

COOPERS PLAINS CHILDCARE CENTRE

56 Orange Grove Road, Coopers Plains

Phone: 3344 6270 Fax: 3344 5245

- ENROLMENT FORM -

Date: _____

(1)

Child's name in full: _____

Date of Birth: _____ **male / female** **CRN:** _____

Nationality: _____ **Religion:** _____

Language spoken at home: _____

Residential address: _____

Days of attendance: (PLEASE CIRCLE)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Starting date for child's first attendance: _____

(2) **Parents / Guardian Details**

(2.1)

Mother's name: _____

Address: _____

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

D.O.B (For CCB Purposes) _____ **CRN:** _____

Place of employment: _____ **Occupation:** _____

Email: _____

(2.2)

Father's name: _____

Address: _____

Phone: (H) _____ (W) _____ (M) _____

D.O.B (For CCB Purposes) _____ **CRN:** _____

Place of employment: _____ **Occupation:** _____

Email: _____

Is there any custody situation we should know about? Yes / No
(If so please provide Court Documentation)

(3.0) In case of illness, accident or other emergency & in the event you cannot be contacted whom do you wish us to notify:

Name: _____

Address: _____

Contact No: _____

Relationship to child: _____

Name: _____

Address: _____

Contact No: _____

Relationship to child: _____

If you require more space, please attach a separate sheet to this form.

(3.2) Please provide the details for other persons whom are authorized to collect your child/ren

Name: _____

Address: _____

Contact No: _____

Relationship to child: _____

Name: _____

Address: _____

Contact No: _____

Relationship to child: _____

(3.3) Medical Information

Doctors Name: _____ **Ph. No:** _____

Address: _____

Medicare Number: _____

Please note past ailments, infections, illnesses, accidents, and or operations that your child may have suffered, for example asthma: _____

(3.4) Does your child have any allergies? (If yes, please list)

(3.5) Are they on a special diet for medical reasons? (If yes, please explain)

(3.6) Is your child under any medical treatment? (If so, please inform your group leader/ director whenever this may occur): _____

(3.7) Has your child ever been unconscious, fainted, or had convulsions? (If yes please explain)

(3.8) Any long-term medication to be given? (If yes, please fill out separate medication form attached) _____

(3.9) Is your child allergic to Paracetamol or any other known medications (including over the counter medicines) Yes / No ?

If Yes, Please explain.

(3.10) Has your child been immunised? YES/NO (Please circle)

Please provide your immunization book for verification of all details.

(4.0) About your child

(4.1) Do you wish to note anything particular about your child:

DIET: _____
SLEEP: _____
TOILETING: _____
DISCIPLINE: _____
FEARS: _____
PLAY: _____

Are there any cultural or religious requirements we need to be aware of?

Are there any disability / special needs requirements we need to be aware of?

(5) I hereby accept responsibility to advise The Coopers Plains Childcare Centre in writing or phoning administration of any changes to information provided by me in this form that may have a bearing on the health, care and safety of my child whilst in the care of the Coopers Plains Childcare Centre.

(6) Centre Communication

Which method of communication do you prefer for the Centre to communicate with you?

- Email
- Telephone
- Verbal
- Room Communication Books

Signed Parent / Guardian: _____

Parent / Guardian: _____

Witness: Director: _____

- PERMISSION FORM -

- PART 1:** Whilst my child _____ is in attendance at the Centre program, he/she may be observed by students of early childhood studies, childcare and nursing. YES NO
- PART 2:** I am willing for my child – To be photographed and involved in audio/ visual recordings for use in the Centre programs. YES NO
- PART 3:** From time to time the Centre is involved in research. I understand that my specific approval will be sought before my child is included in such projects. YES NO
- PART 4:** From time to time the Centre is involved in excursions involving transport. I understand that my specific approval will be sought before my child is included in such outings and that I may be asked to contribute to the cost of such outings. YES NO
- PART 5 :** 1) In the event of an emergency, I hereby authorise a senior staff member to give appropriate medical attention to my child, including (but not limited to) administration of paracetamol, use of Epi-Pen, CPR and or First Aid Treatment. I understand, however, that if appropriate, a reasonable attempt would be made to contact me before this was done. YES NO
- 1) I hereby authorise my child to be administered one dose of Paracetamol as directed on the product packaging in an emergency such as high temperature. YES NO

Signed: **Parent / Guardian:** _____
 Parent / Guardian: _____

- ENROLMENT AGREEMENT FORM -

In consideration of the Coopers Plains Childcare Centre, when enrolling my child/ren, I the undersigned do hereby agree that:

- 1) I understand that the days nominated for my child are the only days he/she is allowed to attend, unless prior arrangements have been made with the director.
- 2) I will ensure that my child is brought to the Centre and collected from the Centre by a responsible **adult**.
- 3) I agree to notify the director promptly of any absences and the reason for such absences.
- 4) I agree to keep my child home while he/she is suffering from a cold or other infectious or contagious illness.

- 5) I understand that, in the case of sudden illness or an accident, if the parents cannot be contacted, the director, as agent for the parents, shall have discretionary powers to give immediate medical attention, but shall be under no obligation to do so.
- 6) In the event of an emergency, I hereby authorise a senior staff member to give appropriate medical attention to my child, including (but not limited to) contacting the ambulance, administration of paracetamol, use of Epi-Pen, CPR and or First Aid Treatment. I understand, however, that a reasonable attempt would be made to contact me before this was done (if appropriate).
- 6) I understand and accept the fees must be paid in advance at all times, and I further understand that if the fees are not paid, my child's continued placement at the Centre cannot be guaranteed.
- 7a) I understand that payment for fees can be effected via direct debit of my account, as authorized by separate direct debit authority
- 7) I understand that any absences due to sick days or public holidays still require payment of normal fees.
- 8) I understand that after having been with the Centre for six months I am entitled to three weeks holidays at half fees per annum provided that I have nominated the holiday period two weeks in advance.
- 9) If my child is away for two weeks or more and no notice is given, the Centre has the right to terminate your child's position immediately.
- 10) The Centre reserves the right of expulsion at the director's discretion.
- 11) It is the responsibility of the parent/ guardian to sign children in and out daily.
- 12) I understand that I must provide the Centre at least 2 weeks notice of my intention to terminate my child's placement or effect full payment in lieu.
- 13) The Centre is licensed to operate between the hours of 7am and 6pm Monday to Friday. Care is only available during these hours. Late collection of children from the Centre will incur a fee calculated at the cost of staff wages for 2 staff at overtime rates. Repeated late collection can result in termination of enrolment.
- 14) The Centre is committed to preserving the privacy of the children in our care and the privacy of their parents and guardians. For more information please refer to our "Privacy Policy" available from the office.

Child's Name: _____

Parent's Name: _____ **Sign:** _____ **Date:** _____

Parent's Name: _____ **Sign:** _____ **Date:** _____

Director's Name: _____ **Sign:** _____ **Date:** _____

Reviewed: November 2010

COOPERS PLAINS CHILDCARE CENTRE
56 Orange Grove Road, COOPERS PLAINS 4108
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Email: rebecca@cpcc.com.au

PHOTOGRAPHIC RELEASE

Through the course of a day at our Centre, many things happen in our rooms with children actively learning. Often those things can't be recorded on paper, so as part of a learning experience our staff use digital cameras and audio equipment to record these unique moments or learning steps.

We are seeking permission to take and use photographs, digital images and audio recordings of your child participating in activities throughout the day at Coopers Plains Childcare Centre.

It is possible such photographs or images be used:-

- As part of a social story that will be displayed in the room.
- In journals for your own child and other children in the group.
- In journals of other children in the group in which your child is in the background of a photo.

Photographs and images will not be named nor will they be part of any web site.

Certain photographs taken will be displayed in your child's journal; therefore you will be receiving a copy of these at the end of each year.

I, _____ give permission for the staff of my child's class to use photographs of my child _____ taken during room activities at the Coopers Plains Childcare Centre for learning purposes as described:-

- As part of a social story that will be displayed in the room.
- In journals for your own child and other children in our group.
- In journals of other children in the group in which your child is in the background of a photo.

I also give permission for the photos to be collated and distributed to all parents of my child's group at the end of the year.

Signed: _____ **Dated:** _____