

**CHILD ENROLMENT AND CONTRACT DETAILS**

<b>Service:</b>		<b>Room:</b>	
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**Date of Registration:** \_\_\_\_\_ Care required:  Casual  Permanent

**PRIORITY of ACCESS:** 1- At Risk/Referral  2- Work/Study  3- Respite

Please enter **estimated** times for the days your child will be in attendance. Entering times will assist in Staffing for required ratios as per Education and Care Services Regulations.

Monday	Tuesday	Wednesday	Thursday	Friday

Date you require care to commence: \_\_\_\_\_

**Child:** Surname: \_\_\_\_\_ Given (First) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  Country of Birth: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander origin  No  Yes, Aboriginal  Yes, Torres Strait Islander

Customer Reference Number (CRN): \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Childs Medical Practitioner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child immunised?  Yes  No (Copy of Immunisation Status attached) Does your child have?

Does your child have: A Disability  Yes  No \_\_\_\_\_

Allergies/Anaphylaxis  Yes  No \_\_\_\_\_

Asthma  Yes  No \_\_\_\_\_

Specific Healthcare Needs  Yes  No \_\_\_\_\_

Relevant plans (medical management plan, anaphylaxis medical management plan or risk minimisation plan) relating to any specific healthcare need, medical condition or allergy will need to be discussed and completed prior to commencing care.

Please provide any relevant information relating to cultural, religious, dietary or other additional needs that you would like the service to be aware of and include in the curriculum: \_\_\_\_\_

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Are there any court orders relating to the guardianship custody of, or access to, the child?  Yes  No

If yes, please provide a copy of the documents and details of any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child and any other court orders relating to the child's residence or the child's contact with a parent or other person. Documents provided:  Yes  No

If the child is under the care of Child Protection and Family Support, please list case worker

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**FAMILY STATUS:** 1 Parent Mother  1 Parent father  2 Parents  Guardian

**ENROLLING PARENT / GUARDIAN** Customer Reference Number (CRN): \_\_\_\_\_

Surname: \_\_\_\_\_ Given (First) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Ph: (H) \_\_\_\_\_ (M) \_\_\_\_\_ Email \_\_\_\_\_

Name of Work Place / Education Institute: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ (W) \_\_\_\_\_

Employment Status: Full Time  Part Time  Casual  Looking for Work  Pension  Student  Unemployed

**PARENT (SPOUSE) / GUARDIAN** Customer Reference Number (CRN): \_\_\_\_\_

Surname: \_\_\_\_\_ Given (First) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Ph: (H) \_\_\_\_\_ (M) \_\_\_\_\_ Email \_\_\_\_\_

Name of Work Place / Education Institute: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ (W) \_\_\_\_\_

Employment Status: Full Time  Part Time  Casual  Looking for Work  Pension  Student  Unemployed

**PERSON/S AUTHORISED TO COLLECT CHILD - Other than the Parent/Guardian**

Fullname: \_\_\_\_\_ (M) \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Fullname: \_\_\_\_\_ (M) \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Fullname: \_\_\_\_\_ (M) \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Fullname: \_\_\_\_\_ (M) \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**UNDER NO CIRCUMSTANCE** will the child be permitted to leave the Centre with another person, without authorisation from the Parent, Guardian or Custodian.

**PERSONS TO BE CONTACTED IN CASE OF EMERGENCY - Other than Parent/Guardian**

1st Preference

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

2nd Preference

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**PARENT PARTICIPATION**

Would you be interested in joining our Family Advisory Group? Yes  No

Would you like to contribute your skills or interests in our service, eg. music, cooking, storytelling, sewing etc.?  
 Yes  No

If Yes, please add more information: \_\_\_\_\_

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

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

**AGREEMENT / AUTHORISATION** - I hereby authorise REED Inc. – (which includes all services provided by Regional Early Education & Development Inc.), to provide care for my child, \_\_\_\_\_.

**Please tick 'yes' or 'no' for all the following statements:**

1. I acknowledge having received a copy of REED Inc. – Parent information booklet.  Yes  No
2. I agree to comply with all requirements outlined by the REED Inc. – Policies & Procedures.  Yes  No
3. I authorise the above Service to seek medical treatment from a registered medical practitioner, Hospital or ambulance service for my child and transportation of my child by ambulance and agree to pay any related costs.  Yes  No
4. I authorise the above Service to administer medication as required.  Yes  No
5. I authorise the above Service to use medical equipment (eg. Epipen for anaphylaxis, and spacer/mask for asthma) in the case of an emergency and agree to pay any related costs.  Yes  No
6. I am aware my child will be excluded from care if they contract a contagious disease or condition.  Yes  No
7. If anyone other than those named previously on this form is to collect my child, I shall notify the Service in advance. (ID will be required)  Yes  No
8. I have read and understand the Service's policy on Sun Protection.  Yes  No
9. I give permission for the Service to apply sunscreen to my child.  Yes  No
10. I hereby give permission for the service to take and display visual images and videos of my child for the use of the Service's programs.  Yes  No
11. I hereby give permission for group photos to be taken of my child with other children, which may be sent home in another child's portfolio.  Yes  No
12. I hereby give permission for my child to go out onto Service premises i.e. front garden & back carpark to participate in educational experiences, including visitors from the local community.  Yes  No
13. I hereby give permission for the media to take and display visual images of my child for publications.  Yes  No
14. I hereby give permission for my child's photo to be displayed on REED Inc. website.  Yes  No
15. I hereby give permission for my child's photo to be displayed on REED Inc.– Facebook pages.  Yes  No
16. I understand that I have access to information collected about my child by the Service.  Yes  No
17. I acknowledge REED Inc. –stores and uses personal information as part of administration.  
This information will not be disclosed to third parties without my consent in writing, except to meet government, legal or other regulatory authority requirements.  Yes  No
18. I understand full fees are payable until I have arranged CCS payments for the service via Centrelink.  Yes  No
19. I am aware that fees are payable for all booked days, including absent days, i.e. sick days, family holidays and public holidays. Fees **are to be two weeks in advance at all times.**  Yes  No
20. For all bookings I agree to complete a direct debit form.  Yes  No
21. I am willing to make other arrangements for the care of my child if requested by the Service.  Yes  No
22. I understand that two weeks' notice in writing needs to be given to cancel a permanent booking.  Yes  No
23. I agree that all information provided in this 'Child Enrolment Contract & Details' are correct and I will advise the Service of any changes, e.g. email address, phone number, work details etc.  Yes  No

**I have read and understood the conditions of this Contract and agree to abide by the contract.**

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

Manager/Certified Supervisor Name: \_\_\_\_\_

Manager/Certified Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Annual Update** - Enrolment forms will be renewed by the enrolling parent/guardian annually, prior to the Centre closure each year or before commencing care in the new year.