

# NORMANTON CHILD CARE CENTRE



Child's Name:

Entered by:



## ATTACHED DOCUMENTS CHECKLIST

Please ensure ALL of the following documents are attached to this application before submission:

PLEASE MARK TO INDICATE DOCUMENTS ATTACHED	X
CHILD'S BIRTH CERTIFICATE	
IMMUNISATION RECORDS	
PARENT ONE CRN	
CHILD CRN ELIGIBILITY LETTER	
ALL OTHER RELVANT DOCUMENTS	

## ENROLMENT BOOKLET

11-13 Balonne Street  
PO Box 31  
NORMANTON Q 4890

DIRECTOR: Nicole Nash  
PHONE: 07 47 451 167  
FAX: 07 47 451 306

Normanton Child Care Centre requires this form to be completed and returned with ALL supporting documentation before your child starts care with us.

*Please notify us of any change of details, as soon as they arise.*

<b>Please TICK care required:</b>									
<b>FULL TIME</b>	<input type="checkbox"/>								
<b>CASUAL</b>	<input type="checkbox"/>								
<b>PART TIME—Please TICK the days your child requires care:</b>									
Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
<b>Start Date</b>	<input type="text"/>								

## CHILD DETAILS

Child CRN:	<b>Please Note</b> Parent and child have their own individual CRN		
First Name(s):	Middle Name(s):		
Surname:			
Preferred Name:			
Date of Birth:	Gender:	Male	Female
Home Address:			
Postal Address:			
Country of Birth:			
Language(s) spoken at home:			
Does your child identify as:	Aboriginal	Torres Strait Islander	Neither



## PARENT/GUARDIAN DETAILS

### PRIMARY PARENT

CRN:	Parent 1 is claiming CCB from Centrelink. <b>Please Note</b> Parent and child have their own individual CRN		
Title:    Mr    Mrs    Ms	First Name(s):		
Surname:			
Relationship to child:			
Date of Birth:	Country of Birth:		
Postal Address:			
Email:			
Mobile Phone:	Home Phone:		
Occupation:	Work Name:		
Work Address:	Work Phone:		

### SECONDARY PARENT

Title:    Mr    Mrs    Ms	First Name(s):		
Surname:			
Relationship to child:			
Date of Birth:	Country of Birth:		
Postal Address:			
Email:			
Mobile Phone:	Home Phone:		
Occupation:	Work Name:		
Work Address:	Work Phone:		



## EMERGENCY/AUTHORISED PERSON DETAILS

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People you choose as emergency contacts must be over 18 years of age and need to be aware of their responsibilities as an emergency contact. They will be responsible for the following:

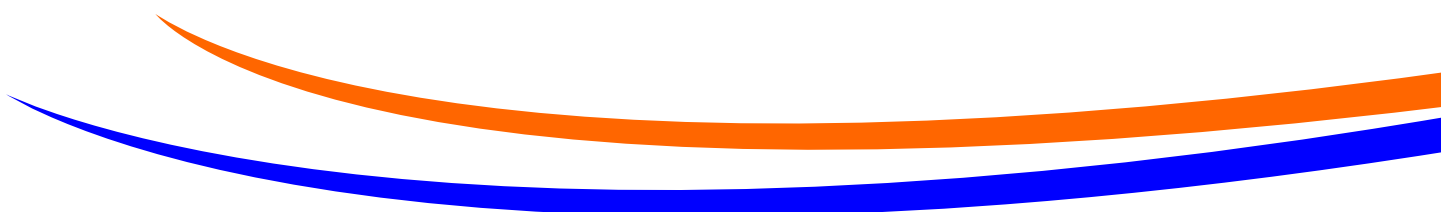
- a. Collecting the child from our service if the parents cannot be contacted.
- b. Notified of an emergency involving the child if any parent of the child cannot be contacted immediately.
- c. Authorise administration of medication if any parent of the child cannot be contacted.
- d. Able to provide consent to medical treatment for the child from a registered medical practitioner, hospital or ambulance service if any parent of the child cannot be contacted immediately.
- e. To give authorisation to the service to take the child on any regular outings if any parent of the child cannot be contacted.

### Contact One

Title:    Mr    Mrs    Ms	First Name(s):
Surname:	
Relationship to child:	
Address:	
Mobile Phone:	Home Phone:
Work Address:	Work Phone:

### Contact Two

Title:    Mr    Mrs    Ms	First Name(s):
Surname:	
Relationship to child:	
Address:	
Mobile Phone:	Home Phone:
Work Address:	Work Phone:



## EMERGENCY/AUTHORISED PERSON DETAILS

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### Contact Three

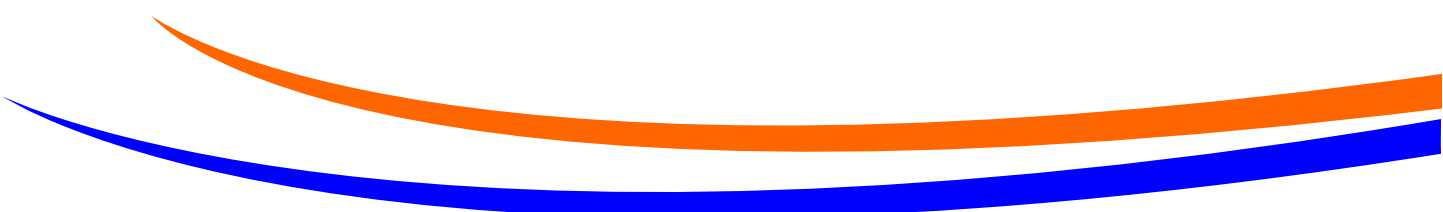
Title:    Mr    Mrs    Ms	First Name(s):
Surname:	
Relationship to child:	
Address:	
Mobile Phone:	Home Phone:
Work Address:	Work Phone:

### Contact Four

Title:    Mr    Mrs    Ms	First Name(s):
Surname:	
Relationship to child:	
Address:	
Mobile Phone:	Home Phone:
Work Address:	Work Phone:

### Contact Five

Title:    Mr    Mrs    Ms	First Name(s):
Surname:	
Relationship to child:	
Address:	
Mobile Phone:	Home Phone:
Work Address:	Work Phone:



## COURT/CUSTODIAL ORDERS

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

Yes

No

*Please attach a copy of all relevant documentation.*

## IMMUNISATION

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Is your child fully immunised?

Yes

No

*Please attach a copy of your child's immunisation statement or a signed letter from your child's Doctor stating your child's immunisation status.*

## CHILD HEALTH INFORMATION

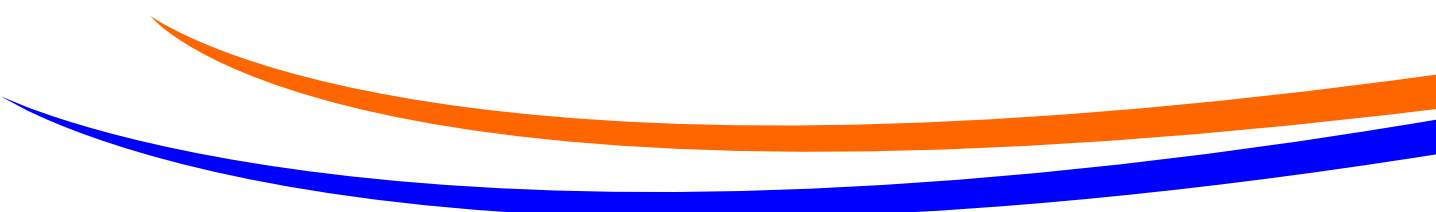
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Does your child suffer from any allergies?

Yes

No

If yes, please provide relevant details below including the Action Plan for responding to a reaction:



## CHILD HEALTH INFORMATION CONTINUED

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Does your child have any medical conditions?

Yes

No

If yes, please provide relevant details below:

Does your child take regular medication?

Yes

No

If yes, please provide relevant details below:

Does your child have any dietary restriction?

Yes

No

If yes, please provide relevant details below:



## CHILD HEALTH INFORMATION CONTINUED

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### Family Doctor Information

Title:    Mr    Mrs    Ms	First Name(s):
Surname:	
Service Name:	
Address:	
Phone:	

Medicare Number:	Medicare Reference:
Private Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Number:
Health Insurance Company Name:	

## MORE ABOUT YOUR CHILD

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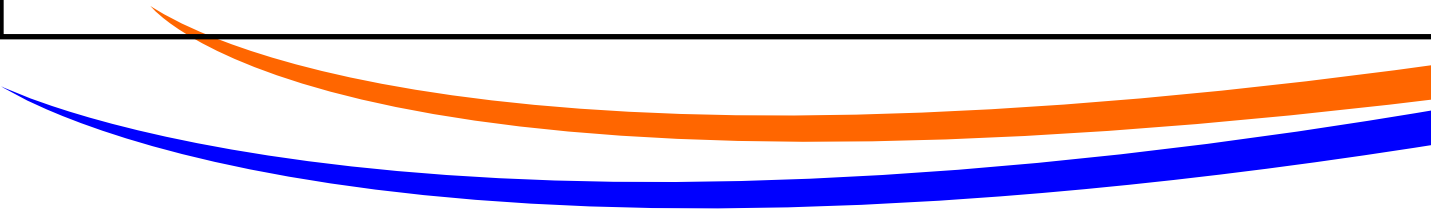
Has your child been toilet trained?

Yes

No

Please provide details if necessary eg. Nappy at rest time:

Please provide details of your child's general sleep times/habits





## ENROLMENT AGREEMENT

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PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF.

Please tick the following clauses to authorise:

### General:

I/We give permission for this child to:

Participate in outings to places of interest ( <i>permission slips will be issued and have to be signed before allowing you child to leave the centre</i> )	Yes		No	
Have SPF30+ sunscreen applied prior to sun exposure ( <i>If not, please provide the centre with a letter releasing the centre of any liability</i> )	Yes		No	
Have Band-Aids or sticking plasters applied when necessary	Yes		No	
Have staff apply Nappy Rash Cream ( <i>supplied by parents</i> )	Yes		No	
Have staff apply teething gel ( <i>supplied by parents</i> )	Yes		No	
Have staff apply insect repellent when necessary	Yes		No	

### Photos and Video Footage:

I/We give permission for:

Photos and video footage to be taken of my/our child for centre use and staff training purposes ( <i>Footage will not leave the Centre</i> )	Yes		No	
Photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the centre.	Yes		No	
Photos and video footage of my/our child to be used on the Carpentaria Shire Council website, social media or other internet purposes such as advertising or other organisation's resources.	Yes		No	
Photos and video footage of my/our child to be taken for my/our own personal viewing .	Yes		No	

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Signature

**Parent One**

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Signature


**Parent Two**



## ENROLMENT AGREEMENT CONTINUED

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I/We:

1. Understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
  2. Have received and read the Parent Information booklet and understand that any changes to such will be displayed on the Centre's notice board in the foyer
  3. Agree to comply with all Government requirements in relation to the Centre and its service
  4. Agree to abide by all of the Centre's Policies and are aware they are available to view at any time
  5. Understand that children who are third priority under the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child
  6. Agree that in the case of an accident, injury or emergency, every effort will be made to contact me/us immediately and where I/we cannot be contacted I/we authorise Normanton Child Care Centre staff to obtain medical care and/or ambulance services and/or to administer life saving medication (e.g. EpiPen or Ventolin) for my/our child, and I/we agree to meet any cost incurred.
  7. Are aware that the child will be excluded from care at the centre if he/she has contracted a contagious disease or condition
  8. Understand that my/our child will be accepted back into care at the centre upon the provision of a "clearance certificate" for my/our child from a medical practitioner
  9. Understand that without the provision of updated Immunisation Statements my/our child will be deemed an immunisation status of "not up to date"
  10. Understand that if our child has an immunisation status of "not up to date" they will be excluded from care at the centre in the event of an outbreak of a vaccine-preventable disease for the specified exclusion period
  11. Agree to provide the centre with all information regarding the health of my/our child
  12. Are aware that the centre may occasionally have visitors or volunteers, and consent to my/our child being in the presence of visitors or volunteers, with the centre's appropriate supervision
  13. Agree to pay my/our fees weekly or fortnightly that recovery action will begin if my/our account is two weeks or more overdue
  14. Are aware that fees for public holidays are payable if the day is a usual day of attendance
  15. Are aware that fees are payable for all booked days, including absent days, i.e. sick days and family holidays
  16. Are aware that to cancel child care, I/we are required to provide two weeks written notice prior to the date of withdrawal; otherwise fees will continue to be charged. I/we are aware that if my/our child does not attend during this period full fees will apply
  17. Are aware that it is my/our responsibility to maintain a current Family Assistance Income Assessment for Child Care Benefit purposes
  18. Are aware that to access Child Care Benefit I/we need to meet all current Child Care Benefit requirements
  19. Understand that late collection fees apply and I/we are obliged to drop off and pick up our child within the centre's operating hours
  20. Agree to provide healthy, nutritious food for my/our child and their clothing is Sun Smart while they are in care at the Centre
  21. Are aware that the Centre needs to receive confirmation from Centrelink for Child Care Benefit and/or Child Care Rebate before my/our child can start care
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**I/We have read, understood and agree to abide by the conditions of this enrolment.**

**Primary Parent/Guardian**

**Parent/Guardian Two**

**Centre Director**

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Signature

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Signature

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Signature

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Print Name

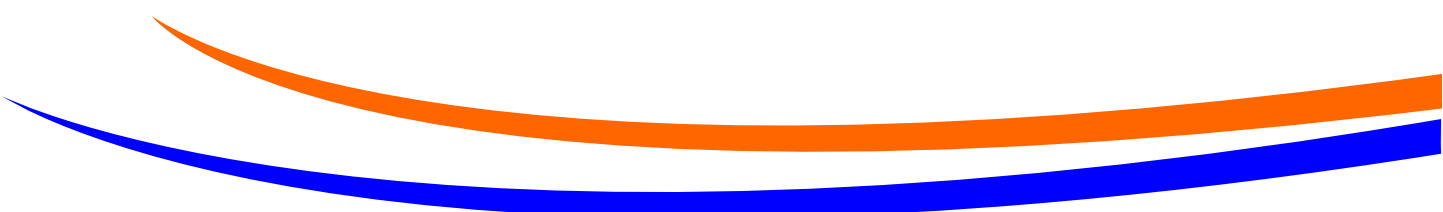
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Print Name

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Print Name

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Date

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Date

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Date



## NEW PARENT CHECKLIST

Have you received a tour of the centre?		Yes / No	
Have you been introduced to the staff?		Yes / No	
Have you been informed about the management structure?		Yes / No	
Have you been informed about the centre's policies and procedures?		Yes / No	
Have you contacted Centrelink?		Yes / No	
Have you completed an enrolment form?		Yes / No	
Have you been informed about the centre's immunisation policy?		Yes / No	
Have you been informed about the centre's Sun Smart policy?		Yes / No	
Have you received children's nutrition information?		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	
Parent/Guardian		Director:	
Signature:		Signature:	
Date		Date:	

