



**Little Twinkle**  
CHILD CARE CENTRE

## Enrolment Form

Prior to your child's position commencing at Little Twinkle Child Care Centre, it is essential that ALL the below information is complete. It is the responsibility of the parents to ensure this information remains up to date. Please notify the service of any information changes as soon as possible.

Little Twinkle Child Care Centre reserves the right to hold, temporary cease or permanently cease a child's position if the information is found to be fraudulent or incomplete.

### Child's details

Name:

First \_\_\_\_\_ Last \_\_\_\_\_

Child's DOB \_\_\_\_\_

### Parent 1 Details

Name:

First \_\_\_\_\_ Last \_\_\_\_\_

DOB \_\_\_\_\_

Relationship to child \_\_\_\_\_ Country of birth \_\_\_\_\_

Relevant Cultural Background Details \_\_\_\_\_

Home Address:

Address Line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Post code \_\_\_\_\_ Country \_\_\_\_\_

Postal address (if different to home address) \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

Does your child live with you? \_\_\_\_\_

Occupation \_\_\_\_\_ Place of employment \_\_\_\_\_

### Parent 2 Details (if applicable):

Name:

First \_\_\_\_\_ Last \_\_\_\_\_

DOB \_\_\_\_\_

Relationship to child \_\_\_\_\_ Country of birth \_\_\_\_\_

Relevant Cultural Background Details \_\_\_\_\_

Home Address:

Address Line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Post code \_\_\_\_\_ Country \_\_\_\_\_

Postal address (if different to home address) \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

Does your child live with you? \_\_\_\_\_

Occupation \_\_\_\_\_ Place of employment \_\_\_\_\_

### Court Orders/Parenting Orders:

Are there any court orders, parenting orders or parenting plans relating to the power, duties and responsibilities or authorities of any person in relation to your child or access to you child?

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

If yes please provide a copy to the service.

Details \_\_\_\_\_

Are there any court orders relating to your child's residence or contact with a parent or other person?

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

If yes please provide a copy to the service.

Details \_\_\_\_\_

(Please note that Little Twinkles Child Care Centre cannot legally enforce these orders without the proper documentation).

## Child Care Subsidy

The cost of the service is a daily rate per child before CCS deductions apply.

The centre is approved by the Australian Government to offer Child Care Subsidy (CCS) to eligible families as a reduction of their daily fees. CCS is paid directly to the centre through the Child Care Management System (CCMS) which is administered by the Department of Education, Employment and Workplace Relations (DDEWR). Families are a child care subsidy until the centre records the parent and child customer reference number (CRN) necessary for the CCS and parents have registered their care days through MyGov.

All documentation pertaining to CCS will be kept for a specified time and made available to Commonwealth Department Officers on request.

Families will need to ensure that they provide centrelink with all requested forms including immunisation records each time their child is due vaccinations as this may impact on the CCS payment. It is the families responsibility to ensure that they are aware of the changes of CCS due to their income or child's immunisation status and adjust the direct debit maximum to ensure their fees are kept up to date.

Family CRN - First Parent \_\_\_\_\_

Child CRN \_\_\_\_\_

Do you have other children attending LDC, OOSHC or FDC for which you claim CCB?

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

If yes please provide child's name and CRN number \_\_\_\_\_

## Authorised person

Authorised person means a person who has been given permission by a parent, guardian or family member to collect the child from the education and care service- Education and Care Service National Regulations-part 4.7, Regulation 161.

There may be times or situations when someone other than a parent or guardian will need to pick up your child. Reasons include:

- Child has had an accident, injury or trauma, whilst at the service.
- Parent work commitment.
- Extreme weather event.
- Unforeseen circumstance that limits a parent or guardian from picking up the child (flat battery, heavy traffic etc.)

In the event of one of the above examples or any other instance that you cannot pick up your child, we request that you provide at least 2 suitable people that can pick up, transport safely and care for your child in your absence. The authorised person must not live/work more than 30 minutes from the service and be able and willing to care for your child in your absence.

By providing these details you are providing permission for Little Twinkle Child Care Centre, including its staff, to contact an authorised person in the event that we cannot reach a parent or guardian of the child and the child needs to be picked up from the service.

### Person 1:

Name:

First \_\_\_\_\_ Last \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Address:

Address Line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Post code \_\_\_\_\_ Country \_\_\_\_\_

Postal address (if different to home address) \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

Place of employment \_\_\_\_\_

## Person 2:

Name:

First \_\_\_\_\_ Last \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Address:

Address Line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Post code \_\_\_\_\_ Country \_\_\_\_\_

Postal address (if different to home address) \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

Place of employment \_\_\_\_\_

## Considerations of the child

Cultural considerations (please outline your child's cultural background and any cultural practices you would like followed)

Is your child Aboriginal or Torres Strait Islander??

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

Does your child or family use any other languages in your home?

Religious Considerations (please outline your child's religious background and any religious practices you would like followed).

Special/Additional needs (please outline any special or additional needs your child may have).

## Medical requirements

*Child's registered medical practitioner or service details.*

Name of medical service \_\_\_\_\_

Practitioner's name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_

Child's Medicare number \_\_\_\_\_

Please answer the following questions:

Does your child have private health cover - Yes \_\_\_\_ No \_\_\_\_

Does Your child have Ambulance Cover - Yes \_\_\_\_ No \_\_\_\_

Does Your Child have any Specific health care needs or conditions - Yes \_\_\_\_ No \_\_\_\_

Please specify \_\_\_\_\_

Does your child suffer from Asthma or any allergies- Yes \_\_\_\_ No \_\_\_\_

Please specify \_\_\_\_\_

Has your child been diagnosed as someone who is at risk of Anaphylaxis - Yes \_\_\_\_ No \_\_\_\_

Please specify \_\_\_\_\_

Does your child have any dietary restrictions - Yes \_\_\_\_ No \_\_\_\_

Please specify \_\_\_\_\_

If you have answered yes to any of the above questions, please provide all necessary documentation. This includes any medical management plans, anaphylaxis management plans or risk minimisation plans.

## Medical Authorisation

Do you authorise for the service's Nominated Supervisor or other educators?

To provide basic First Aid on your child should it be needed whilst they are at the service?

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

To seek medical treatment from a registered medical practitioner, hospital or ambulance service in the event of an emergency?

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

To seek dental treatment from a registered dental practitioner or service in the event of an emergency?

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

To seek transport for your child in an ambulance in the event of an emergency?

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

To administer general First Aid products as per the manufacturer's recommendations?  
(e.g. Stingoes, Paw Paw Cream, Curash, Nappy Rash Cream)

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

To apply conditioner to your child's hair, in the event that head lice are found in your child's hair and you are unable to collect your child immediately?

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

To administer appropriate First Aid in the event that your child has an asthma or anaphylaxis reaction?

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

I agree to have my child picked up as soon as possible if they develop a high temperature, injury or illness whilst at the service.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

As per Education and Care Service National Regulations 4.2, Regulation 95, medications can be administered to your child at the service, if the following considerations are adhered to:

- Medication prescribed by a medical practitioner.
- Is in the original packaging, bearing the original label and the name of the child the medication is being administered to.
- Is administered before the date of expiry.
- The medication must be administered in accordance with any instructions attached to the medicine or any verbal or written instructions provided by the registered medical practitioner.

In the event of a high temperature, injury or illness, Little Twinkle Child Care Centre can administer children's Panadol. If Panadol is administered, children MUST be picked up within 30 minutes and must not return for at least 24 hours, unless agreed on by the service.

I \_\_\_\_\_ do/do not give permission for Little Twinkle Child Care Centre to administer Children's Panadol in the event of my child developing a high temperature, injury or illness. I understand that if the service administers children's Panadol, then my child must be picked up within 30 minutes or further medical assistance may be organised on my behalf.

(Please note that children are not permitted at the service if they have had Panadol or other pain relief within the 24 hours previous to attending at the service, unless agreed on by the service).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Immunisation Status

**The NSW Parliament passed a Bill to amend the Public Health Act 2010 to strengthen vaccination enrolment requirements in child care (also known as early childhood education and care). From 1 January 2018:**

- children who are unvaccinated due to their parent's conscientious objection can no longer be enrolled in child care
- it is an offence (with a penalty of 50 penalty units) for a Child care service to fail to comply with the child care vaccination enrolment requirements
- it is an offence (with a penalty of 50 penalty units) for a person to forge or falsify a vaccination certificate.

Is your child immunised - Yes \_\_\_\_ No \_\_\_\_

One of the following forms must be provided. Failure to provide the required documents prohibit your child from enrolment in childcare. The service must be notified whenever an immunisation is updated.

- Immunisation history form.
- Immunisation exemption form-Medical Contraindication Form (IMMU11)
- Immunisation history form for recognised catch-up schedule.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## Additional information about your child

Does your child have any siblings? If so provide their names and ages.

Child 1 \_\_\_\_\_ Age \_\_\_\_\_

Child 2 \_\_\_\_\_ Age \_\_\_\_\_

Child 3 \_\_\_\_\_ Age \_\_\_\_\_

Child 4 \_\_\_\_\_ Age \_\_\_\_\_

Does your child have any close relations attending the service? If so please provide their names and ages.

Please provide us with any other information we should know about your child.  
(E.g. interests, fears, routines, toileting and sleeping practices).

Details \_\_\_\_\_

Have you noticed any development, speech or language difficulties that your child may benefit from support in?

Details \_\_\_\_\_

Does your child attend any other service? Yes \_\_\_\_ No \_\_\_\_

Is there any other information you would like the service to know about?  
(e.g. Moved to a new house, change in family circumstances)

Details \_\_\_\_\_

Do you know what school you are planning to send your child to? Yes \_\_\_\_ No \_\_\_\_

If so, what school? \_\_\_\_\_

What year are you thinking of sending your child to school? \_\_\_\_\_

Do you give permission for Little Twinkle Child Care Centre to exchange information with the school in relation to transitioning your child to school? Yes \_\_\_\_ No \_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Authorisations for your child to participate in excursions and incursions

Do you authorise for the service's Nominated Supervisor or other educators to take your child outside the service premises for relevant learning experiences, such as routine excursions?

(Routine excursions are visits to local shops, schools or parks and is bound by a 1km radius).

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

In the event that an emergency occurs while on these excursions, do you authorise your child to follow the emergency procedures that have been planned?

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

Do you authorise for your child to participate in any incursions the service may organise?  
(Incursion include visitors and experiences to the service, including the fire brigade, musical performances etc. Details of each incursion will be provided throughout the year, as each incursion is planned on different interests, time of year etc.).

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Sunscreen Protection

As per our sun protection policy, we encourage all children to be protected against the dangers of UV rays. Our service has sunscreen available at the service. If your child is sensitive to the sunscreen at the service, please provide a brand that your child is able to have. We ask that you apply sunscreen on your child prior to leaving them at the service. Copies of our sun safe policy are available in the reception area, as well as online.

I agree to apply sunscreen on my child prior to leaving them at the service.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for educators to re-apply sunscreen to my child throughout the day as required.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Photography and social media permission

Little Twinkle Child Care Centre uses photography and videos to capture the learning and play that happens every day in the lives of the children at our service. These photos are intended to capture joy, happiness, fun and learning. Quite often these photos are displayed throughout the service to highlight how amazing each child is. Occasionally we like to use certain photos for social media and other publications to highlight how amazing our service is.

We respect each child's right to privacy, as well as your right to limit photographs and video of your child.

Please answer the following questions and know that your requests and those of your children will be respected by all educators and staff at Little Twinkle Child Care Centre.

I consent to my child being photographed/videoed whilst at the service and photos and videos of them being displayed throughout the service, in their own learning journals, in other children's learning journals, in daily reflections and in the services resources.

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

I give permission for my child's photo to be displayed on a "medical condition sheet" throughout the service.

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

I consent to my child's photo/video appearing in publications, on our website or on our social media accounts.

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

I have downloaded the school stream app and give permission to be contacted via the app.

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

Any other requests? \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Declaration

I declare that all the information within this enrolment form is true and correct and I understand that it is my responsibility to notify the service immediately of any changes to any information within this form, especially medical information.

I agree to update all information regarding authorised contacts and Little Twinkle Child Care Centre cannot be held liable for utilising information that has not been updated.

I agree to collect or make arrangements for the collection of the child referred to in this enrolment form, should he/she become unwell.

I consent to the service seeking or administering any appropriate medical treatment that is reasonably required and that I will reimburse any expense incurred by Little Twinkle Child Care Centre should this happen.

I declare that I have read and understood the policies of Little Twinkle Child Care Centre and will abide by these policies. I also understand that I have the opportunity to provide feedback on every and all policies and procedures, whilst my child is enrolled at the service.

I have read and agreed to the fees and payment structure and agree to pay fees two (2) weeks in advance.

I acknowledge that if my fees remain unpaid, the service is obliged to provide my details to a debt collection agency and this will be at my cost.

I agree that my child's place at the service is subject to the Priority of Access scheme, as outlined within the Family information booklet and our services policies.

I understand that I have the right to participate in all surveys, feedback and documentation methods utilised by Little Twinkle Child Care Centre in the collection of information about my child. I acknowledge that providing information about my child to the service can help them plan for their development and social needs and I will try, to the best of my ability, supply any relevant information to the service when asked.

I agree to inform the service of any pending absences. If my child wakes up unwell or is unwell prior to their scheduled day at the service, I agree to let the service know as soon as possible.

I \_\_\_\_\_ agree to all terms set out above.  
(Parent Name)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_