



Child Information

Centre	<input type="checkbox"/> Throsby		
Child's First Name		Child's Surname	
Preferred Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed
Date of Birth		Customer Reference Number (CRN)	
Nationality/Cultural Background		Language/s Spoken	
Address	Street	Does your child identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither
	Suburb		
	Post Code		

Family Information

Parent/Guardian 1 – Claiming Child Care Subsidy (CCS)		Parent/Guardian 2	
Full Name		Full Name	
Relationship to Child		Relationship to Child	
Date of Birth		Date of Birth	
CRN			
Address (if different from above)	Street	Address (if different from above)	Street
	Suburb		Suburb
	Post Code		Post Code
Mobile		Mobile	
Work Phone		Work Phone	
Email		Email	
Nationality/Cultural Background		Nationality/Cultural Background	
Language/s Spoken		Language/s Spoken	
Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Booking Information					
Week 1 (Days Required)	Monday <input type="checkbox"/> BSC <input type="checkbox"/> ASC	Tuesday <input type="checkbox"/> BSC <input type="checkbox"/> ASC	Wednesday <input type="checkbox"/> BSC <input type="checkbox"/> ASC	Thursday <input type="checkbox"/> BSC <input type="checkbox"/> ASC	Friday <input type="checkbox"/> BSC <input type="checkbox"/> ASC
Week 2 (Days Required)	Monday <input type="checkbox"/> BSC <input type="checkbox"/> ASC	Tuesday <input type="checkbox"/> BSC <input type="checkbox"/> ASC	Wednesday <input type="checkbox"/> BSC <input type="checkbox"/> ASC	Thursday <input type="checkbox"/> BSC <input type="checkbox"/> ASC	Friday <input type="checkbox"/> BSC <input type="checkbox"/> ASC
Start Date		Age at Start Date		School Year 2022	
CCS Enrolment Agreement					
<p>As part of your enrolment, you are required to confirm acceptance of the following items in order to receive government funding, if available. Acceptance of these and other information in the enrolment form can be used as a Complying Written Arrangement.</p> <ul style="list-style-type: none"> • I confirm that my details and my child's details on this enrolment form are correct • I confirm I have agreed days of care and understand the agreed session hours of the care provided based on the service hours of operation • I confirm that I understand the usual fees associated with the care and that these may vary from time to time 					
Parent/Guardian CRN		Child CRN			
Have you read and confirm the CCS Enrolment Agreement above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign:			
Have you created a MyGov account to confirm your child's booking and attendance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign:			
Have you had your eligibility to receive Child Care Subsidy assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign:			
Do you agree to confirm your child's weekly attendance via the MyGov account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign:			
Do you understand the Cessation of Care Rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign:			
I understand that I will be charged full fees until the centre receives confirmation of my CCS entitlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign:			
Custody Details					
<p>Are there any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>					
<p>Comment:</p>					

Custody Details Cont.

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

Yes No

Comment:

Are there any other details about the child's living arrangements that we need to know? Yes No

Comment:

Have you provided copies of the above required information to the centre? Yes No

These must be provided prior to your child commencing care at our service

Comment:

Medical Information			
Child's Doctor	Name:	Address:	Phone:
Do you consent to the emergency administration of paracetamol in case of a sudden onset of fever while at the service?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any health, medical or other conditions that affect your child? Including, but not limited to, asthma, allergies, anaphylaxis, diabetes, epilepsy, heart conditions etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you provided a specialist/doctors letter to your Centre Director?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you consent to a strategic Inclusion Plan may be created for your child in collaboration with the Inclusion Agency in order to receive support through the Inclusion Support Program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you provided a medical management plan that has been developed with the child's medical practitioner? These must be provided prior to your child commencing care at our service			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you provided a risk minimisation and communication plan that has been developed with the Centre Director? These must be provided prior to your child commencing care at our service			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child require medication on a regular or emergency basis?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you provided these medications with a pharmacy label attached? This must be provided prior to your child commencing care at our service.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you completed a medication authorisation form? This must be provided prior to your child commencing care at our service.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any specific dietary requirements applicable to your child? If yes, provide details			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed a Deviation of Care form for your child's dietary requirement?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Information Cont.

Are there any **additional needs or special considerations** applicable to your child? Including, but not limited to, autism, sensory processing, ADD, ADHD, ODD, global delay, visual/hearing impairment. If yes, provide details

Yes No

If yes, have you provided a specialist/doctors letter to your Centre Director?

Yes No

If yes, do you consent to a strategic Inclusion Plan may be created for your child in collaboration with the Inclusion Agency in order to receive support through the Inclusion Support Program?

Yes No

Are there any **cultural or religious needs including dietary requirements** applicable to your child? If yes, provide details

Yes No

Have you completed a Deviation of Care form for your child's cultural and religious needs?

Yes No

Immunisation			
Are your child's vaccinations up to date according to the National Immunisation Program Schedule?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you provided the centre with a copy of your child's Immunisation History Statement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(OR) Have you provided the centre with a valid immunisation exemption?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorisations			
Note: Authorised persons must be able to provide photo identification and be over 18 years of age			
Person 1		Person 2	
Full Name		Full Name	
Date of Birth		Date of Birth	
Relationship to Child		Relationship to Child	
Known to the child as		Known to the child as	
Mobile		Mobile	
Work Phone		Work Phone	
Email		Email	
Address	Street	Address	Street
	Suburb		Suburb
	Post Code		Post Code
I give permission for the above mentioned person to:			
Be contacted in the event of emergency, illness or incident requiring medical attention if any parent of the child cannot be immediately contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Be contacted in the event of emergency, illness or incident requiring medical attention if any parent of the child cannot be immediately contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collect my child from the centre	<input type="checkbox"/> Yes <input type="checkbox"/> No	Collect my child from the centre	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorise the administration of medication to the child and/ or consent to medical treatment by a registered medical practitioner, hospital or ambulance service and transport to hospital by ambulance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorise the administration of medication to the child and/ or consent to medical treatment by a registered medical practitioner, hospital or ambulance service and transport to hospital by ambulance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorise an educator to take my child out of the service premises, e.g. for the purpose of an excursion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorise an educator to take my child out of the service premises, e.g. for the purpose of an excursion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you informed this person of the above permissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you informed this person of the above permissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sign:		Sign:	
Date:		Date:	

Person 3		Person 4	
Full Name		Full Name	
Relationship to Child		Relationship to Child	
Known to the child as		Known to the child as	
Mobile		Mobile	
Work Phone		Work Phone	
Email		Email	
Address	Street	Address	Street
	Suburb		Suburb
	Post Code		Post Code

I give permission for the above mentioned person to:

Be contacted in the event of emergency, illness or incident requiring medical attention if any parent of the child cannot be immediately contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Be contacted in the event of emergency, illness or incident requiring medical attention if any parent of the child cannot be immediately contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collect my child from the centre	<input type="checkbox"/> Yes <input type="checkbox"/> No	Collect my child from the centre	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorise the administration of medication to the child and/ or consent to medical treatment by a registered medical practitioner, hospital or ambulance service and transport to hospital by ambulance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorise the administration of medication to the child and/ or consent to medical treatment by a registered medical practitioner, hospital or ambulance service and transport to hospital by ambulance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorise an educator to take my child out of the service premises, e.g. for the purpose of an excursion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorise an educator to take my child out of the service premises, e.g. for the purpose of an excursion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you informed this person of the above permissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you informed this person of the above permissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sign:		Sign:	
Date:		Date:	

Privacy Agreement

The information which you provide in this application will be subject to the National Privacy Principles under the Privacy Act 1988.

Approved services that fall within the scope of the National Quality Framework must comply with the National Law and the National Regulations. Under the National Law, records such as enrolment and other documents relating to the operation of the service, any staff member, or children attending the service must be kept for the relevant period specified in the National Regulations. Some of the personal information such as your date of birth and Customer Reference Number is essential for us to accurately identify who is using the service and assist in processing parent claims for Child Care Subsidy. All information collected is kept confidential and will only be available to relevant authorised personnel. Information contained in this enrolment form may be shared internally for compliance and quality assurance purposes.

Permissions and Conditions of Enrolment			
I agree to abide by the Centre policies and procedures which may be varied from time to time.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to pay fees by direct debit (including a non-refundable \$50 administration fee upon enrolment) and to keep fees paid 2 weeks in advance.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I accept that fees will be charged for booked days my child does not attend due to illness, holidays or public holidays.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to give the centre 2 weeks' written notice of changes to my child's booking including a reduction of booked days. In lieu of notice, I agree to 2 weeks' fees respectively.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to give the centre 4 weeks' written notice of cancellation. In lieu of notice, I agree to 4 weeks' fees respectively and pay all outstanding fees prior to withdrawal of care.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that if fees fall into arrears and a payment plan is not maintained then my child's enrolment is at risk. I agree to pay any dishonour fees that may be incurred.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that my child will be collected by the centre's closing time or I will be charged a late fee as per fee policy.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that the fees may be varied from time to time. Any revised fees will be provided with 2 weeks' prior written notice.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that my child will be delivered to and collected from the centre by a responsible adult and that the adult will sign my child in and out of the centre each day they attend. Absences will also be confirmed on the next day of attendance.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to update the centre with changes to my child's family details or circumstances, any absences or authorised persons as required			<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to abide by all aspects of the centres procedures including keeping my child at home if they are unwell, contagious or unfit to participate in the program as usual.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to collect my child, or arrange for an authorised person to collect my child in the event of illness or incident.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the centre to administer first aid to my child in the event of incident/ accident.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the centre to seek medical treatment from registered medical practitioner, hospital or ambulance (including transport by ambulance to hospital) for my child in the case of an emergency. I understand that I am liable for any costs incurred.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the centre to apply or supervise the application of a generic brand sunscreen to my child or provide an alternate brand of sunscreen if required.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to be taken outside of centre, where applicable, for emergency evacuation drills.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the centre to keep written documentation on my child for planning an educational program.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the centre to take photos of my child for use in centre displays and developmental profiles.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that this Enrolment Form, the Family Handbook, the Documents Received and the general conditions of enrolment may be updated from time to time.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Declaration			
By signing this declaration, I declare that all information provided in this enrolment form is true and correct to the best of my knowledge and give permission for centre to follow authorisations as stipulated by me. I agree that I will contact the service as soon as possible if any of the information provided in this enrolment form changes.			
Parent/Guardian 1		Parent/Guardian 2	
Name		Name	
Sign		Sign	
Date		Date	

Please return completed forms to enrolments@communityservices1.org