

**Nurturing the love of learning**

ENROLMENT FORM

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| --- |
| OFFICE USE ONLY |
| Name of child: |
| Preferred centre: |
| Attendance days: |
| Enrolled by: |

Enrolment Form

*This form is an important part of your child’s transition to Curious Minds ELC. It is vital that you take the time to read and fully complete the form with as much detail as possible.*

**CHILD’S INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family name: | | Given names: | | |
| Address: | | | | |
| Gender: male € female € | DOB: | | | CRN: |
| Medicare Number: | | | | |
| Place of birth: | | | Nationality: | |
| Cultural influences: | | | | |
| Language spoken at home: | | | | |
| Aboriginal or Torres Strait Islander? | | | Yes € No € | |

**PARENT/GUARDIAN INFORMATION**

|  |  |
| --- | --- |
| PARENT/GUARDIAN 1 | PARENT/GUARDIAN 2 |
| Full name: | Full name: |
| Relationship to child: | Relationship to child: |
| DOB: | DOB: |
| CRN: | CRN: |
| Email: | Email: |
| Telephone: (h) (w) | Telephone: (h) (w) |
| (m) | (m) |
| Address: | Address: |
| Driver’s license number: | Driver’s license number: |
| Cultural Background; | Cultural Background: |
| Occupation & Employer: | Occupation & Employer: |
| Work address: | Work address: |
| Does child live with parent/guardian 1? | Does child live with parent/guardian 2? |
| Yes € No € | Yes € No € |
| Parents expertise/knowledge you may wish to share with the service: | Parents expertise/knowledge you may wish to share with the service: |

**DAYS REQUIRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tick days of care required/preferred | | | Preferred start date: | | |
| Monday € | Tuesday € | Wednesday € | | Thursday € | Friday € |
| Comment: | | | | | |
|  | | | | | |

**EMERGENCY CONTACTS & AUTHORITY TO COLLECT**

*I authorise the following people to pick-up my child from Curious Minds ELC Early Learning Centre. I have confirmed that these people are willing and able to collect my child in the case of an emergency. (These people must be over the age of 18 years and deemed responsible). I understand that my child will not be allowed to leave the pre-school unless I provide authorisation to the staff and/or they are collected by one of the people listed below.*

**Emergency Contact** – other than the parent or legal guardian, can collect the child in the case of an emergency or when sick

|  |  |
| --- | --- |
| PERSON ONE | PERSON TWO |
| Full name: | Full name: |
|  |  |
| Relationship to child: | Relationship to child: |
| DOB: | DOB: |
| Address: | Address: |
|  |  |
| Telephone: (h) (w) | Telephone: (h) (w) |
| (m) | (m) |

**Authorised Nominees** – have the authority to make decisions on the child's behalf, such as consent to medical treatment of the child and authorise administration of and provide medication or authorising an educator to take a child outside the premises.

|  |  |
| --- | --- |
| PERSON ONE | PERSON TWO |
| Full name: | Full name: |
|  |  |
| Relationship to child: | Relationship to child: |
| DOB: | DOB: |
| Address: | Address: |
|  |  |
| Telephone: (h) (w) | Telephone: (h) (w) |
| (m) | (m) |

**COURT ORDERS**

Are there any court orders affecting the custody of your child? Yes € No €

*If yes, please provide details of these arrangements (This includes Apprehended Violence Orders, Family Law Court Orders, or any other family information e.g. joint custody arrangements). In the case of court orders or apprehended violence orders, copies of these documents may be required. The Director/Authorised supervisor needs to be notified if circumstances change.*

**GETTING TO KNOW YOUR CHILD**

|  |  |
| --- | --- |
| DIET | |
| Does your child have any special dietary requirements? | Yes € No € |
| Please provide details: | |
|  | |
| Is your child allergic to any foods? | Yes € No € |
| Please provide details of foods allergies and food preferences: |  |
|  |  |
| *If your child has a food allergies we will need to complete a HEALTH MANAGEMENT PLAN prior to enrolment. You must sight and sign our policy related to this.* | |
| TOILETING | |
| Does your child wear nappies during the day? | Yes  No  |
| Is your child being toilet trained? | Yes  No  |
| If yes, please describe your methods and progress: |  |
|  |  |
| Does your child go to the toilet independently? | Yes  No  |
| What words or tactics could assist us with your child during toilet time? | |
|  | |
| SLEEPING | |
| Does your child usually sleep or rest during the day? | Yes  No  |
| If yes, at what time and for how long? |  |
| Does your child have a nappy, dummy, comforter or bottle at sleep | Yes  No  |
| time? Please provide details: |  |
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| GENERAL INFORMATION |
| In a few words, how would you describe your child? |
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|  |
| What are your child’s favourite activities? |
|  |
|  |
| Does your child have any fears or dislikes? |
|  |
|  |
| Does your child have any other needs that we should know about? |
|  |
|  |
| Does your child have a special toy or object other than at sleep times? |
|  |
| Do you have any cultural or religious traditions / beliefs that you feel we should |
| know about? |
|  |
| Is than any other information that might assist us in providing the best service for |
| you and your child? |
|  |
| Please list three (or more) goals you have for child at Curious Minds ELC. |
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|  |  |
| --- | --- |
| SIBLING INFORMATION | |
| Name of sibling: | Age: |
| Name of sibling: | Age: |
| Name of sibling: | Age: |
| Name of sibling: | Age: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HEALTH INFORMATION | | | | |
| Child’s Doctor: | | Doctor Ph: | | |
| Doctors Address: | | | | |
| Has your child been fully immunised? | | Yes  No  | If no, provide details below | |
| *YOU ARE REQUIRED BY LAW TO PROVIDE AN IMMUNISATION HISTORY STATEMENT PRIOR TO STARTING* | | | | |
| Does your child have any diagnosed medical conditions? | | Yes  No  | If yes, provide details below | |
| Does your child have any allergies? | | Yes  No  | If yes, provide details below | |
| Do you have any concerns about your child’s development? | | Yes  No  | If yes, provide details below | |
| Does your child attend any early intervention services? | | Yes  No  | If yes, provide details below | |
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| *HEALTH MANAGEMENT PLAN AND RISK ASSESSMENT MUST BE COMPLETED PRIOR TO BEGINING ENROLMENT IN THE EVENT OF A MEDICAL CONDITION* | | | | |
| Child’s health management plan has been sighted: Yes  No  | | | | Date: |
| Name: | Signature: | | | |

**CHECKLIST**

|  |  |
| --- | --- |
| DOCUMENTS YOU MUST PRODUCE PRIOR TO YOUR ENROLMENT | |
| € | Driver’s licence or other form of identification – Parent 1 & 2 |
| € | Copy of your child’s birth certificate |
| € | Current immunisation history statement from Medicare or My gov website. Blue books are not accepted |
| € | Copies of any court orders relating to your child |
| € | Copies of any management plans relating to your child’s health |
| OTHER THINGS YOU MAY NEED TO DE BEFORE ENROLLING | |
| € | Register with the Family Assistance Office for CCS (Child Care Subsidy) |
| € | Read Curious Minds ELC Early Learning Centres family information booklet and policies |

**RECEIVING INFORMATION**

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| --- |
| At Curious Minds ELC we make every effort to minimise paper waste. We send most correspondence (statements, newsletters etc) via e-mail, however, we respect your individual choice of how you receive correspondence. Please select your preferred method of receiving information. |
| € Electronically € Printed paper € Other: |

**PERMISSIONS OF ENROLLMENT**

*Our service requires parental/guardian consent for certain procedures, routines and events relating to individual children. Please read the following statements with care and indicate your preference of permission.*

|  |  |
| --- | --- |
| I acknowledge that I have read & understand Curious Minds ELC Early Learning Centres medication policy & give my consent to the carrying out of appropriate medical, dental, ambulance or hospital treatment or transport in the event that such action appears necessary because my child has been injured or is ill at the premises. Note: nothing in this clause limits the authority of a medical practitioner or dentist on a child without the consent of the child’s parent as referred to in section 174 of the Act. Consent is also given for the transportation of the child by an Ambulance service. | Yes € No € |
| If your child becomes ill at Curious Minds ELC and/or presents with fever symptoms, you will be required to collect your child from care. If your child’s temperature rises above 38degrees and staff are unable to reach you or your emergency contacts, do you provide permission for the staff to administer an appropriately measured dose of child paracetamol? | Yes  No  |
| I give permission for sunscreen to be applied to my child at the centre and will notify the centre if my child has an allergy or sensitivity to sunscreen. | Yes  No  |
| I provide permission for my child to be photographed and/or recorded on video by staff whilst attending Curious Minds ELC (These photographs/videos may be used for family DVD, developmental observations, on-line portfolio development, display within the centre etc. This includes group photos shared with other families from the group) | Yes  No  |
| Occasionally, these photographs or videos may be used on our website or for marketing purposes. Do you consent to these photographs and/or video being used for these purposes. | Yes  No  |
| I give permission for my child to participate in regular evacuation drills. I understand that my child will be relocated from the Centre under the supervision of their caregivers and centre staff to a safety zone for evacuation purposes. (Please refer to the Centres Evacuation Plans and Procedures for information.) | Yes  No  |

**CONDITIONS OF ENROLMENT**

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| --- |
| I agree that the information provided is accurate to the best of my knowledge. |
| I have read Curious Minds ELC Early Learning Centre fee’s policy and agree to pay all child-care fees two weeks in advance and in accordance with the policy. I acknowledge that failure to pay fees by their due date may result in my child’s enrolment being cancelled. |
| I understand that I am required to give two week’s written notice by email the centre when I wish to withdraw my child from Curious Minds ELC Early Learning Centre. |
| I understand that fees are required to be paid for public holidays, and when my child is absent due to sickness or holidays. A make-up day will be offered for public holidays **only** if room is permitted. |
| I understand a late collection fee will be charged to my account should my child be collected after the centre’s closing time. |
| I understand that children cannot be brought in to the centre while they have an infectious disease, fever or been administered Panadol. |
| I understand that signing my child in and out upon arrival and departure is compulsory and my responsibility. |
| I agree to abide by the services policies and procedures while my child is enrolled at Curious Minds ELC Early Learning Centres. |

|  |  |
| --- | --- |
| Parent/Guardian 1 | |
| Full name: | |
| Signature: | Date: |
| Parent/Guardian 2 | |
| Full name: | |
| Signature: | Date: |

**ENROLMENT SURVEY**

|  |  |  |  |
| --- | --- | --- | --- |
| HOW DID YOU HEAR ABOUT CURIOUS MINDS ELC EARLY LEARNING CENTRES | | | |
| € | Curious Minds ELC Website / Internet Search | € | Flyer / other promotional material |
| € | Referred by a friend | € | Newspaper |
| € | Local directories | € | General reputation |
| € | Yellow / white pages | € | Other (please describe) |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| WHAT FACTORS MOST INFLUENCED YOUR DECISION WHEN CHOOSING CURIOUS MINDS ELC EARLY LEARNING CENTRES | | | |
| € | Reputation | € | Environmental commitment |
| € | Locality to your home | € | Preschool program/school readiness |
| € | Locality to your work | € | Safe/secure |
| € | Staff | € | Small centre |
| € | Price | € | Good policies |
| € | Homely Environment | € | “Felt right” |
| Other: | | | |

**OFFICE USE ONLY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Immunisation Record Sighted by Name |  | | | Signed |  | | Date |  |
| Return Date: / / | | | Date of induction interview: / / | | | | | |
| Start date: / / | | | Finish date: / / | | | | | |
| *Key staff are to read and sign the enrolment form to indicate they have read and understand the information relating to this child.* | | | | | | | | |
| Name: | | Sign: | | | | Date: | | |
| Name: | | Sign: | | | | Date: | | |
| Name: | | Sign: | | | | Date: | | |
| Name: | | Sign: | | | | Date: | | |
| Name: | | Sign: | | | | Date: | | |
| Name: | | Sign: | | | | Date: | | |
| Comments: | | | | | | | | |