



<b>CHILDS NAME:</b>	
<b>BOOKED DAYS:</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

Please attach a recent photo of your child here

# Early Childhood Enrolment Form 2021

INFORMATION OVERVIEW:			
Medical Conditions:		CCS Activity Hours:	
Court Orders:		Social Media Permissions:	
Allergies:		CCS Percentage:	

ATTACHED DOCUMENTS			
Please ensure ALL of the following documents are attached to this application before submission:			
Medical documents (if applicable)		Photo identification of all emergency contacts	
Emergency Management plans (if applicable)		Child's birth Certificate	
Payment arrangement form completed & signed		Immunisation Record (My GOV statement)	
<b>I confirm I have received &amp; understand Oxanda Education's Fee Policy</b>			
Parent/Guardian Name:		Signature:	

OFFICE USE ONLY			
Date entered to Qikkids:		Entered by:	
Date entered to Educa:		Entered by:	
Enrolment fee charged/enrolment pack purchased:		Entered by:	
Orientation Dates:		Studio Name:	

### Enquiries

OXANDA EDUCATION 1300 692 632  
 Enquiries@Oxanda.com.au

**ENROLMENT DETAILS**

Application Date: / /20

A parent or guardian who has parental responsibilities in relation to the child must complete this form. A brief explanation of parental responsibilities is found at the end of this form. The Education and Care Services National Regulations 2011 requires an approved provider to keep an enrolment record for each child containing the prescribed information in Regulation 160 to 162. Questions marked with an asterisk\* are not required by the Regulations, however, answers you provide to each question will assist the service in educating and caring for the child.

**CENTRE OF APPLICATION:**  **START DATE:**

**DAYS BOOKED** (Please Tick):  Monday  Tuesday  Wednesday  Thursday  Friday

**INFORMATION ABOUT THE CHILD:**

Given Name: \_\_\_\_\_ Gender: M  F  Please Specify \_\_\_\_\_

Surname: \_\_\_\_\_ Usually called: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's CRN Number: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Family Cultural background: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

\*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

No, not Aboriginal or Torres Strait Islander  Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander  Yes, Torres Strait Islander

**INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS** (Please tick the name of the parent to be invoiced to)

<b>PARENT/GUARDIAN 1</b> <input type="checkbox"/> (Primary Carer)	<b>PARENT/GUARDIAN 2</b> <input type="checkbox"/> (leave blank if not applicable)
Full Name: _____ Relation to child: _____ Date of Birth: _____ Address- as per child or: _____ _____ *Driving Licence: _____ Telephone/s: _____ (H) _____ (W) _____ (Mobile) _____ Email address: _____ Parent CRN number: _____ Does the child live with this Parent/Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please Tick) Cultural Background: _____ Languages spoken: _____ Occupation: _____	Full Name: _____ Relation to child: _____ Date of Birth: _____ Address- as per child or: _____ _____ *Driving Licence: _____ Telephone/s: _____ (H) _____ (W) _____ (Mobile) _____ Email address: _____ Parent CRN number: _____ Does the child live with this Parent/Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please Tick) Cultural Background: _____ Languages spoken: _____ Occupation: _____
<b>GUARDIAN 3</b> (leave blank if not applicable)	<b>GUARDIAN 4</b> (leave blank if not applicable)
Full Name: _____ Relation to child: _____ Date of Birth: _____ Address- as per child or: _____ _____ Telephone/s: _____ (H) _____ (W) _____ (Mobile) _____ Email address: _____ Does the child live with this Parent/Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please Tick)	Full Name: _____ Relation to child: _____ Date of Birth: _____ Address- as per child or: _____ _____ Telephone/s: _____ (H) _____ (W) _____ (Mobile) _____ Email address: _____ Does the child live with this Parent/Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please Tick)

**AUTHORISED NOMINEES**

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children’s service should notify one of the authorised nominees (over the age of 18 year).

PERSON 1	PERSON 2
Full Name: _____	Full Name: _____
Address: _____ _____	Address: _____ _____
Telephone/s: (H) _____ (W) _____ (Mobile) _____	Telephone/s: (H) _____ (W) _____ (Mobile) _____
Relationship to the child: _____	Relationship to the child: _____

**An authorised nominee is an acknowledged person who, with the parents/guardian’s authorisation, is allowed to give permission for the following:-**

- Authorise the taking of the child outside the service by an educator of the service;
- Consent to the medical treatment to the child;
- Request or permit the administration of medication to the child;
- Collect the child if necessary.

**PARENTS**

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The *Education and Care Services National Law Act 2010* refer to these powers and responsibilities as “parental responsibilities”. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

**GUARDIANS**

A guardian of a child also has parental responsibilities. A legal guardian is given parental responsibilities by a court order. The definition of “guardian” under the *Education and Care Services National Law Act 2010* also covers situations where a child does not live with their parents and there are no court orders. In these cases. The guardian is the person the child lives with who has day-to-day care and control of the child.

**COURT ORDERS RELATING TO THE CHILD**

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

NO  go to the next section  
 YES  **Please complete the following:**

1. Bring the **original** court order/s for Nominated Supervisor to see and a copy to attach to this enrolment form;

2. If these orders:

a) change the powers of a parent/guardian to:

- Authorise the taking of the child outside the service by an Educator of the service;
- Consent to the medical treatment of the child;
- Request or permit the administration of medication to the child;
- Collect the child, AND/OR

b) give these powers to someone else, please describe these changes and provide the contact details of any person given these powers:

.....  
 .....  
 .....

**COLLECTING THE CHILD FROM THE CHILDREN’S SERVICE**

Your Consent is required for other people (over the age of 18 years) to collect the child from the children’s service on your behalf. Please list the details of those people who can collect the child in the table below. In the event that the child is not collected from the children’s service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

**DETAILS OF ADDITIONAL PEOPLE WHO CAN COLLECT THE CHILD** (This list may be added to or changed throughout the year)

<b>PERSON 1:</b>	<b>PERSON 2: (leave blank if not applicable)</b>
Full Name: _____ Address: _____ _____ Telephone/s: (H) _____ (W) _____ (Mobile) _____ Relationship to the child: _____	Full Name: _____ Address: _____ _____ Telephone/s: (H) _____ (W) _____ (Mobile) _____ Relationship to the child: _____
<b>PERSON 3: (leave blank if not applicable)</b>	<b>PERSON 4: (leave blank if not applicable)</b>
Full Name: _____ Address: _____ _____ Telephone/s: (H) _____ (W) _____ (Mobile) _____ Relationship to the child: _____	Full Name: _____ Address: _____ _____ Telephone/s: (H) _____ (W) _____ (Mobile) _____ Relationship to the child: _____
<b>PERSON 5: (leave blank if not applicable)</b>	<b>PERSON 6: (leave blank if not applicable)</b>
Full Name: _____ Address: _____ _____ Telephone/s: (H) _____ (W) _____ (Mobile) _____ Relationship to the child: _____	Full Name: _____ Address: _____ _____ Telephone/s: (H) _____ (W) _____ (Mobile) _____ Relationship to the child: _____

*Please Note: These people must provide identification when collecting the child. Please obtain the person’s consent before listing them as an Authorised Nominee/ Emergency contact.*

**Signature of the person with parental responsibility of the child:**

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILDS MEDICAL AND HEALTH INFORMATION

Name Doctor/Medical Service: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address Doctor/Medical Service: \_\_\_\_\_

\*Medicare Number: \_\_\_\_\_

\*Ambulance Subscription: \_\_\_\_\_

\*Pension Number: \_\_\_\_\_

\*Healthcare Number: \_\_\_\_\_

Has your child been diagnosed at risk of **anaphylaxis**? (please tick)  YES  NO**If Yes**, please provide details (e.g. list foods, management strategies, medications): \_\_\_\_\_

(A copy of their Anaphylaxis Action Plan must be signed by a Medical Professional and attached to enrolment form)

*Please Note: An additional form needs to be filled out with your Centre Manager*Does the child have any **allergic reactions**/sensitivities (please tick)  YES  NO**If Yes**, please provide details (e.g. list allergies, management strategy, medications): \_\_\_\_\_

(A copy of their Allergy Action plan must be signed by a Medical Professional and attached to enrolment form)

*Please Note: An additional form needs to be filled out with your Centre Manager*Does the child have any **medical conditions** and needs (e.g. asthma, epilepsy, diabetes, etc.) which are relevant to the children's service? (Please tick)  YES  NO**If Yes**, please provide details (e.g. list conditions, management strategies, medical information etc.): \_\_\_\_\_

(If your child has Asthma an Asthma Action plan must be signed by a Medical Professional and attached to enrolment form)

*Please Note: An additional form needs to be filled out with your Centre Manager*Does the child have any **dietary restrictions**? (e.g. vegetarian (please tick)  YES  NO**If so**, the following restrictions apply: \_\_\_\_\_*Please Note: An additional form needs to be filled out with your Centre Manager*Does your child have any **Additional Needs**:  YES  NO

If Yes, please give additional information \_\_\_\_\_

*Please Note: An additional form needs to be filled out with your Centre Manager*Does your child regularly visit a specialist?  YES  NO

If Yes, please provide Specialist details \_\_\_\_\_

**Please Note: If you answered yes to any of the above questions, specific policies and procedures may apply to the individual care of your child. The Centre Manager will provide you with the relevant policies and procedures and assist you to complete any documentation required.****OFFICE USE:**

If YES has been ticked on any of the above; Nominated Supervisor's signature to acknowledge we have received copies of any required medical Action plans for this child and have developed Risk Management &amp; Communication Plans prior to child commencing care.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

CHILD'S IMMUNISATION RECORD

Are the child's immunisations up to date? (please tick)  YES  NO

If Yes, provide the details by Attaching the Child Immunisation History Statement provided by Medicare

If No, please note, approved documentation must be provided before your child can attend. See Immunisation Policy.

Please Note: to be eligible for CCS, your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements your child must be fully immunised or up to date according to the Australian Standard Vaccination Schedule, or on a catch-up vaccination schedule, or have an approved exemption for your child.

**Please Sign that you have provided a current copy of your child's immunisation:**

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**OFFICE USE:**

Nominated Supervisor's signature to acknowledge we have sighted and received your child's immunisations:

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**Declaration and consent to medical treatment**

I, \_\_\_\_\_ (Print full name)

A person with parental 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 services in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if they become unwell at the service;
- Give consent for staff to administer a single dose of Paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean that your child can stay at the service, they still need to be collected.
- I give permission for prescribed medication to be administered by the service primary contact staff upon my authorisation on the service's medication form. I understand that if details are filled in incorrectly or left blank of if the medication does not meet the standards of the service's policy the medication will not be given.
- I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctor's letter stating the name of and reasons for the medication and only then if the Nominated Supervisor deems the child well enough to attend the service.
- If the child is diagnosed with Asthma or Anaphylaxis or an emergency occurs, give consent to the Nominated Supervisor or other educators to administer emergency first aid without making contact. In this event every effort will be made to contact the parent's/guardian's as soon as possible;
- Consent to the educator of the children's service seeking, or where appropriate, administering, such emergency medical treatment from a registered medical reactionary, hospital or ambulance service and/or transport by ambulance/approved registered vehicle as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service;
- Understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the premises under the direction and supervision of an educator;
- I have received/read and understood the Centre's Policies & Procedures.

Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**ADMISSION AGREEMENTS (PLEASE READ BEFORE SIGNING)****PERMISSION**

I give the management/educators of this service the authority to (please circle):

- |   |     |    |
|---|-----|----|
| • Use the name and/or photo/videos of my child for centre displays, centre website and/or promotional use including media/Facebook  | YES | NO |
| • For my child being photographed/videoed for planning, daily sheets and any reasonable use within the centre   | YES | NO |
| • To share group photos/videos that my child is in, with families that use the service  | YES | NO |
| • To apply sunscreen for outdoor play   | YES | NO |
| • To be observed by educators and students for developmental purposes   | YES | NO |
| • To check my child's hair if there is an outbreak of head lice   | YES | NO |
| • The person listed as parent's and contact persons are authorised to drop off and collect my child unless otherwise specified  | YES | NO |
| • I agree to my child participating in regular emergency drills in line with centre policies and plans, which I acknowledge may include my child leaving the centre premises under supervision of centre staff. | YES | NO |

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**INFORMATION AUTHORITY**

The Family Assistance Office can provide your information to someone else in special circumstances, where Commonwealth Legislation allows or requires or where you give permission.

We may request the following information from the Family Assistance Office:

- Details regarding your Child Care Subsidy percentage and its currency.
- Your current residential address and phone number

 I give The Family Assistance Office the authority to provide information regarding my Child Care Subsidy Benefit percentage and its currency and/or my current residential address and phone number. I have read and understood the Centre policies and procedures and agree to abide by these at all times

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**PAYMENT REQUIREMENTS**

I/We understand that:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Fees are payable two weeks in advance.</li><li>• If my fees are in arrears for more than two weeks and no arrangement has been made with the Centre Manager, my child's place will be withdrawn.</li><li>• Fees will be charged for booked days that my child does not attend due to illness, public holidays, RDO days.</li><li>• I need to provide four weeks notice in writing prior to withdrawing from the centre and will agree to pay all outstanding fees prior to my departure.</li><li>• Should I fail to pay my fees and my place is withdrawn or when I leave the centre, I will be liable for all additional costs incurred by the centre in collecting any outstanding fees.</li></ul> | <ul style="list-style-type: none"><li>• Full fees are payable until Child Care Subsidy confirmation is received by the centre.</li><li>• In case of cancellation parent will only be eligible for Child Care Subsidy if the child attends care within the 4-week notice period. Therefore, to <b>avoid full fee</b> child must attend last day of the notice period.</li><li>• My Debit Success payment will be altered to reflect any Child Care Subsidy changes.</li><li>• In case of default, the Parent/Guardian acknowledges that information obtained in this enrolment form will be forwarded for legal recovery action. All recovery charges will be paid by the defaulted parent/guardian.</li></ul> |
|--|---|

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**WRITTEN ARRANGEMENTS:**

A service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

<b>Complying Written Arrangement</b>	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
<b>Relevant Arrangement</b>	RA	An RA is an enrolment type used for families not wishing to claim CCS
<b>Additional Child Care Subsidy</b>	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identified to pay the child care fees
<b>Arrangement with an organisation</b>	Arrangement with an organisation is when an organisation is liable for the fees for the care of the child	

This written Arrangement between \_\_\_\_\_ (Parent name) and \_\_\_\_\_ (Service Provider) is an ongoing agreement between the ECEC Service provider and Parent/Guardian, to provide care in return for fees. The written Arrangement must contain a minimum amount of information set out in subsection 200B (3) of the Family Assistance Administration Act.

**SESSION AND FEE DETAILS**

As part of your enrolment at our service we require you to confirm acceptance of the following items in order to be able to receive Government funding on your behalf. Acceptance of these items as well as some of the other information in this enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy purposes.

<b>Arrangement Type:</b>	<input type="checkbox"/> CWA	<input type="checkbox"/> RA	<input type="checkbox"/> ACCS	<input type="checkbox"/> Arrangement with an organisation	
<b>Name of Service:</b>					
<b>Parent/Guardian Full Name:</b>					
<b>Full Name of Child attending care:</b>					
<b>Date the arrangement starts:</b>					
<b>Expected Session of Care:</b>	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI
<b>Usual Session fee:</b>					
<b>Care Arrangements:</b>	<input type="checkbox"/> <b>Flexible Care</b> (Please Note: it is recommended that you select Flexible care to ensure CCS is still paid in the event that you ever change your permanently booked days)	<input type="checkbox"/> <b>Routine Care</b> (Please Note: by selecting Routine Care, if you ever change your permanent days you will be required to pay full fee for those days)	<input type="checkbox"/> <b>Casual Care</b> (Please Note: Casual care is only available when a minimum of one permanent day is booked, please speak to your Centre Manager for more information)		

**I Confirm:**

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service and understand the start and end times of these sessions of care.
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a fee schedule or parent handbook) which are subject to change over time based on advice from the provider and accepted by me.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



**PRIVACY AND CONFIDENTIALITY**

Oxanda Education will ensure that the information in the child’s enrolment record is not divulged to another person unless necessary for the care and education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education & Care Services National Regulations.

(Please refer to relevant policies)

**Proposed Information uses and Disclosures**

**The information collected from you about your child and family may be accessed by:**

- Qualified and Unqualified educators working with your child to assist them in planning for your child’s health, care and educational needs, to make contact with you and to document their observations and development information.
- The Department of Education and Training for auditing and compliance with the Children’s Services Regulations will look at completion of enrolment forms and observation and planning.
- The Department of Human Services will be provided with non-identifying statistical information in order to meet funding and service agreement requirements.

***I understand this information and I give my permission to share as detailed above:***

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**\*OTHER INFORMATION**

Please provide us with any other information we should know about your child (for example, favourite activities, special words, toileting and sleeping practices, routine etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have any relatives/friends currently attending the centre? \_\_\_\_\_

Please outline any cultural practices you would like followed: \_\_\_\_\_

Please outline the child’s religious background and if relevant any religious practices you would like followed: \_\_\_\_\_

**WHAT TO BRING FOR YOUR CHILD**

- Sun hat for Summer and Beanie and Jacket for Winter
- Two full sets of clothing including socks
- Sunscreen if your child is allergic
- Extra undies/jocks/training pants for children toilet training
- Sensible shoes (thongs and open toed shoes are not recommended for childcare)
- Comfort items if required (small teddy, dummy etc)
- Bottles and formula (if required)
- Drink Bottle
- Backpack

**Everything you bring in for your child MUST be labelled.**