


Cherubs

EARLY LEARNING
AND KINDERGARTEN

CHILD' S DETAILS. (Please complete and forward to centre manager)

Given name(s)	
Surname	
Name usually called	
Date of birth	
Sex (please circle)	Male/Female
Centrelink Reference Number (CRN) Please note parents and children have their own individual CRN numbers	
Child' s home address	
Child lives with	
Child' s birth certificate or equivalent has been cited Centre Manager 	Yes/No
Days of attendance (Please circle)	Mon Tues Wed Thurs Fri


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Child' s start date	
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PRIMARY PARENT

Parent Name	
Parent Surname	
Address	
Phone Number	(H) (M) (W)
Parent Date of Birth	
Email address:	
Relationship to child	
Parent Centrelink Reference Number (CRN)	
Country of Birth	
Please provide any relevant cultural background details:	

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Does the child live with you? (Please circle)	Yes/No
Occupation and place of employment if applicable	

SECONDARY PARENT

Parent Name	
Parent Surname	
Phone Number	(H) (M) (W)
Address	
Parent Date of Birth	
Email address:	
Relationship to child	
Country of Birth	
Please provide any relevant cultural background details:	

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Does the child live with you? (Please circle)	Yes/No
Occupation and place of employment if applicable	

First Emergency Contact

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances the service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.

Please obtain the person's consent before listing them as an emergency contact

Full Name:	
Relationship to child:	
Address:	
Phone Number:	
Email address:	
Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child if you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____
Can this person be contacted to give consent for educators to take the child outside the service's premises if you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____

Second Emergency Contact

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Full Name:	
Relationship to child:	
Address:	
Phone Number:	
Email address:	
Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child if you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____
Can this person be contacted to give consent for educators to take the child outside the service's premises if you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____

Court Orders

Are there, parenting orders or parent plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child?	Yes / No Please provide all paper work
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Are there any other court orders relating to the child' s residence or the child' s contact with a parent or other person?	Yes / No If yes, please supply all relevant documentation
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CULTURAL CONSIDERATION

Language spoken at home	
Ethnicity	
Religion	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please circle)	Yes/No

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Please outline any cultural practices you would like followed:	
Please outline the Child' s religious background and if relevant any religious practices you would like followed:	
Religious celebrations:	

MEDICAL INFORMATION

Medicare Number	
Medicare Expiry Date	
Child' s Registered Medical Practitioner or Service Details:	
Service Name:	
Practitioner' s Name:	
Contact Numbers:	
Address:	
Child' s Registered Dental Practitioner or Service Details:	
Service Name:	
Practitioner' s Name:	

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Contact Numbers:	
Address:	
Private Health Cover (Please Circle):	Yes/No
Private Health Fund Name and Membership Number:	

Ambulance Cover:	Yes/No
Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? (Please Circle)	Yes/No If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include: <ul style="list-style-type: none">• A photo of the child• If relevant, state what triggers the medical condition, allergy or anaphylaxis• First aid needed• Contact details of the doctor who signed the plan• When the Plan should be reviewed.
Does the child have any dietary restrictions? (Please Circle)	Yes/No If yes, please attach relevant details.


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Do you authorise the Centre Manager or another educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Parent 1 Signature: _____ Parent 2 Signature: _____
Do you authorise the Nominated Supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Parent 1 Signature: _____ Parent 2 Signature: _____

IMMUNISATION DETAILS

I have chosen not to have my child immunised 	Yes/No Please note: [Approved documentation must be provided before your child can attend – See Immunisation Policy]
Are your child's immunisations up to date ?	Yes/ No If yes please provide Copies of evidence of this
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle)	Yes/No Parent 1 Signature: _____ Parent 2 Signature: _____

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Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child' s parents and/or emergency services as soon as possible. [Education and Care Services National Regulations Regulation 94.](#)

Parent 1 Signature:

Parent 2 Signature:

DEVELOPMENTAL INFORMATION

Please provide us with any other information we should know about your child
(For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)

TRANSITION TO SCHOOL

Have you decided what school to send your child to? If so, do you give the service permission to

Parent 1: Yes/No
Signature:

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<p>exchange information with the school to assist your child transition to school?</p> <p>Name of School: _____</p> <p>Permission to exchange information: Yes/No</p>	<p>_____</p> <p>Parent 2: Yes/No</p> <p>Signature: _____</p>
<p>While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child' s private school so we can incorporate them in to your child' s program:</p>	

FAMILY INFORMATION

<p>Does the child have any siblings? If so, please provide their names and ages.</p>	
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CHILD ROUTINE

Time	Routine

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ENROLMENT AGREEMENT

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 items to authorise:

HEALTH & SAFETY

I/We give permission for our child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	Yes	No
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	Yes	No
Have Band-Aids or sticking plasters applied when necessary	Yes	No
Have staff apply Nappy Cream/Paste (supplied by parents)	Yes	No
Have staff apply Teething Gel (supplied by parents)	Yes	No

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Have staff apply Insect Repellent (supplied by parents)	Yes	No
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PHOTOGRAPHY & VIDEO

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave Service)	Yes	No
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	Yes	No
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	Yes	No
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation' s resources	Yes	No
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies?	Yes	No

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

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Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators / staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

Please tick box to confirm you have read each point.

- I agree to formally notify Cherubs Early Learning and Kindergarten of any changes to the above information.
- I agree to pay the enrolment fee prior to my child starting.
- I agree to keep my fees up-to-date and understand that my child' s position at Cherubs Early Learning and Kindergarten will be in jeopardy if my fees become in arrears. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time, I will organise one of the authorised contacts. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be phoned.
- I agree to pay a late fee of \$15.00 per 15-minute block or part thereof, after closing time. If my child is left at the service for over an hour after closing, we will notify Child Safety After-Hours and we may be required to take the child to the local Police Station. A note will be left on the front door detailing the child' s whereabouts.
- I agree to giving two weeks written notice to withdraw my child or reduce booked days
- I agree to bring my child to Cherubs Early Learning and Kindergarten with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your

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child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the service. Please ensure you clearly label with your child' s first and last name.

- In the event of a high temperature, I authorise staff to administer a single dose of paracetamol (Panadol). This will only be done after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the centre, they still need to be collected.
- I give permission for prescribed medication to be administered by staff upon my authorisation on a medication form. I understand that if details are filled out incorrectly or the medication does not meet the standards of the services policy, the medication will not be given unless I can be contacted. I agree to inform the staff both verbally and in writing if my child needs medication. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) doctors letter stating the name of and reasons for the medication.
- I give permission for my child to be observed by the educators of the service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.
- I have read the Parent Handbook and am familiar with the "Policy Manual" located in the office. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member.
- I am interested in being a part of a Parent Committee that meets occasionally to update policies, etc.
- I, or someone I know has a skill they could share with the children.

Signed: _____ Name: _____

Date: ___ / ___ / ____

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