



CHILD'S PLAY

EARLY LEARNING

Enrolment Form

Lindisfarne Centre

Child's Name: _____

Parent / Guardian Name: _____

Days Booked: _____

Room: _____ From: _____

Office Use Only:

Orientation Visits:

1st _____

2nd _____

3rd _____

4th _____

Documents Pending: _____

Address: 1 Rowitta Rd Lindisfarne TAS 7015

Phone: (03) 6109 4904

Email: adminL@childsplayearlylearning.com.au

Website: www.childsplayearlylearning.com.au

Approved Provider: Majestic Realty Pty Ltd for the Palushi Family Trust

ABN: 18541070050 PR-40001011 SE-40014976

CHILD'S DETAILS

Surname		First Name		Preferred Name	
D.O.B		Country of Birth		Gender	
Child's Address		Suburb		Postcode	
Is your child of Aboriginal or Torres Strait Islander origin?				Religion	
Child's CRN#		Languages Spoken			
Which Parent / Guardian is claiming the Child Care Subsidy (CCS)?					

Please Note: To confirm your Child Care Subsidy (CCS) entitlements, families must ensure each child's Customer Reference Number (CRN), the CRN of the relevant parent is connected via MyGov/Centrelink and included the required details are included in this Enrolment Form. In addition to this, families must confirm their child's attendance at Child's Play Early Learning via MyGov/Centrelink. Child's Play Early Learning is not authorised to complete this on behalf of families. Please refer to <https://www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy> for further details.

REQUESTED DAYS OF ATTENDANCE (Please tick):

Please complete to confirm the type of care, sessions and as applicable, relevant days required:

Routine/permanent basis
 Additional Casual Session

Hours per day required: 8 hours 9 hours 10 hours 11 hours

I agree that Majestic Realty Pty Ltd for the Palushi Family Trust receives the childcare subsidy on my behalf for the care of my child _____ (Child's Name)
 _____ (Signature of the Childcare Subsidy claiming parent)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
am	am	am	am	am
pm	pm	pm	pm	pm

FAMILY DETAILS

Does the child have any siblings? Yes No **If Yes, please provide details below:**

SIBLING 1	Surname		Name		D.O.B	
Family Placement			School / Centre Attending			
SIBLING 2	Surname		Name		D.O.B	
Family Placement			School / Centre Attending			
SIBLING 3	Surname		Name		D.O.B	
Family Placement			School / Centre Attending			

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN 1						
Title		Surname		First Name		
Address		Suburb		Postcode		
Home Ph		Mobile		Work / Study Ph		
Email						
Relationship to Child				CRN#		
Country of Birth		D.O.B		Languages Spoken		
Workplace / Study				Occupation		

PARENT / GUARDIAN 2							
Title		Surname		First Name			
Address				Suburb		Postcode	
Home Ph		Mobile		Work / Study Ph			
Email							
Relationship to Child				CRN#			
Country of Birth		D.O.B		Languages Spoken			
Workplace / Study				Occupation			
Workplace / Study Address		Suburb		Postcode			

Are any Court Orders, Parenting Orders and / or Parenting Plans in place in regard to the child? Yes No
 If Yes, a copy of all documents **MUST** be attached with the Enrolment Record

ADDITIONAL CONTACTS

All persons must be 18 years of age or over and easily contactable and present Photo ID on arrival.

CONTACT 1	Title		Surname		First Name		
Address				Suburb		Postcode	
Mobile		Work Ph		Relationship to Child			

I / we consent to this person being:

- Notified of an emergency involving my/our child
 Authorised to consent to medical treatment and the administration of medication to my/our child
 Authorised to authorise an educator to take my/our child outside the education and care service premises
 An authorised nominee (**Note:** Authorised nominee is a person who has been given permission by a parent to collect the child)

CONTACT 1	Title		Surname		First Name		
Address				Suburb		Postcode	
Mobile		Work Ph		Relationship to Child			

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CHILD'S HEALTH AND MEDICAL INFORMATION

Please indicate if your child been medically diagnosed with any of the following:

Medical Condition	Yes	No	Details	Medication Required <i>If Yes, please provide details</i>		Current Medical Action Plan Attached
				Yes	No	
Asthma						
Allergies						
Anaphylaxis						
Diabetes						
Eczema						

Please Note: Where your child has been medically diagnosed with asthma or at risk of anaphylaxis, a Medical Management Plan **MUST** be supplied with your child's Enrolment Record. A Risk Minimisation Plan must also be completed in conjunction with the Service.

SPECIFIC HEALTH CARE NEEDS

Does your child have any other specific health care needs or medically diagnosed medical conditions?				
Please list any additional medical practitioners, specialists or other agencies your child liaises with:				
Name		Address		Phone
Reason				
I give permission for Child's Play Early Learning to liaise with the above practitioner in relation to my child <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name		Address		Phone
Reason				
I give permission for Child's Play Early Learning to liaise with the above practitioner in relation to my child <input type="checkbox"/> Yes <input type="checkbox"/> No				
Dietary Requirements or Restrictions				
Cultural or Religious Requirements				
Additional Needs or Requirements				
Nappy Cream	I give permission for the Service's nappy cream to be applied to my child <input type="checkbox"/> Yes <input type="checkbox"/> No			
	I will supply my child's required cream and give permission for this to be applied <input type="checkbox"/> Yes <input type="checkbox"/> No			

IMMUNISATION

Is your child medically immunised? Yes No

If **Yes**, please attach a current copy of your child's immunisation record. Where future updates to your child's immunisation schedule occur, please ensure an updated record is supplied to Child's Play Early Learning.

Please Note: Where a child has not been medically immunised or their immunisation status has not been maintained as current, where an outbreak of an immunisation preventable infectious disease occurs at the Service, your child will be required to remain at home until the full exclusion period has passed. Full fees may be levied during this time.

Where a child has not been medically immunised or their immunisation status has not been maintained as current, your Child Care Subsidy (CCS) may be impacted. For further information, please visit www.servicesaustralia.gov.au

MEDICAL PRACTITIONER DETAILS

Dr Name		Medical Centre			
Address		Suburb		Postcode	
Phone		Medicare No		Private Insurance / No	
Please ensure your Doctor is advised that your child attends Child's Play Early Learning and may be contacted in case of an emergency.					
In the event of a serious accident / emergency, I / we consent to:			Medical treatment for our child from: <input type="checkbox"/> A registered medical practitioner; <input type="checkbox"/> Hospital; <input type="checkbox"/> Ambulance service; <input type="checkbox"/> Transportation by ambulance.		

PERMISSIONS & AUTHORISATIONS

PHOTO PERMISSION

I give permission for Child's Play Early Learning to record and use digital images (including photographs/videos) of my child (Please tick below to indicate your permission. Please see the Director for any further clarification on use.):

- | | |
|--|--|
| <input type="checkbox"/> Documentation purposes | <input type="checkbox"/> Displays within the service |
| <input type="checkbox"/> Child's Play Early Learning website | <input type="checkbox"/> Child's Play Early Learning Facebook page |
| <input type="checkbox"/> External Child's Play Early Learning promotional material | |

- Student observations. From time to time, Child's Play Early Learning hosts education and care students on practicum placement. During these times, students are supported by qualified educators to observe and document children's engagement at the Service.

KINDYHUB

Kindyhub is a digital communication tool, allowing Child's Play Early Learning to easily share your child's **engagement** and learning experiences with you through photos, stories and a daily report highlighting the learning outcomes they **have explored** at both an individual/group level.

Parents/guardians (and your nominated relatives) will receive a secure private login to access Kindyhub via email or the Kindyhub smartphone App.

A key component of Kindyhub is to compliment the face-to-face communication we already have with all our families. Our face-to-face communication is undeniably one of the most important aspects of building and maintaining great relationships with our families. Kindyhub is here to enhance communication and provide the parents/guardians with photos and information about their child. For further information regarding Kindyhub please visit www.kindyhub.com.au

- I/We give permission for my/our child's **individual** engagement at Child's Play Early Learning to be included (including digital images) in Kindyhub. I/We understand that only those whom I/we authorise may view this.
- I/We give permission for my/our child's engagement within a **group** setting at Child's Play Early Learning to be included in Kindyhub. I/We understand that where my/our child is included in group experiences, the families of the other children within these experiences may also view this documentation.

PERMISSION FOR USE OF KINDYHUB

Parent/Guardian Permission

I, the parent/guardian of _____, agree to the terms of use of Kindyhub and give consent for my/our personal information to be used as part of the communication purposes for delivering information in relation to my child via Kindyhub. I understand that the information is protected by *The Privacy Act 1988* under Australian Law.

I wish Kindyhub to be linked to **Parent/Guardian 1** and/or **Parent/Guardian 2**

Additional Kindyhub Permissions

I/We give permission for this information to also be shared with the following people and ensure this information will be shared and meet the requirements of the Terms of Use:

Name		Relationship to child	
Email			
Name		Relationship to child	
Email			

TERMS OF USE & SHARING ON INFORMATION VIA KINDYHUB

Where information is shared outside of Kindyhub, whether it be documentation or your child's photo or other means of digital recording, parents/guardians (and others) must ensure information is only shared in a safe manner.

Where your child has been included in a group experience, families are prohibited to share or upload any photos or information without the consent of those children's families. It is recommended that this permission is verified in writing.

HEAD LICE

- I authorise staff at Child's Play Early Learning to inspect my child's hair for head lice/nits. I ensure that my child's hair will be effectively treated to remove all head lice/nits prior the next attendance.

FEES & REGISTRATION AGREEMENT

I/We understand, agree and acknowledge (please tick as applicable):

- A security bond is required to be paid prior to commencement at the Service
- Fees must be paid in line with the weekly invoice; at least one week in advance. Fees must be paid in advance for every day my/our child is enrolled at the service including sick days, family holidays, pupil free days and Public Holidays.
- Fees must be paid in advance via DebitSuccess and I have completed and attached the DebitSuccess authorisation form
- Where fees are in arrears or overdue, a Late Fee may apply
- A minimum of two (2) weeks written notice is required to cancel or alter enrolled day. I/We understand that where my/our child does not attend within the cancellation period, including their final enrolled day, full fees will be levied and CCS will not be applied
- Indemnify Child's Play Early Learning against any costs relating to fees, overdue fees and injuries my/our child may sustain whilst being educated and cared for by the Service

- All alterations to enrolment details, including days of attendance and authorisations, must be completed in writing by an authorised person
- Where the attendance record in relation to my/our child is not completed, Child's Play Early Learning is authorised to complete all required details
- Child's Play Early Learning's operating hours are 7:00am – 6:00pm and ensure collection of my/our child prior to the advertised closing time. I/We understand that Late Collection Fees may be levied
- To comply with the policies, procedures and requirements of Child's Play Early Learning
- To comply with all Government requirements in relation to the Service

COMPLYING WRITTEN AGREEMENT & ACKNOWLEDGMENT

I understand in signing the Enrolment Form (including this Complying Written Agreement), I confirm:

- All the details above are correct
- I have read and accept the Schedule of Fees
- I must apply for and confirm CCS and that the Service cannot complete this on my behalf
- All required fees will be paid in line with Child's Play Early Learning's Fee Policy and invoices. I understand that fees may vary from time to time in line with Child's Play Early Learning policies and relevant legislation.

Parent/Guardian 1 Name		Signature		Date	
Parent/Guardian 2 Name		Signature		Date	
Centre's Director Name		Signature		Date	

Documents Check List

- Immunisation record attached
- DebitSuccess Form attached
- Allergy/Asthma form/action plan attached (if applicable)

Office Use Only

