



ENROLMENT FORM

Please note: Prior to your child’s position beginning at Emerald Christian College Kindergarten it is essential that the following information is complete and kept up to date. This information must be completed by each known parent who has lawful authority in relation to the child. Please notify the service of any changes to details on this form as soon as possible.

We thank you for your understanding and cooperation.

Child’s Details	
Child’s Surname:	
Child’s Given Name(s):	
Name Usually Called:	
Child’s CRN for CCB:	
Child’s Home Address/Addresses:	
Child’s Date of Birth:	
Child’s Sex (Please Circle):	Male / Female
Language(s) spoken at home:	
1 st Language:	
2 nd Language:	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please Circle)	Yes / No
Please provide a certified photocopy of the Child’s birth certificate or equivalent.	Yes/No

Considerations for the Child

Cultural Considerations

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

Religious Considerations

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

Dietary Considerations

Please outline any dietary restrictions or considerations e.g. likes and dislikes. (Details of allergies etc will be requested in the Medical section of the form):

Special/Additional Needs Considerations

Please outline any special/additional needs the child may have:

Medical Requirements

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:

Contact Numbers:

Address:

Medicare Number :

Healthcare card	Yes / No
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Private Health Cover (Please Circle):	Yes / No
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Private Health Fund/Private Health Number:	
Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? (Please Circle)	<p>Yes/No</p> <p>If yes, please provide a medical management plan which has been prepared by the child's medical practitioner. The Plan should include:</p> <ul style="list-style-type: none"> include 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)	<p>Yes/No</p> <p>If yes, please attach relevant details.</p>
Are your child's immunisations up to date?	<p>Yes/No</p> <p>Please provide a copy of your child's:</p> <ul style="list-style-type: none"> Immunisation History Statement provided by the Australian Childhood Immunisation Register (ACIR) (Preferred option) Alternate health records showing immunisation status <p>NB In some states (eg NSW) the ACIR statement must be provided.</p>
<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> the label must contain the child's name and parents must provide any verbal or written instructions provided by the medical practitioner. <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	<p>Parent 1 Signature:</p> <hr/> <p>Parent 2 Signature:</p> <hr/> <p>Parent 3 Signature (if relevant):</p> <hr/>
Further Information about Child	
Does the child have any siblings? If so, please provide their names and ages.	

Does the child have any other close relations attending the centre? e.g. cousins. If so, please provide their names and ages.	
Please provide us with any other information we should know about your child (For example, favourite activities, fears, routines, special words (please translate if applicable), toileting and sleeping practices etc)	
<p>Have you decided what school to send your child to? If so, do you give the service permission to exchange information with the school to assist your child transition to school?</p> <p>Name of School:</p> <p>Permission to exchange information:</p>	<p>Parent 1: Yes/No Signature:</p> <hr/> <p>Parent 2: Yes/No Signature:</p> <hr/> <p>Parent 3 (if relevant): Yes/No Signature:</p> <hr/>

Parent 1	
Relationship to Child:	
Full Name:	
Other Names Known By:	
Parent 1's CRN for CCB:	
Parent 1's Date of Birth:	
Country of Birth:	
Languages spoken:	
1 st Language	
2 nd Language	
Please provide any relevant cultural background details:	
Home Address:	
Telephone:	(H) (W) (M)

Email	
Does the child live with you? (Please Circle)	Yes/ No
Occupation:	
Place of Employment:	
Parent 2	
Relationship to Child:	
Full Name:	
Other Names Known By:	
Parent 2's CRN for CCB:	
Parent 2's Date of Birth:	
Country of Birth:	
Languages spoken:	
1 st Language	
2 nd Language	
Please provide any relevant cultural background details:	
Home Address:	
Telephone:	(H) (W) (M)
Does the Child live with you? (Please Circle)	Yes/ No
Email:	
Occupation:	
Place of Employment:	
Parent 3	
Relationship to Child:	
Full Name:	
Other Names Known By:	
Parent 3's CRN for CCB:	
Parent 3's Date of Birth:	
Country of Birth:	

Languages spoken:	
1 st Language	
2 nd Language	
Please provide any relevant cultural background details:	
Home Address:	
Telephone:	(H) (W) (M)
Email	
Does the child live with you? (Please Circle)	Yes/ No
Occupation:	
Place of Employment:	
Medical Authorisation	
Do you authorise the Nominated Supervisor 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: _____ Parent 3 Signature (if relevant): _____
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: _____ Parent 3 Signature (if relevant): _____
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: <hr/> Parent 3 Signature (if relevant): <hr/>
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. <i>Education and Care Services National Regulations Regulation 94.</i>	Parent 1 Signature: <hr/> Parent 2 Signature: <hr/> Parent 3 Signature (if relevant): <hr/>

Court Orders Relating to the Child

1) 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 the child or access to the child?

(Please Circle)

No Yes

If yes, please provide all relevant documentation and paperwork

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

(Please Circle)

No Yes

If yes, please provide all relevant documentation and paperwork.

Please note that without this documentation we cannot legally enforce the Order/s.

First Emergency Contact

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or family day care service. *Education and Care Services National Regulations Regulation 160*

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 situations the service will notify the following person to collect and care for the child. This person must live less than 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.

Name of Individual:

Relationship to Child:	
Address:	
Telephone:	(H) (W) (M)
Email	

Medical Authorisation for Child

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 in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____
	Parent 2: Yes/No Signature: _____
	Parent 3: Yes/No Signature: _____

Authorisation to take Child outside of service

Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____
	Parent 2: Yes/No Signature: _____
	Parent 3: Yes/No Signature: _____

Second Emergency Contact

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or family day care service. *Education and Care Services National Regulations Regulation 160*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s or cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live less than 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.

Name of Individual:

Relationship to Child:	
Address:	
Telephone:	(H) (W) (M)
Email	

Medical Authorisation for Child: Emergency Contact Person 1

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 in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____
	Parent 2: Yes/No Signature: _____
	Parent 3: Yes/No Signature: _____

Authorisation to take Child outside of service: Emergency Contact Person 1

Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____
	Parent 2: Yes/No Signature: _____
	Parent 3: Yes/No Signature: _____

Details of Other Authorised People

If the authorised nominee is not authorised to consent to medical treatment or to authorise an educator to take a child outside the service, please list the names of people that can do this. Individuals must be able to produce identification when collecting the Child.

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

First Person

Name:

Relationship to Child:	
Address:	
Telephone:	(H) (W) (M)
Email	
Medical Authorisation for Child	
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 in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____
	Parent 2: Yes/No Signature: _____
	Parent 3: Yes/No Signature: _____
Authorisation to take Child outside of service	
Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____
	Parent 2: Yes/No Signature: _____
	Parent 3: Yes/No Signature: _____
Second Person	
Name:	
Relationship to Child:	
Address:	

Telephone:	(H) (W) (M)
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Email	
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Medical Authorisation for Child

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 in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____
	Parent 2: Yes/No Signature: _____
	Parent 3: Yes/No Signature: _____

Authorisation to take Child outside of service

Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____
	Parent 2: Yes/No Signature: _____
	Parent 3: Yes/No Signature: _____

Photography Policy

I consent to my child being photographed by educators for educational or promotional purposes or to support their medical documentation. Our Photography Policy is available to view at any time. No outside agency or individual will be allowed to photograph the children without parental consent. You may advise us in writing that you withdraw your consent at any time.

Parent 1

Parent 1	Signature: _____
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Parent 2	Signature: _____
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Parent 3	Signature: _____

Declaration

As a person who has lawful authority of the child referred to in this enrolment form for Emerald Christian College:

- declare that the information in this enrolment form is true and correct and will immediately inform the service in the event of any change to this information.
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- declare that I have read and understood the policies of Emerald Christian College and will abide by those policies
- have read and agree with the fees, payment structure and policies of Emerald Christian College and agree to pay fees one week in advance
- agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or other emergency contact and any contact details of any medical or dental professional nominated in the Enrolment Form.
- agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy.
- agree for my child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- agree that I will assist with my child's learning by completing Family Input documentation to the best of my abilities.

Signature Parent 1

Date

Signature Parent 2

Date

Signature Parent 3

Date

Privacy Disclaimer

Emerald Christian College Kindergarten acknowledges and respects 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 Emerald Christian College Kindergarten, its 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.