



Enrolment Form

2011

305 Raglan Street

Sale Vic 3850

Phone: 5144 6952

www.gumnutselc.com.au

gumnutselc@netspace.net.au

CHILD'S NAME: _____

DETAILS OF CHILD

First Name.....Surname.....

Date of Birth (Please circle) Male Female

Is the child of Aboriginal or Torres Strait Islander decent? (please circle) YES NO

If yes please stipulate.....

Main Language spoken at home

Names and ages of other children in the family

Any special issues in relation to your child e.g. religion, diet etc.?
.....

CHILD CARE BENEFIT – Please contact the Family Assistance Office on 13 61 50 or call into to your local Centrelink branch before commencing care, to register for Child Care Benefit. You will be given a reference number (CRN) for yourself and your child. Please list these details below.

Child CRN _____ **Parent 1 CRN** _____

Please inform the Director if you have any other children in care at other services.

**DETAILS OF PARENT 1
(Parent listed to claim Child Care Benefit)**

Does the child live with this Parent/guardian
YES / NO

Name.....

DATE OF BIRTH

Address.....
.....

Telephone(home).....

(work).....

(mobile).....

Employer.....

Occupation.....

Languages spoken.....

Email Address:.....

DETAILS OF CO-PARENT

Does the child live with this parent/guardian
YES / NO

Name.....

Address.....
.....

Telephone(home).....

(work).....

(mobile).....

Employer.....

Occupation.....

Languages spoken.....

EMERGENCY CONTACT

In case of accident or injury, trauma or illness when parents/guardians are not available, please state two people who could collect the child and take care of them for the day. In the event that the child is not collected from the Centre and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name..... Relationship.....

Address.....

Phone number (home).....

(work).....

(mobile).....

Name..... Relationship.....

Address.....

Phone number (home).....

(work).....

(mobile).....

AMBULANCE SUBSCRIPTION (please circle) NO YES Number.....

MEDICARE NO. **PRIVATE HEALTH NO.**

FAMILY DOCTOR

Name of Doctor..... Name of Practice

Address..... Phone.....

PERSONS AUTHORISED TO COLLECT CHILDREN

1) Name..... Relationship.....

Address.....

Phone Home)..... Work)..... Mobile).....

2) Name..... Relationship.....

Address.....

Phone Home)..... Work)..... Mobile).....

3) Name..... Relationship.....

Address.....

Phone Home)..... Work)..... Mobile).....

DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I/We.....print full name/s

Person/s with lawful authority of the child referred to in this enrolment form,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information
- agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service
- consent to the staff of the children’s service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the children’s service

PRIVACY NOTIFICATION

Gumnuts Early Learning Centre uses the enrolment form to collect personal information for the purposes of program enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the Centre Director.

PARENT CONSENT TO THE FOLLOWING CENTRE PRACTICES AND PROCEDURES

- I give permission for my child to be photographed and/or video taped by staff members. I understand that these photos and video footage are for centre use only

YES NO (please circle appropriate response)

- I give permission for my child to be photographed and/or video taped in the event of media reportage.

YES NO (please circle appropriate response)

- I give permission for my child to have a 30+ sunscreen applied as per Centre Sunsmart Policy

YES NO (please circle appropriate response)

- If you do not want any of the following products used on your child IF REQUIRED please cross them out;

NAPPY RASH CREAM AEROGUARD SALINE SOLUTION BANDAIDS



- I give permission for staff to check my child’s hair for head lice to minimise the spread of cross infection in the Centre

YES NO (please circle appropriate response)

- I give permission for staff of Gumnuts Early Learning Centre to take my child on incidental excursions out of the Centre premises to the soccer oval, vegetable garden or sensory garden when convenient, with the permission of the Centre Director or person in charge and in accordance with Child Care Regulations 2009 and Centre Policies and Procedures

- I agree to abide by all policy and philosophy guidelines of Gumnuts Early Learning Centre.

YES NO (please circle appropriate response)

I _____ declare as the person with lawful authority of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the children’s service in the event of any change to this information.

PARENT/GUARDIAN SIGNATURE:

DATE:.....

DIRECTOR/INTERVIEWER SIGNATURE:

DATE:.....

EMERGENCY MANAGEMENT PLAN

Please complete this form if your child is asthmatic, epileptic, has allergies eg. bee stings or any other condition that may require an emergency plan NB: You may need to consult your Doctor when filling in this information sheet. This information should be updated each time the child's emergency management plan is changed.

CHILD'S NAME _____

PARENT/GUARDIAN CONTACT NUMBERS:

Name _____ Relationship _____

(H): _____ (B): _____ (M) _____

Name _____ Relationship _____

(H): _____ (B): _____ (M) _____

AMBULANCE NO. _____

DOCTOR/MEDICAL SERVICE

NAME	ADDRESS	PHONE
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EMERGENCY CONTACT PERSON:

Name _____ Relationship _____

(H): _____ (B): _____ (M) _____

WHAT IS YOUR CHILD'S MEDICAL CONDITION (Please explain): _____

TRIGGER FACTORS (if known):

COMMON SIGNS & SYMPTOMS:

REGULAR MEDICATION (if required)

MEDICATION	DOSE	TIME(S) GIVEN
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EMERGENCY TREATMENT PLAN (eg. Peak flow meter for children with asthma)

1. _____
2. _____
3. _____

I, _____ hereby authorise Gumnuts Early Learning Centre Management and/or staff to follow the emergency treatment procedure for my child if the need may arise.

Signature: _____ Date: _____

IS THERE ANYTHING ELSE YOU FEEL THE CENTRE SHOULD KNOW ABOUT YOUR CHILD'S MEDICAL CONDITION (Please attach further information if required)

PARENT INDUCTION/ORIENTATION CHECKLIST

- When first enrolling at our Centre, you will be given a family information pocket located in the foyer. In this pocket you will find your fees each week, and any other important information such as newsletters, fact sheets and upcoming events, please check your pocket each time you visit the Centre.
- A list and photographs of Gumnuts staff members can be found in the foyer
- A parent suggestions form can also be found in the foyer near the office door. Please complete a form if you have any suggestions or comments about our Centre and our practices
- A committee information board is located next to the Koala's room door in the foyer. Please check the board for minutes of committee meetings and changes to policies and procedures. Parents will be asked to have input into these changes through the newsletter and notification on the committee notice board

The Director will go through the following details on your first visit –

- S/D- Introduction to room staff
- D- Fee payment procedure
- D- Child Care Benefit details given to Centre
- D- Centre has obtained a copy of child's Immunisation details
- D- Provided with a copy of the Parent Handbook
- D- Location of General Policy Handbook

Your Team Leader will go through the following on your child's first day -

- S/D- Introduction to room staff
 - S- Location of room, locker and fee pocket
 - S- Accident/Medication Book location and explanation of procedures
 - S- Location of room program and location of parent comments sheet
 - S- Discussion of how programs are created
 - S- Discussion of Children's observations and progress reports
 - S- Location of toilet areas/nappy change areas
 - S- Location of child Attendance Book & Child information sheet/book
 - S- Dietary information & procedure for birthday cakes
 - S- Location of fridge microwave and where to place bottles
 - S- Parent complaints procedure
 - S- Location of outdoor areas
 - S- Room emergency evacuation procedure
 - S- Explanation for procedures for staff who are absent
 - S- Explanation of items to pack for the child
 - S- Centre Sun Smart Policy
 - S- Location and procedure of resource books
 - S- Explanation of cancellation of care and exit procedure
- Parent Comments/feedback or suggestions on induction -

Parent Signature: _____ Date: _____
 Staff Member Signature: _____