



Submit Form

ENROLMENT FORM

CHILD DETAILS

Surname _____

Given names _____

Preferred name _____

Home address _____

Suburb _____ Postcode _____

Gender Male Female Date of birth / /

* Please provide a copy of your child's birth certificate

Please advise us of any cultural or religious practices you would like us to follow

Is your child of aboriginal or Torres Strait Islander descent? Yes No

What language is spoken at home? _____

Child's CRN _____

If your child has siblings, please advise their names and ages.

Please provide us with any other information we should know about your child (eg favourite activities, fears, routines, strengths, special words (please translate if applicable), 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?

Parent One Yes No Signature _____

Parent Two Yes No Signature _____

PARENT DETAILS

Parent One

Parent Two

Where answer is same as Parent One write same

Surname	_____	_____
Given Names	_____	_____
Preferred name	_____	_____
Date of birth	_____	_____
Occupation	_____	_____
Home address	_____ _____	_____ _____
Home phone	_____	_____
Work phone	_____	_____
Mobile	_____	_____
Best contact number	_____	_____
Email	_____ _____	_____ _____
Parent's CRN	_____	_____
Country of birth	_____	_____
Preferred language	_____	_____
Does the child live with you?	_____	_____

MEDICAL INFORMATION

Medicare Number	_____	Do you have ambulance cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Private Health Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fund name	_____	Fund Number	_____
Doctor's Name	_____	Doctor's phone number	_____			
Doctor's address	_____					
(Optional) Dentist's Name	_____	(Optional) Dentist's phone number	_____			

(Optional) Dentist's address

Immunisations

Are your child's immunisations up to date? Yes No

* Please provide a copy of your child's Australian Childhood Immunisation Records (ACIR) Statement. (You can get a copy by calling 1800 653 809, by email on acir@medicareaustralia.gov.au , from a Medicare or Centrelink office or online at www.medicareaustralia.gov.au/online).

If your child's immunisations are not up to date, please attach one of the following documents:

- 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
- An ACIR Immunisation Exemption – Conscientious Objection Form signed by a doctor

These forms are available from www.humanservices.gov.au

Specific Health Care Needs

Does your child have any specific health care needs or medical conditions eg asthma, allergies, anaphylaxis, diabetes? Yes No

If yes, please provide details

* If yes, please 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, doctor's contact details, plan review date and include a photo of your child.

DIET

Does your child have any dietary restrictions that you have not already mentioned? Yes No

If yes, please provide details

ADDITIONAL NEEDS

Has your child been diagnosed with any special needs or learning difficulties? Yes No

If yes, please provide details

AUTHORISATIONS AND EMERGENCY CONTACTS

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?

Parent 1 Yes No Signature _____

Parent 2 Yes No Signature _____

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.

Contact One

Name _____

Relationship to child _____

Home phone Work phone Mobile

Address _____

Email _____

Contact's Signature _____

Parent One

I 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

Parent One Signature _____

Parent Two

- I 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

Parent Two Signature _____

Contact Two

Name _____

Relationship to child _____

Home phone _____ Work phone _____ Mobile _____

Address _____

Email _____

Contact's Signature _____

Parent One

- I 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

Parent One Signature _____

Parent Two

- I 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 Yes No

of medication if we cannot contact you?

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you? Yes No

Parent Two Signature _____

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?

Yes (please attach) No

PHOTOGRAPHY

I consent to:

- my child being photographed by educators and staff members at the Service for educational purposes or to support their medical documentation
- my child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements.
- the photographs taken by educators and staff members being 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.
- the 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.
- the posting of photographs taken by educators and staff members on the Service's social media account in a closed group

I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.

Parent One yes no Signature _____

Parent Two yes no Signature _____

REGULAR OUTINGS

We may undertake regular outings to places eg 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?

Parent One yes no Signature _____

Parent Two yes no Signature _____

HOME VISITS

Our educators conduct home visits to strengthen our relationships with your child and learn more about their interests and outside activities. Home visits help new children settle more quickly into our service, and help educators plan meaningful learning activities for your child. Can we arrange a time to come and visit you and your child at home?

Parent One yes no Signature _____

Parent Two yes no Signature _____

DECLARATION

As a person who has lawful authority of the child referred to in this enrolment form for Dubbo Early Learning 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 (including Epipen) with them at the service at all times 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 policies of Dubbo Early Learning Centre and will abide by those policies. 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 Dubbo Early Learning 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

Parent One Signature _____ Date _____

Parent Two Signature _____ Date _____