



Dear Parent/Guardian,

Welcome to

To assist us in providing the best possible care for you and your child, please complete the following form fully and accurately. We understand that paperwork can be time consuming however this information will help us to provide individualised care that meets the specific needs of your child.

Please ensure you have read the accompanying documentation carefully prior to signing the enrolment agreement. This agreement is a binding contract and outlines your commitment with regards to;

- Providing current and accurate information about your child
- Notifying our Service of any changes that may impact on your child's needs or our provision of care
- Ensuring your contact details remain current at all times
- Payment of fees

We ask that you pay particular attention to each section that requires a signature as enrolment cannot proceed until all sections are signed, do not hesitate to ask for assistance when completing the enrolment form, we are more than happy to help.

Please tick if you would like information translated in to your home language ☐

### Child's Details

First Name	<input type="text"/>			
Last Name	<input type="text"/>			
Other name(s) the child is known by	<input type="text"/>			
Date of Birth	<input type="text"/>	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Place of Birth	<input type="text"/>			
Ethnicity	<input type="text"/>			
Is your child of Aboriginal or Torres Strait Islander origin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Language	<input type="text"/>			
Religion	<input type="text"/>			

### Medical Alerts

If your child has a medical condition that may impact on their time in care please include specific details on the Child Profile page. All Health Management Plans must be signed by a medical practitioner.

Does your child have an anaphylaxis plan in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have an asthma plan in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have a general health plan in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*A general health plan may be used to manage conditions that require ongoing monitoring or pose a particular risk such as epilepsy or children prone to febrile convulsions.*

Is your child's immunisation up to date	Yes <input type="checkbox"/>	No <input type="checkbox"/>
My child is not immunised, I am a Conscientious Objector	<input type="checkbox"/>	
Medicare number	<input type="text"/>	

### Enrolment Details:

Booked days:	Before School Care	After School Care	Perm/Casual
Monday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

### The Following information is required for CCMS

Parent CRN	<input type="text"/>
Child CRN	<input type="text"/>

### Do you intend to enrol your child in our Vacation Care program?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Legal/Court Appointed Documents

Should your child be named in any legal document that refers to a Custody arrangement or be protected by a restraining order, the Service will require a copy of these documents.

Parenting Order or Parenting Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Protection Order	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**First Parent/Guardian** (Person the Child resides with)

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Relationship to child	<input type="text"/>
Street # and name	<input type="text"/>
Suburb and postcode	<input type="text"/>
Email address	<input type="text"/>
Home phone	<input type="text"/>
Mobile phone	<input type="text"/>
Workplace	<input type="text"/>
Occupation	<input type="text"/>
Work phone	<input type="text"/>
Ethnicity	<input type="text"/>
Home language	<input type="text"/>
Religion	<input type="text"/>

**Second Parent/Guardian**

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Relationship to child	<input type="text"/>
Street # and name	<input type="text"/>
Suburb and postcode	<input type="text"/>
Email address	<input type="text"/>
Home phone	<input type="text"/>
Mobile phone	<input type="text"/>
Workplace	<input type="text"/>
Occupation	<input type="text"/>
Work phone	<input type="text"/>
Ethnicity	<input type="text"/>
Home language	<input type="text"/>
Religion	<input type="text"/>

**Emergency Contacts and Authorised Nominees, please tick all options that apply for each contact:**

**Emergency Contact:** a person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted;

**Authorised nominee [collection]:** a person who has been given permission by a parent or family member to collect the child from the education and care service

**Authorised nominee [medical]:** a person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child

**Authorised nominee [excursion]:** a person who is authorised to authorise an educator to take the child outside the education and care service premises

<b>Contact 1</b>	Emergency Contact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Authorised Nominee [collection]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Authorised Nominee [medical]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Authorised Nominee [excursion]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Full Name	<input type="text"/>
Relationship to child	<input type="text"/>
Contact number	<input type="text"/>
Street # and name	<input type="text"/>
Suburb and postcode	<input type="text"/>

<b>Contact 3</b>	Emergency Contact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Authorised Nominee [collection]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Authorised Nominee [medical]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Authorised Nominee [excursion]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Full Name	<input type="text"/>
Relationship to child	<input type="text"/>
Contact number	<input type="text"/>
Street # and name	<input type="text"/>
Suburb and postcode	<input type="text"/>

<b>Contact 2</b>	Emergency Contact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Authorised Nominee [collection]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Authorised Nominee [medical]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Authorised Nominee [excursion]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Full Name	<input type="text"/>
Relationship to child	<input type="text"/>
Contact number	<input type="text"/>
Street # and name	<input type="text"/>
Suburb and postcode	<input type="text"/>

**Medical Practitioner details**

Full Name	<input type="text"/>
Type (GP, Paed)	<input type="text"/>
Phone	<input type="text"/>
Medical Centre	<input type="text"/>
Street # and name	<input type="text"/>
Suburb and postcode	<input type="text"/>

# Permissions and Payment Arrangements

## Permission for Service to act in case of emergency.

I hereby authorise a representative of the Approved Provider (such as the Nominated Supervisor or an Educator) to provide appropriate emergency medical treatment for my child and/or ambulance transportation should this be considered necessary; i.e First Aid administered.

Signature

Date

## Permission to apply Sunscreen

I hereby authorise Sunscreen to be applied to my child's skin prior to outdoor play as per policy.

Signature

Date

## Permission to photograph and record video footage of child. *(compulsory; if no permissions granted please tick 'none of the above')*

I hereby authorise representatives of the Approved Provider (such as the Nominated Supervisor or an Educator) to photograph and record video footage of my child and display their picture within the centre. In addition to this I also permit the specific uses indicated below. I understand that the Service where authorised will use images at their discretion and at no time will my child's full name accompany a photograph.

- ☐ None of the options below; permission is limited to displays within the service
- ☐ Photographs can be used in the Service newsletter
- ☐ Photographs can be used in QLECS newsletters (distributed to staff and families at Lutheran communities)
- ☐ Photographs can be used for advertising purposes within newspapers, for trade displays or local library
- ☐ Photographs and video can be displayed on the centre Facebook page, which may accessible by the general public
- ☐ Photographs and video can be displayed on the QLECS website; a website accessible by the general public

Signature

Date

## Payment arrangements

Families will be billed weekly or fortnightly, our policy states all accounts must be paid two weeks in advance. Please indicate below your method of payment and frequency.

To ensure the safety of staff and children QLECS Services do not accept cash payments.

- Ezi-Debit ☐
- Eftpos/Credit ☐
- Direct deposit ☐
- Cheque ☐

- Weekly ☐
- Fortnightly (in advance) ☐
- Monthly (in advance) ☐

If monthly please list day of month payment will be made

## Parent/Guardian Participation

Please indicate any areas family members may be able to offer any assistance or wish to participate in.

For example you may like to become involved in the Advisory Group, comprised of members from the parent group, college/school (where a Service is co-located on a school site), congregation and local community. The group meets a minimum of four times per year. The QLECS Children Services Manager (CSM) will attend these meetings.

Alternatively you may have a particular skill you can share with the children or find time to help with maintenance.

## In consideration of enrolling my child at

(referred to as the 'Service') I the undersigned do hereby agree that:

1. I understand that **in the case of sudden illness or accident, the Service Leader shall have discretionary power to take all reasonable steps to provide appropriate medical attention for my child**; that the parents/guardians will be contacted as soon as possible; and that any costs incurred will be borne by the parents/guardians.
2. I agree to **keep my child at home when suffering from a heavy cold or other infectious illness likely to affect the health of the other children or staff**.
3. I agree to **notify** the Service promptly of the **reasons for any absences**.
4. I will ensure that the child is **brought to the Service by a responsible person and taken to an Educator**.
5. I will ensure that the child is **collected by an Authorised Nominee (identified on page 2 under Emergency Contacts and Authorised Nominees) before the official closing time**. Should I be late collecting the child I agree to pay the **Late Collection Fee**. I will make every effort to inform the Service of changes in arrival and departure times and procedures, especially in regard to persons other than those recorded, collecting my child.
6. I understand and accept that fees must be paid in advance, that the **normal fees will be payable at all times including absence of my child for sickness and holidays**. I understand that if fees are not paid, my child's continued enrolment in the Service cannot be guaranteed.
7. I agree to, on termination of my child's enrolment at the Service, **give notice as per Service policy or forfeit two week's fees**, in lieu of notice. **I am aware that if my child does not attend during the notice period CCB can not be claimed and I will be required to pay full fees**.
8. I agree to notify the Service immediately of any **change in emergency contacts**, addresses and/or telephone numbers.
9. I have **read the Parent Handbook about the Service and agree to co-operate in all things to the best of my ability**. I have visited the Service and discussed with the Service Leader the enrolment of my/our child and understand the importance of family co-operation and agree to participate when possible in the activities of the Service. I agree to be bound by the constitution/Rules and/or any by-laws of the Service/Association.
10. I understand that fees are payable in advance; all accounts that do not have a zero balance each Monday morning prior to the statement run will incur a **\$20.00 Overdue Account Fee**. Fees are payable as per the enrolment agreement regardless of whether a statement is issued.

## Debt recovery acknowledgement statement:

1. I the parent/guardian agree that the information provided in this application is true and correct and can be relied upon by the Service.
2. I the parent/guardian agree to notify the Service immediately should there be any change in circumstances from the details as outlined in the enrolment form including living arrangements of the child and/or parent/guardian within 7 days of the date of such a change.
3. I the parent/guardian agree to pay outstanding fees and cancellation fees where applicable together with all debt recovery expenses including fees, court costs, legal fees reasonably incurred by the Service. Calls to the parent/guardian regarding fees will be charged at \$1.00 per call.
4. In the case of a default of payment, I the parent/guardian acknowledge that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded the collection agency for legal recovery action.
5. I understand that in the case of a default on payments for childcare fees, enrolment details may be listed on the National Default Registry for a period of six (6) years and thirty days or until paid.
6. I the parent/guardian acknowledge that care may be refused in the case of a default.

## First Parent/Guardian

Name

Signature  Date

## Second Parent/Guardian

Name

Signature  Date

## \*Office use only

Commencement date:

All permission forms are signed ☐

Contact details are completed fully ☐

Emergency contacts have been nominated ☐

Immunisation Records have been sighted ☐