



Wongan Cubbyhouse Enrolment Form 2020

CHILD'S NAME AND ADDRESS

Surname: _____ First Name/s: _____ D.O.B ____ / ____ / ____

MALE or FEMALE Birth Certificate presented? YES/NO

Address: _____ Postcode: _____

Is the child of Aboriginal or Torres Strait Islander heritage? YES / NO

CUSTODY OF CHILD:

a. Have any orders been made by any court regarding your child? YES / NO.

b. If NO, are there any disputes concerning custody of the child? YES / NO

Please provide details: _____

c. If YES, please provide the following:

Details of court orders, parenting orders, parenting plans relating to the long term care, welfare and development of the child; residence of the child; and contact with the child:

Enrolling Parent's signature: _____

Date information supplied: _____

*Please attach copies of relevant court forms, documentation.

PARENT(S)/GUARDIAN(S) NAMES / ADDRESSES / INFORMATION

Parent/Guardian (1)

Surname: _____ First Names: _____ D.O.B ____ / ____ / ____

Address: _____ Postcode: _____

Occupation: _____ Marital Status: _____

Phone numbers: (H) _____ (W) _____ (Mob) _____

Email address: _____

Parent/Guardian (2)

Surname: _____ First Names: _____ D.O.B ____ / ____ / ____

Address: _____ Postcode: _____

Occupation: _____ Marital Status: _____

Phone numbers: (H) _____ (W) _____ Mob _____

Email address: _____

CCS Details (this must be filled out even if you are not eligible for CCS)

Parent Claiming CCS: _____ Parent D.O.B. _____

Parent CRN: _____ Child CRN: _____

PLEASE ENSURE YOU HAVE REGISTERED YOUR CHILD FOR APPROVED CARE THROUGH YOUR MYGOV ACCOUNT

FURTHER PERSONS TO BE CONTACTED IN CASE OF EMERGENCY OTHER THAN PARENT(S)/GUARDIAN(S)

PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE AND CAPABLE OF DEALING WITH EMERGENCIES.

PERSONS MUST BE OVER THE AGE OF 18YRS TO COLLECT YOUR CHILD FROM THE CENTRE.

****By including this person as an emergency contact you are happy for them to be contacted and give authorisations with regard to your child in your absence.**

EMERGENCY CONTACT PERSON (1) - (This person will be automatically added to *authorised to collect* list)

Surname: _____ First Names: _____ D.O.B ____/____/____

Address: _____ Postcode: _____

Phone numbers: (H) _____ (W) _____ Mob _____

Relationship to the child: _____

EMERGENCY CONTACT PERSON (2) - (This person will be automatically added to *authorised to collect* list)

Surname: _____ First Names: _____ D.O.B ____/____/____

Address: _____ Postcode: _____

Phone numbers: (H) _____ (W) _____ Mob _____

Relationship to the child: _____

PERSON AUTHORISED TO COLLECT THE CHILD FROM THE SERVICE (1):

Surname: _____ First Names: _____

Address: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

PERSON AUTHORISED TO COLLECT THE CHILD FROM THE SERVICE (2):

Surname: _____ First Names: _____

Address: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

PERSON AUTHORISED TO COLLECT THE CHILD FROM THE SERVICE (3):

Surname: _____ First Names: _____

Address: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

PERSON AUTHORISED TO COLLECT THE CHILD FROM THE SERVICE (4):

Surname: _____ First Names: _____

Address: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

**** (If not adequate space above, please attach a separate sheet)**

UNDER NO CIRCUMSTANCES WILL THE CHILD BE PERMITTED TO LEAVE THIS CENTRE WITH ANY OTHER PERSON WITHOUT THE WRITTEN CONSENT OF THE PARENT/GUARDIAN.

ROUTINES AT HOME:

Usual getting up time: _____ Usual evening bedtime: _____

Day sleep (approx. time from & length): _____

What does child take to bed? _____

Any special bedtime routines: _____

Fears/Anxieties: _____

Toilet Trained? Yes / No _____ Potty / Toilet

What name does your child use for toileting? _____

Usual Lunch: _____

Drink from cup? Yes / No

Language spoken by the child: _____

Language(s) spoken in the home: _____

Child's cultural background: _____

Please write down any information about your child that you feel may help us to provide better care:

Place of child in the family: _____

No. of brothers: _____ Ages: _____

No. of sisters: _____ Ages: _____

No. of other adults living with the family: _____

Does your child have any special requirements (e.g. religious or cultural customs or requirements etc?) **Yes/No**

If 'YES' please comment:

PARENT PARTICIPATION:

1. Can you contribute skills or talents to our service, i.e. music, cooking, storytelling, sewing, parent help, excursion helper etc?

2. Do you have any suggestions on how parents can be involved in our service?

MEDICAL INFORMATION

Child's Medical Practitioners name: _____

Address: _____ Postcode: _____

Telephone No(s): _____ Child's Medicare Number _____

Special Health Support Needs:Does your child have any special health support needs? (i.e. asthma, diabetes, epilepsy, allergies (anaphylaxis), special dietary requirements, regular medical attention etc). **YES / NO**

If your answer is YES please provide details of specific health care needs, allergens, medical management plans, anaphylaxis management or risk minimisation plan, etc

You and your Doctor will be required to complete a "**Special Needs Support Plan**" and/or an "**Emergency Action Plan**" and provide copies of any medical/anaphylaxis management/action plans, to ensure the service is fully prepared to manage your child's special health needs. This will include appropriately training educators to administer medication or other actions required to manage your child's condition.

Ointments, Creams and Applications:

The service provides the following preparations for first aid, protection from the sun or biting insects or nappy rash.

Please sign against products you give staff permission to use on your child.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE
Sunscreen	Stokoderm 50+	Sun protection	
Band-aides	First Aider's Choice	Minor wounds/abrasions	
Band-aides	Johnson & Johnson	Minor wounds/abrasions	
Band-aides	Elastoplast – Hypoallergenic	Minor wounds/abrasions	
Nappy rash cream	Sudocrem	Nappy rash	
Wipes	Huggies unscented	Nappy changing	
Antiseptic	Dettol	Minor wounds/abrasions	
Antiseptic	Betadine	Minor wounds/abrasions	
Saline Solution	Reclense	Minor wounds/abrasions	
Alcohol Cleansing Wipe	Aid+ Plus	Minor wound/abrasions	
Insect sting cream	Stingose	Insect bites	
Insect Repellent	Natures Botanical	Repelling mozzies/fly's	
Full Cream Cow's Milk	Harvey Fresh	Children's bottles	

My child is allergic or cannot use the above products. I agree to provide the following products for my child. I confirm I have applied these products to my child on more than three occasions without incident.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE

IMMUNISATION RECORD (a copy of your Australian Immunisation Record is required at enrolment)

AGE	VACCINE	YES or NO	AGE	VACCINE	YES or NO
Birth	Paediatric HepB		12 Months	MMR	
2 Months	Pneumococcal			Hib and Men c	
	Rotavirus			Hep A <small>(aboriginal children only)</small>	
	DTPa-IPV-HepB-Hib			Prevenar 13 <small>(all medically at risk children)</small>	
4 Months	Pneumococcal			Hep B <small>(pre term/low birth rate)</small>	
	Rotavirus		18 Months	MMRV	
	DTPa-IPV-HepB-Hib			DTPa	
6 Months	Pneumococcal			Prevenar 13 <small>(Aboriginal children only)</small>	
	Rotavirus			Hep A <small>(aboriginal children only)</small>	
	DTPa-IPV-HepB-Hib		4 years	DTPa-IPV	
				23vPPV <small>(medically at risk only)</small>	
			Other	Annual Influenza <small>(vaccine for children aged 6months to < 5years)</small>	

PERMISSIONS:

I give my permission for: (Please circle YES or NO)

1. Participation

My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child/ren to participate in a particular activity. **YES / NO**

2. Observations

My child being observed by educators for programming purposes. I understand that these observations are strictly confidential and that I may request to see my child's file. **YES / NO**

3. Photographs

- My child's photograph, may be taken or recorded at the service for use within the service only (ie: observations, photo displays and digital photo display) **YES / NO**
- My child's photograph may be taken or recorded at the service for use on the centre's website **YES / NO**
- My child's photograph may be taken or recorded at the service for use in promotional materials for the service (ie: Boomer, flyers) **YES / NO**
- My child's photograph may be taken or recorded at the service for use on the centre's social media pages (Facebook & Instagram) **YES / NO**
- I give permission for photos of my child/ren to be posted on the CLOSED 'Cubbyhouse Parent Community Page' on Facebook only. This page has high security in place and can only be accessed by current enrolled parents who have been authorised by the Administrative Co-ordinator (Mel). **YES / NO**
- I agree that under no circumstances are any photos or posts from the CLOSED Facebook group to be copied and/or shared elsewhere and no disrespecting or derogatory comments will be posted on social media. If I am in breach of this rule then I am aware that I will be cancelled from the group and further internal action will be taken.
Any photos of your child/ren can be acquired from the Administrative Co-ordinator on asking. **YES / NO**

4. Excursions

My child may be taken on excursions within the community as per the centre's Excursion Policy. I understand I will be made aware of any such outings or excursions in advance and will let the educator in charge know if I do not want my child to attend the excursion. **YES/NO**

5. After School Care

At any time during your child's enrolment period will you need After School Care **YES/NO**

If YES, do you give permission for an educator to collect your child from Wongan Hills DHS and escort them to Wongan Cubbyhouse? **YES/NO**

6. Age Range

My child may be placed on a roll 6 months above or 6 months below their actual age in accordance with the Education and Care Services National Regulations 2012. If my child is moved up a roll before their birthday (ie:0-2yr roll to 2-3 yr roll before they have turned 2yrs) I am aware that written permission will need to be granted. **YES / NO**

7. Accidents, Illness & Emergencies:

We regret we are unable to care for sick children, or children with a contagious illness. In the event of an illness or accident (when parents/guardians or authorised person/s cannot be contacted), I/we consent to medical treatment from a registered medical practitioner, hospital or ambulance service being sought for the child and transportation of the child by ambulance. I/we agree to pay any expenses incurred for medical treatment and transport. **YES / NO**

8. Authority is given for the Licensee or an adult employee of Wongan Cubbyhouse, who is responsible for the child, to take the child from the premises if necessary. **YES / NO**

9. Loyalty incentives

I am aware that if I have a permanent booking and I choose to use a charge free day for my child then notice must be given to the Administrative Coordinator or educator in charge in advance of booking or by 10am on the day of the booking. **YES/NO**

9. Medications

We understand that for all medications we must complete and sign an **Authority to Give Medication** form on the day in which medicine is to be administered. **YES / NO**

Kinderloop Permission Form

Child(ren) Name(s): _____

Parent/Guardian's Name: _____

Please tick

- I consent for my child to be photographed for secure parent communication via Kinderloop.
- I consent for my child to be photographed *in a group setting* for secure parent communication via Kinderloop to all parents of children in the photo only.

Each Kinderloop is a private closed loop,

Photos are only shared with invited family members or staff and cannot be shared across the web.

Cost of Kinderloop is \$1 per child for each month your child is enrolled. This can be paid upfront at time of enrolment or can be deducted monthly via Debitsuccess (with your fees through our Qikkids software).

Please tick **only one option**

- I have paid my Kinderloop fee upfront (\$1 per child for each month my child is enrolled)
- I give permission for \$1 per child a month to be deducted from my nominated account via Debitsuccess

Parent/Guardians Signature: _____ Date: __/__/__

The Kinderloop App can be downloaded from <http://kinderloop.com/>

For help to register or access your account please call us on 96711811 or email admin@wongancubbyhouse.com.au

What is Kinderloop?

Kinderloop is a free to download APP available on any smartphone/tablet which provides a secure way for our educators to share information with parents through real-time updates.

Each Kinderloop is a private closed loop and photos are only shared with invited authorised family members and cannot be shared across the web.

****Please read through the below statements****

(The use of the word "we" will also include the singular "I" where applicable in this section.)

1. We have viewed Wongan Cubbyhouse education and care service (hereafter called the service) and consent to the enrolment of the admitting child/ren (hereafter referred to as the child).
2. We acknowledge having received and read the service's Parent Handbook and we understand any changes to such will be displayed on the service's notice-board in the foyer of the service, email or through termly newsletters.
3. We understand that it is our responsibility to ensure that any pre-made up milk bottles provided to the service for our child are accurately prepared as per manufacturer's guidelines.
4. We understand that if our child brings personal toys into the centre and they are lost or broken it is not the centre's responsibility.
5. We agree to comply with all Government requirements in relation to the service.
6. We agree that in the case of accident or injury, the service will attempt to contact us first and then our emergency contact list, where we cannot be contacted, medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of an ambulance and we agree to meet the expense of an ambulance. In the case of an emergency, as determined by the educators at the service, we authorise the service to contact an ambulance and send the child to hospital.
7. We acknowledge having received and read the services *Fees, Bookings and Orientation Policy and Procedures* and agree to abide by the service's current fee agreement. We acknowledge that we will be notified of any changes to the agreement by email and on the parent notice board.
8. We agree to pay weekly or fortnightly all fees on the due day as determined by the service's *Fees, Bookings and Orientation Policy and Procedure* requirements or as agreed to by the service.
9. We are aware that any failure to pay due fees may result in cancellation of care at the service's discretion. We are aware that fees need to be adjusted from time to time with due notice given to families.
10. We are aware that fees are payable for days where allowable absences are taken and on Public Holidays.
11. We understand that a system of payment for late collection operates at the service to cover overtime payments due to educators. Any late collection will result in a fee being imposed.
12. For permanent bookings, we are aware that fourteen (14) days notice in writing of cancellation of care must be given in advance; otherwise fees will continue to be charged.
13. We are aware that it is our responsibility to maintain our MyGov account for Child Care Subsidy purposes.
14. We understand that to have access to Child Care Subsidy we need to meet all current Child Care Subsidy requirements.
15. We are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the service after the recommended exclusion period has ended according to NHMRC's "Staying Healthy" guidelines.
16. We are aware that if our child has not been immunised against any infectious disease, or in the absence of proof of earlier contact with the disease, our child will be excluded from the service if there is an outbreak of specific infectious diseases. We understand that our child will be accepted for further care by the service after receipt of medical advice that the infectious period has passed.

17. We are aware that the service may require the presentation of a medical certificate in the event of your child developing an illness/infection or long term medical disability.

18. We understand that for all medications we must complete and sign an *Authority to Give Medication* form on the day in which medicine is to be administered.

19. We agree to provide the service with all relevant information regarding the health of the child and any other information required by the service.

20. We are aware that if we fail to provide information correctly as required by the service, the service will be able to terminate services forthwith.

21. We are aware that there may occasionally be visitors to the service. We consent to our child being in the presence of visitors or volunteers, with the service's appropriate supervision by qualified/experienced educators.

22. The service reserves the right to terminate this agreement when, at its discretion, it considers that to do so would be in the interest of the service. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.

23. We agree that we will not disclose the security code for the code lock to the front door to anyone other than authorised persons to collect/drop off child on enrolment form.

24. Regulation 181 of the Education and Care Services National Regulations 2012, requires information relating to all clients of the centre to be dealt with in a confidential manner.

No information regarding any child at the centre will be disclosed or communicated to others outside the centre without prior consent from the parent/guardian.

(a) We agree that no information regarding any child other than my own at the centre will be disclosed or communicated by us to others outside the centre.

(b) We agree that should an issue arise at the service involving my child or a child other than my own we will approach the Centre Manager or Administrative Co-ordinator and inform them of the incident.

25. We agree to abide by all of the service's policies.

****If you disagree with any of the above statements please discuss with the Administrative Co-ordinator****

We have read the above statements, and received relevant information about the services offered by this service for the care of:

Child's Name: _____

We agree to abide by the conditions of use of the service as stated above.

Signature of Parent/Guardian (1)

Date

Signature of Witness

Signature of Parent/Guardian (2)

Date

Signature of Witness

Signature for and on behalf of
Wongan Cubbyhouse Inc

Date

A Witness to a signature should be an adult (who is not a signatory) who can verify the identification of the signatory.