboriginal					
	Yes, Torres Strait					
	Yes, Both Aboriginal and Torres Strait					
	No, neither.					
What language is spoken at home?						
Please advise us of any cultural or religious practices you would like us to follow:						
If your child has siblings, please advise their names and ages:						
Please provide us with any other information we should know about your child (e.g. favourite activities, fears, routines, strengths, special words <i>please translate if applicable</i> , toileting and sleeping practices etc)						
(Optional) If your child is going to school next year, please advise the name of the school.						
(Optional) Do you authorise the service to exchange information with the school to assist your child's transition to school?	YES			NO		
Please sign below to state that you agree to all the details you have provided above.						
Parent 1 Signature:					Date:	
Parent 2 Signature:					Date:	



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Parent / Guardian One Details:						
Given Names:				Surname:		
Preferred Name:				Date of birth:		
Address:				Suburb:		
Postcode:			Occupation:			
Home Ph:			Mobile Ph:			
Work Ph:			Email Address:			
Country of birth:			Preferred Language:			
Does child live with you?		YES		NO	CRN Number:	

Parent/ Guardian Two Details:						
Given Names:				Surname:		
Preferred Name:				Date of birth:		
Address:				Suburb:		
Postcode:			Occupation:			
Home Ph:			Mobile Ph:			
Work Ph:			Email Address:			
Country of birth:			Preferred Language:			
Does child live with you?		YES		NO	CRN Number:	

Emergency Contact Details:			
Please list two emergency contacts for your child			
Name:			Phone Number:
Address:			Relationship to child:
Name:			Phone Number:
Address:			Relationship to child:



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Child's Medical Details:			
Medicare Number:		Ambulance Cover:	
Private Health Fund:		Fund Number:	
Doctor's Name:		Doctor's Number:	
Doctor's Address:		Suburb:	
Postcode:			
Dentist Name:		Dentist's Phone Number:	
Dentist's Address:		Suburb:	
Postcode:			
Please sign below to state that you understand and agree to all details above and that they are all correct.			
Parent 1 Signature:		Date:	
Parent 2 Signature:		Date:	
Are your child's immunisations up to date?		YES	NO
Please attach one or more of the following documents and tick which one you have provided:			
	A current Australian Childhood Immunisation Record (ACIR) Statement.		
	A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule.		
	An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor. ACIR Immunisation History and Exemption forms are available on the Department of Human Services website http://www.humanservices.gov.au/ The ACIR can be contacted on 1800 653 809 or email acir@medicareaustralia.gov.au .		
I have read the Immunisation and Disease Prevention Policy which is attached and agree to comply with the immunisation requirements outlined in the policy. I understand my child's enrolment or attendance at the service may be terminated if I do not comply with the requirements in the policy. Please sign below if you understand and agree to the above statement.			
Parent 1 Signature:		Date:	
Parent 2 Signature:		Date:	
Does your child have any specific health care needs or medical conditions e.g. asthma, allergies, anaphylaxis, and diabetes?		YES	NO
If yes please provide details: *Provide a Medical Management Plan for your child (these are prepared by and signed by the child's doctor). The Plan should cover what triggers the medical condition or allergy, first aid needed,			



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doctor's contact details, plan review date and include a photo of your child.			
Has your child been diagnosed with any special needs or learning difficulties?	YES		NO
If yes, please provide details:			
Do you authorise the Approved Provider, Nominated Supervisor or an educator to seek medical treatment for your child from a registered medical practitioner (includes dentist), hospital or ambulance service, and/or to transport your child by ambulance in an emergency? Please sign below to state that you understand and agree to the answers you have provided.	YES		
	NO		
Parent 1 Signature:			Date:
Parent 2 Signature:			Date:

Excursion Agreement:			
We may undertake regular outings to places e.g. the park or post office. Before the first outing, we will obtain your authorisation, outlining all relevant details and risks involved. If the risks do not change for subsequent outings to the same venue over the next 12 months, do you authorise the Nominated Supervisor or educators at the service to take your child on the regular outing? Please Sign below to state that you agree to the answers that you have provided.	YES	NO	
Parent 1 Signature:			Date:
Parent 2 Signature:			Date:



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Collection Authorisation Agreement:

You may authorise another person to collect your child from the service. If your child needs to be collected because they are unwell, we will contact this person if we cannot contact you or you are unable to collect your child. This person must therefore live a maximum of 30 minutes from the service and must provide identification when collecting the child. Please obtain their consent before listing them as an emergency contact.

Full Name:		Relationship to child:		
Home phone:		Work phone:		Mobile:
Address:				
Email:				
Contact's Signature:			Date:	
Do you authorise this person to collect my child from your service?			YES	NO
Can we notify this person of any emergency involving your child, if we cannot immediately contact you?			YES	NO
Can this person consent to medical treatment or the administration of medication if we cannot contact you?			YES	NO
Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you?			YES	NO

Collection Authorisation Agreement:

You may authorise a second person to collect your child from the service. If your child needs to be collected because they are unwell, we will contact this person if we cannot contact you or you are unable to collect your child.

Full Name:		Relationship to child:		
Home phone:		Work phone:		Mobile:
Address:				
Email:				
Contact's Signature:			Date:	
Do you authorise this person to collect my child from your service?			YES	NO
Can we notify this person of any emergency involving your child, if we cannot immediately contact you?			YES	NO
Can this person consent to medical treatment or the administration of medication if we cannot contact you?			YES	NO



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Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you?		YES		NO	
Collection Authorisation Agreement					
You may authorise a third person to collect your child from the service. If your child needs to be collected because they are unwell, we will contact this person if we cannot contact you or you are unable to collect your child.					
Full Name:				Relationship to child:	
Home phone:		Work phone:		Mobile:	
Address:					
Email:					
Contact's Signature:				Date:	
Do you authorise this person to collect my child from your service?		YES		NO	
Can we notify this person of any emergency involving your child, if we cannot immediately contact you?		YES		NO	
Can this person consent to medical treatment or the administration of medication if we cannot contact you?		YES		NO	
Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you?		YES		NO	
Agreement:					
Please sign below to state that you agree and give permission to the above names mentioned (on page 5 & 6) to collect your child on the agreed terms, from the service of Croydon Childcare Centre.					
Parent 1 Signature:				Date:	
Parent 2 Signature:				Date:	



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Consent for Photographing:			
Please read and indicate YES for consent or NO to consent for each of the following questions below.	YES	NO	
Do you give consent for your child being photographed by educators and staff members at the Service for educational purposes or to support their medical documentation?			
Do you give consent for your child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements?			
Do you give consent for photographs taken by educators and staff members to be used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles in accordance with our photography and video policy?			
Do you give consent for photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments?			
Do you give consent to post photographs taken by educators and staff members on the Service's social media account Story park in a closed group?			
Do you understand you can withdraw your consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.			
Court Orders:			
Are there any court orders, parenting orders or parenting plans covering the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? If yes, please attach a copy of the order in place.	YES	NO	
Please sign below to state that you understand and agree to the answers that you have provided.			
Parent 1 Signature		Date:	
Parent 2 Signature		Date:	



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Centre Agreement:

As a person who has lawful authority of the child referred to in this enrolment form for Croydon Child Care Centre, I:

- declare that the information in this enrolment form is true and correct and I will immediately inform the service in the event of any change to this information.
- agree to collect or make arrangements for the collection of my child if he/she becomes unwell at the service.
- will not send my child to the service if he/she is sick/unwell.
- understand my child must have any required medication (always including EpiPen) with them at the service or they will be unable to attend.
- understand and agree that a first aid trained staff member may administer first aid when necessary.
- declare that I have read and understood the Code of Conduct and policies of the Croydon Childcare Centre and will abide by them. These policies include the Medical Conditions Policy, Administration of Authorised Medication Policy, Delivery and Collection of Children Policy, Infectious Disease Policy, Immunisation Policy, Behaviour Guidance Policy (in Relationships with Children Policy) and Privacy and Confidentiality Policy.
- have read and will comply with the fees and payment structure of the Croydon Child Care Centre.
- agree to update any information relating to my emergency contacts, the people I have authorised to collect my child, and my child's medical or dental professionals (including their contact details).
- agree to provide updated information about my child's immunisations whenever he or she is vaccinated.
- agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy.
- agree for my child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- agree to provide information about my child's life, family and community to support the achievement of meaningful learning outcomes.

understand that the Nominated Supervisor may suspend or terminate my child's place at the service if he/she feels that the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member.

Please sign below to state that you understand and agree to the statements listed above.

Parent 1 Signature:

Date:

Parent 2 Signature:

Date:



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Booking Details:

Please indicate by ticking the box beside which type of care you require for your child.

We provide Childcare and Out of School Hours Care (After School Care and Vacation Care.)

	YES	NO
Childcare (0 - 5years old)	<input type="checkbox"/>	<input type="checkbox"/>
Out Of Hours Care After School Care (Kindy aged-12 years old)	<input type="checkbox"/>	<input type="checkbox"/>
Out Of Hours Care Vacation Care (5- 12 years old)	<input type="checkbox"/>	<input type="checkbox"/>

If you require care, please indicate which session and days you require by ticking the boxes below.

Morning Session 8.15am – 12.30pm (AM) Afternoon Session 12.30pm – 5.00pm (PM) Full Day 8.15am – 5.00pm (FD)
Afterschool Care 2.30pm – 5.00pm (AS)

Week 1	Monday		Tuesday		Wednesday		Thursday			
Child's Name	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>		
	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>		
	FD	<input type="checkbox"/>	FD	<input type="checkbox"/>	FD	<input type="checkbox"/>	FD	<input type="checkbox"/>		
	AS	<input type="checkbox"/>	AS	<input type="checkbox"/>	AS	<input type="checkbox"/>	AS	<input type="checkbox"/>		
Week 2	Monday		Tuesday		Wednesday		Thursday		Friday	
Child's Name	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>
	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>
	FD	<input type="checkbox"/>	FD	<input type="checkbox"/>	FD	<input type="checkbox"/>	FD	<input type="checkbox"/>	FD	<input type="checkbox"/>
	AS	<input type="checkbox"/>	AS	<input type="checkbox"/>	AS	<input type="checkbox"/>	AS	<input type="checkbox"/>	AS	<input type="checkbox"/>

END OF FORM