



Dear Parent/Guardian,

To assist us in providing the best possible care for you and your child, please accurately complete the following form. 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.

Your enrolment package consists of the following documents that must be completed and returned:

- ☐ ENR.002 Enrolment form
- ☐ ENR.015 Booking and Fee Agreement
- ☐ ENR.014 Xplor Agreement (*only applicable for QLECS Services using Xplor*)
- ☐ ENR.012 Parent Code of Conduct
- ☐ WHS.064 Permission to Dispense Paracetamol/Ibuprofen

The following documentation must be provided to the Service with your completed enrolment form:

- ☐ Immunisation History Statement
- ☐ Birth Certificate
- ☐ Health Care Card (*Long Day Care and Kindergarten Services Only*)
- ☐ Health Plans (*Anaphylaxis, Asthma or General Health Management Plan*)
- ☐ Documents relating to additional needs or diagnosed disability (*medical records, specialist support services referral*)
- ☐ Documents relating to any Parenting Order/Plan, Domestic Violence Orders or other legal documents relating to the child

Please ensure that all sections that have a green 'flag':

Sign Here

are signed or initialled.

Child's Name:

Commencement Date

Information About Your Child

Full Name

Other name(s) your child is known by

FAO Customer Reference Number (CRN)

Date of Birth

Age at enrolment

Gender

M

☐

F

☐

Country of birth

Home address

Cultural background

☐

Identify as Aboriginal

☐

Other:

☐

Identify as Torres Strait Islander

Language(s) used at home

Religion

Medicare Number

Expires

Medical Practice

Name of Medical Practitioner

Contact number

Address

Does the child have a Health Care Card

☐

Yes (please supply a copy)

☐

No

Care Arrangements and Legal Orders

In order to comply with Section 160 (4) of the Education and Care Services National Regulations the Service must be provided with copies of any Court appointed documents relating to the child, this may include but is not limited to:

Parenting Order means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth;

Parenting plan means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of section 63C(6) of that Act.

Legal/Court Appointed Documents

Should your child be named in any legal document, such as a Restraining Order that legally denies a person/persons access to the child, **a copy of these documents will need to be provided to the Service.**

Is there a Parenting Order or Parenting Plan in place that relates to your child?

☐

Yes

☐

No

Is there a Protection Order in place in which your child is named?

☐

Yes

☐

No

Is there anyone legally denied access to the child?

☐

Yes

☐

No

Information About Your Child's Health and Wellbeing

A general health plan must be used to manage conditions that require ongoing monitoring or pose a particular risk such as epilepsy or children prone to febrile convulsions. All Health Management Plans must be signed by a medical practitioner and have been developed within the last 12 months. A copy must be provided to the Service upon enrolment. After completing the checklist below please provide details of all medical conditions, dietary restrictions and all conditions that require a management plan.

Is your child at risk of Anaphylaxis <i>(Please provide details in section 2 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a current Anaphylaxis Plan <i>(Please provide details in section 1 & 2 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have Asthma <i>(Please provide details in section 1 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a current Asthma Plan in place <i>(Please provide details in section 1 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child take medication regularly <i>(Please provide details in section 1 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a medical condition <i>(Please provide details in section 1 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a General Health Plan in place <i>(Please provide details in section 1 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child's immunisation up to date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a medical exemption for immunisation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any dietary restrictions <i>(Please provide details in section 2 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child accessing any specialist support services or Allied Health professional <i>(Please provide details in section 3 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child present with any additional needs or have a diagnosed disability <i>(Please provide details in section 4 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support with interpersonal relationships <i>(Please provide details in section 5 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support with self care skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support with mobility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support communicating <i>(Please provide details in section 5 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any learning support <i>(Please provide details in section 5 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any additional support needs not mentioned above <i>(Please provide details in section 5 below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Please provide details of all medical conditions including treatment and medications. If your child takes medication on a regular basis you will be required to complete a Long Term Medication form (WHS.009b)

2. Please provide details of all dietary restrictions

3. Please provide details of any specialist support services, such as Paediatrician, Occupational Therapy, Speech Pathology or other Allied Health professional your child sees

4. Please provide details of any disability your child has been diagnosed with or is currently being assessed for

5. Please provide details of any additional needs your child may have in terms of communication, interpersonal relationships and additional learning support they may need

Cultural Connections and Family Traditions

Please tell us about your family:

Are there any religious or cultural practices that your family observes?

Are there any family traditions or celebrations that are significant to your child?

What are your expectations for your child's time at our Service

Providing quality care and educational environments for your child is our goal. How can we best support your child whilst in our care?

Family 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.

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

Parent/Guardian Information

1st Parent/Guardian Full Name

(Parent/Guardian who will be claiming CCS)

Relationship to child

Date of Birth

Do you reside with the child

☐

Yes

☐

No

If 'No' please enter your address below

Home Address

Home Phone

Work Phone

Mobile Phone

Email Address

Cultural background

☐

Identify as Aboriginal

☐

Other:

☐

Identify as Torres Strait Islander

Language(s) spoken at home

Religion

Workplace and Occupation

FAO Customer Reference Number (CRN)

2nd Parent/Guardian Full Name

Relationship to child

Date of Birth

Do you reside with the child

☐

Yes

☐

No

If 'No' please enter your address below

Home Address

Home Phone

Work Phone

Mobile Phone

Email Address

Cultural background

☐

Identify as Aboriginal

☐

Other:

☐

Identify as Torres Strait Islander

Language(s) spoken at home

Religion

Workplace and Occupation

Emergency Contacts and Authorised Nominees

In accordance with 170(5) of the Education and Care Services National Law and sections 160, 161, 102 & 99 of the Regulations, a Parent/Guardian is required to nominate Emergency Contacts and Authorised Nominees authorised to carry out the following responsibilities for their child.

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

Emergency Contact/Authorised Nominee 1.

Emergency Contact ☐ Yes ☐ No Full Name

Authorised Nominee [collection] ☐ Yes ☐ No Email

Authorised Nominee [medical] ☐ Yes ☐ No Contact Number

Authorised Nominee [excursion] ☐ Yes ☐ No Street # and name

Relationship to child: Suburb and postcode

Emergency Contact/Authorised Nominee 2.

Emergency Contact ☐ Yes ☐ No Full Name

Authorised Nominee [collection] ☐ Yes ☐ No Email

Authorised Nominee [medical] ☐ Yes ☐ No Contact Number

Authorised Nominee [excursion] ☐ Yes ☐ No Street # and name

Relationship to child: Suburb and postcode

Emergency Contact/Authorised Nominee 3.

Emergency Contact ☐ Yes ☐ No Full Name

Authorised Nominee [collection] ☐ Yes ☐ No Email

Authorised Nominee [medical] ☐ Yes ☐ No Contact Number

Authorised Nominee [excursion] ☐ Yes ☐ No Street # and name

Relationship to child: Suburb and postcode

Emergency Contact/Authorised Nominee 4.

Emergency Contact ☐ Yes ☐ No Full Name

Authorised Nominee [collection] ☐ Yes ☐ No Email

Authorised Nominee [medical] ☐ Yes ☐ No Contact Number

Authorised Nominee [excursion] ☐ Yes ☐ No Street # and name

Relationship to child: Suburb and postcode

Authorisations

Medical Consent

I/We authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency. I/We give permission for staff to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and transportation of the child by an ambulance service.

In the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment. I/We understand that every effort will be made to contact me/us in the event of any illness or accident. (Reg. 161).

1st Parent/Guardian Initial

Initial

2nd Parent/Guardian Initial

Initial

Authorisation to photograph and record video footage of child.

(compulsory; if no permissions granted please tick 'none of the below')

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.

None of the of the options below; permission is limited to displays within the service

☐

Photographs can be used in the Service newsletter

☐ Yes ☐ No

Photographs can be used in QLECS newsletters (distributed to staff and families in Lutheran communities)

☐ Yes ☐ No

Photographs can be used for advertising purposes within newspapers, for trade displays or local library

☐ Yes ☐ No

Photographs and video can be displayed on the Service Facebook page, which may be accessible by the general public

☐ Yes ☐ No

Photographs and video can be displayed on the QLECS website and Facebook Page accessible by the general public

☐ Yes ☐ No

1st Parent/Guardian Initial

Initial

2nd Parent/Guardian Initial

Initial

Authorisation to share information

In some cases where a Service is co-located on a school site, a request may be made for family contact details (postal or email) for the purpose of sharing school promotional and/or enrolment information

I give permission for my information to be shared with the co-located school or college

☐ Yes ☐ No

1st Parent/Guardian Initial

Initial

2nd Parent/Guardian Initial

Initial

Authorisation to apply Sunscreen and Insect Repellent

Prior to outdoor play children are required to have Sunscreen and where necessary Insect Repellent applied. Sunscreen and Insect Repellent is supplied by the Service and details of the product(s) used will be displayed at the Service on a WHS.027 Sunscreen Display Poster and/or WHS.059 Insect Repellent Display Poster for your information. Should your child have allergies that prevent the use of either product or the particular brand, you may supply a suitable alternative.

I give permission for my child to apply/have Insect Repellent applied for them as, supplied by the Service

☐ Yes ☐ No

I give permission for my child to apply/have Sunscreen applied for them, as supplied by the Service

☐ Yes ☐ No

I give permission for my child to apply/have Sunscreen applied for them, as supplied by our family

☐ Yes ☐ No

I give permission for my child to apply/have Insect Repellent applied for them, as supplied by our family

☐ Yes ☐ No

1st Parent/Guardian Initial

Initial

2nd Parent/Guardian Initial

Initial

Enrolment Agreement

In consideration of enrolling my child at 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 prior to the responsible person leaving the service.
5. I will ensure that the child is collected by an Authorised Nominee (identified on page 6 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/our child.
 - a. I understand that the Service cannot and will not allow my child to leave the service with a person who is not an Authorised Nominee unless permission is given by me to the Service prior to collection.
 - b. I understand and authorise that the Service does not release my child for collection to any person who appears to be under the influence of alcohol or drugs at the time of collection or who may, in the reasonable opinion of the Service, pose any other risk to my/ our child.
6. I understand and accept that families who enrol in a QLECS Service and have children who are not immunised, are bound by the following conditions:
 - a. Upon confirmation of an outbreak of a vaccine preventable disease, non-immunised children will be excluded from care during the incubation period and the recommended exclusion period. This applies where it can be reasonably assumed the child has been or will be exposed.
 - b. During the exclusion period full fees will be charged and must be paid in accordance with the fee policy
7. I agree to, on termination of my child's enrolment at the Service, give notice as per the 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, CCS cannot be claimed and I will be required to pay full fees.
8. I agree to notify the Service immediately of any change in my/our address and/or telephone numbers or any change in the addresses and/or telephone numbers of the Emergency Contacts and Authorised Nominees.
9. I understand that where we have defamed, offended, vilified or insulted the reputation of the Service, its employees, QLECS, the Lutheran Church its employees and officers, in any way on any social media forum or other publication that my child's booking will be terminated immediately and I agree to delete any public comments made immediately on the Services direction. I also acknowledge that the Service may seek legal representation in relation to any comments made by us either during or after my child's attendance at the service in relation to comments made by us in social media or other publication.
10. 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 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.
11. I understand that fees are payable in advance; that the normal fees will be payable at all times including the absence of my/ our child for sickness and holidays. If fees are not paid, my child's continued enrolment in the Service cannot be guaranteed. All accounts that do not have a zero balance prior to each statement run cycle will incur an Overdue Account Fee. Fees are payable as per the enrolment agreement regardless of whether a statement is issued.

1st Parent/Guardian signature

Date

Sign Here

2nd Parent/Guardian signature

Date

Sign Here