



# Enrolment Form

## Service Name

## Child's Information

Given name/s

Family name

Former/Other Name/s

Gender

DOB

Male

Female

Place of Birth

Primary language

Religion

Address

School Year & Class

Culture

Who does the child primarily reside with? (select all that are relevant):

Mum

Dad

Other

\*\* Please include a photo of your child with the enrolment form\*\*

## Mother/Guardian Information

Given Name/s

Family Name

Other Name/s

DOB

Tick if address same as child

Address

Suburb

Home phone

Mobile

Work phone

E-mail

Cultural Background

Primary language

Occupation

Employer

Employer Address

### Father/Guardian Information

Given Name/s

Family Name

Other Name/s

DOB

Tick if address same as child

Address

Suburb

Home phone

Mobile

Work phone

E-mail

Cultural Background

Primary language

Occupation

Employer

Employer Address

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### Emergency Contacts

I authorise the staff at the Centre to give the following people access to my child. . You can changes details at any time. NOTE: Only persons over the age of 18 are permitted to collect children from the Centre

Emergency Contact 1

Given Name/s

Family Name

Home phone

Mobile

Work phone

Address

Suburb

Emergency Release

Daily Pick Up

Relationship to child

Yes

No

Yes

No

Emergency Contact 2

Given Name/s

Family Name

Home phone

Mobile

Work phone

Address

Suburb

Emergency Release

Daily Pick Up

Relationship to child

Yes No

Yes No

### **Court Orders**

Are there any court orders, parenting orders or parenting plans to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, including the residence of the child or the child's contact with a parent or another person?

Yes No

If yes, please give current details and provide a copy of any court orders to the Centre Supervisor

### **Health**

Has your child any known medical conditions?

Yes No

If yes, please provide details

Does your child suffer from any of the following?

Asthma

Anaphylaxis

Epilepsy

Diabetes

ADD/ADHD

If you have ticked any of the boxes above, please supply a detailed first aid/health care plan from your doctor to the centre

Has your child ever experienced any language/ speech difficulties?

Yes            No

If yes, please provide details

Is your child on regular medication?

Yes            No

If yes, please provide details

Has your child had any of the following:

Measles	Mumps	Chicken Pox	German Measles
Hepatitis	Ear Infection	Throat Infection	

Has your child been immunised?

Yes            No

Is your child's immunisation up to date

Yes            No

If yes, please provide one of the following document to the centre

\* An Australian Childhood Immunisation (ACIR) Immunisation History Statement which shows the child is up to date with their scheduled immunisations

If no, please provide one of the following document to the centre

\* An ACIR Immunisation Exemption Conscientious Objection Form which has been certified by an immunisation provider and or parent/guardian

\* An ACIR Immunisation Exemption Medical Contraindication Form which has been certified by an immunisation provider.

*PLEASE NOTE- Children enrolling in child care must provide continuing proof of current immunisation status. Failure to provide this proof will mean that your child will not be able to attend the centre should there be an outbreak of a vaccine-preventable disease- and fees will be charged during this period*

Family Doctor Name

Doctor Phone

Doctor Address

Medicare Number

Private Health Fund

Health Fund Number

Do you give authority for the centre to phone an ambulance in the case of a medical emergency?

Yes            No

Please provide any details of religious requirements in the case of an emergency/accident

Is your child currently receiving funding or is an application currently being processed for additional support?

Yes            No

Does your child have any cultural food preferences that the centre should be aware of?

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### Booking Information

Preferred Start Date

On what basis will your child be attending?

Will you be claiming CCB?

Permanent            Casual

Yes            No

Parent CRN

Child CRN

How many other children do you have in child care?

Bill fees to

If other, please specify

Mother            Father            Other

AM sessions (tick all that apply)

Monday            Tuesday            Wednesday            Thursday            Friday

PM sessions (tick all that apply)

Monday            Tuesday            Wednesday            Thursday            Friday

How many allowable absences have you used this financial year?

Will the child attend another service while attending this service?

Yes            No

In a few words, tell us what your child's interests are?

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## Privacy Statement

The centre maintains records of children's attendance, health, family financial matters, such as fee payments, and the developmental records of each child as required by The Department of Education & Communities (DECS) legislative requirements.

All information is confidential and is only available to parents/guardians of the child/ren concerned, and by the request of DECS and FAO. Special requirement records will be kept, if notified by a parent, who may relate to a child's culture or religion or if the child has a disability or other special need. The specific needs of all children will be recorded.

The Centre will undergo Assessment periodically. This is a quality and improvement program. We encourage the involvement of students from various Early Childhood Learning Institutions, including University and TAFE. Students will become involved in observing your child, upon requests to the parents for permission.

Please tick to confirm you have read the privacy statement

## Terms and Conditions

Please tick to agree to the terms and conditions

**Payment of Fees-** I understand that all fees are to be made via Direct Debit/BPAY on each Friday fortnight. Statements will be issued Friday fortnight for two weeks in advance

I agree

**Non Payment of Fees-** I understand that if I do not have sufficient funds in my bank and my fees bounce, I will be charged a \$20 dishonor fee. If my fees fall into arrears of 28 days, I understand it will be handed over to a debt collection agency, and any additional costs to recover the debt will be at my expense, in addition to the original debt

I agree

**Late Fee-** I understand that if my child is collected after the centre closing time, a late fee of \$1.00 per minute will apply. This is to be paid as an "on the spot fee".

I agree

**Absent days-** I understand that Public holidays, sick days and any other days my child is absent must be paid for. Please note that the Family Assistance Office will only allocate 42 allowable absences per calendar year before your Child Care Benefit is evoked. I understand that I am required to sign for all child absences, if absences are not signed for, fee relief for the absent day will be removed I will be charged full fees.

I agree

**Change of Days-** I understand that two weeks written notice must be given if I require additional days or are reducing the days my child currently attends. I understand that extra days are subject to availability and Priority of Access. I acknowledge that if I require an extra casual day through the week that I am unable to swap my permanent booking for the week and that an extra day will be added as staff, activities and meals have already been accounted for.

I agree

**Withdrawal notice-** I understand that two weeks written notice must be given if I wish to terminate my child's placement at the centre. If notification of withdrawal occurs within two weeks of the original commencement date, I understand that two weeks written notice is required. I understand that payment of fees from the original commencement date to the withdrawal date will also be required and four weeks written notice must be given for withdrawals occurring at the end of each year

I agree

**Medical-** I understand that in the case of an emergency, illness or accident concerning my child and the Authorised Supervisor being unable to contact me or the other persons so authorised by me, I consent to the Centre seeking on my behalf medical or hospital attention for my child and I accept liability for medical and/or ambulance expenses that may be incurred. Also, if after every reasonable effort to contact me has failed and the Doctor contacted considers it necessary for medication, anaesthetic or minor surgery he/she has my permission to administer the same.

I agree

**Medication-** I understand that if my child is on medication at the time of enrolment, or if a condition requiring medication develops whilst my child is enrolled at the service, that medication will only be administered with a letter from a doctor and a signed medication authority from by a parent. Only prescribed medication will be administered. I understand that if my child develops a temperature of 38 degrees or higher whilst in care, the Parent/Emergency Contact will be contacted for permission to administer Children's Panadol

I agree

**Food-** I understand no food is to be brought to the Centre at any time due to some children's allergies to certain foods.

I agree

**Behaviour-** I understand that socially acceptable behaviour by children is a condition of their enrolment. Carers will make each child familiar with the Centre's basic rules of behaviour. I understand that if my child's behaviour is or becomes unacceptable, and it cannot be managed by Carers informally, I will be invited to meet with the Centre Supervisor to discuss my child. In some cases the Centre Supervisor may request that my referral to an outside agency for assistance as a condition of my child remaining enrolled, and my child may be excluded from the Centre for a period of time until their behaviour is within socially acceptable limits

I agree

**Parking-** I understand that where applicable all cars are to be parked in allocated car spaces and that I must hold my child's hand whilst moving to and from the parking area.

I agree

**Sun cream-** I understand that suncream is to be applied to my child/ren before arrival or upon arrival at our service. I also understand that my child must have a hat to play outside at all times.

I agree

**Hand washing-** I understand that upon arrival and departure of the Centre I am required to wash my hands and my child/ren's hands to minimise the spread of infections throughout our service.

I agree

**Excursions-** I understand that as part of the education program of the centre I consent to my child being taken by staff to visit places of interest and on excursions within the child care centre/school grounds (the car park area for experiences such as a visit from the local Fire Brigade or Police Station etc.

I agree

**Extra Curricular Activities-** I understand that if my child is to attend extra-curricular activities that I am first to arrange for the teacher of that activity to collect/drop off my child and sign them in/out of the Centre. I also understand that the staff at the Centre are unable to deliver or collect my child to/from the activity.

I agree

**Vacation Care-** I acknowledge that once I make my booking for vacation care that I am not entitled to any refunds or credits, should I cancel my child/rens bookings (except under extenuating circumstances on application to the service Director). I further acknowledge that I am unable to change the original days that have been booked as staff, activities and meals have already been accounted for.

I agree

**Birthday Chart-** I give permission for the staff at this centre to display my child's date of birth on a birthday chart

I agree

I disagree

**Internal Photos-** I give permission for the staff at the centre to take photographs of my child involved in play experiences for display in the centre ONLY

I agree

I disagree

**Media display-** I give permission for the staff at the centre to take photographs and videos of my child involved in play experiences for the purposes of promoting/marketing the services. I understand that photos will not be made available on the centre's website or social media outlets, including Facebook.

I agree

I disagree

**Please print the document, and sign below. Please return to the centre in person, or via email**

Name

Signature

### **Centre Contacts**

**Jigsaw OOSH Dural**

Dural Public School  
Ph: 9653 9331  
dural@jigsawoosh.com.au

**Jigsaw OOSH Kiama**

Kiama Public School  
Ph: 4232 1964  
kiama@jigsawoosh.com.au

**Jigsaw OOSH Lewisham**

Lewisham Public School  
Ph: 9569 1784  
lewisham@jigsawoosh.com.au

**Jigsaw OOSH Vardys Rd**

Vardys Rd Public School  
Ph: 9838 0056  
vardysrd@jigsawoosh.com.au

**Jigsaw OOSH Caddies Creek**

Caddies Creek Public School  
Ph: 0455 100 898  
caddiescreek@jigsawoosh.com.au

**Jigsaw OOSH Minchinbury**

Minchinbury Public School  
Ph: 9675 4745  
minchinbury@jigsawoosh.com.au