



Welcome to our Centre

We bring along a very warm and friendly welcome to our centre.

We trust that your child's experience will feel like an extension of your home. By working together we will provide an environment that promotes quality care and education for your child, a place where they will be accepted for who they are, a place where laughter and play are cherished and where children's innate curiosity is captured and given a chance to grow.

We believe that childhood is like no other time in a child's life.

It is a time for exploring, for creating, for discovery about one's self, for meeting the world, for learning how to learn, for being accepted.

It is a time for growing and a time for being allowed the time to be a child.

We believe that parent involvement enriches your child's experiences at the centre. Parents are cordially invited to spend time with us and share any skills or maybe reading a story together that the children would enjoy.

Thank you once again for choosing us to care for your child; we look forward to a long and happy association with your family.



ENROLMENT FORM ENROLMENT DETAILS 201__

Days requested per week:

Days need to be confirmed with
Director before commencing
care.

CHILD NAME: _____

ENROLMENT DATE: _____

This form must be completed by a parent or guardian who has parental responsibility in relation to the child. Enrolment forms must be completed in full prior to commencement. The form is checked and approved by the Nominated Supervisor. Commencement into the service may be delayed due to incomplete information (Children's Services Law in Section 5 of the Education and Care Service National Law (Victoria), the Children's Services Act 1996 and the Regulations 160-162, under the Act).

PARENTAL RESPONSIBILITY

Parents

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The Children's Services Law in Section 5 of the Education and Care Service National Law (Victoria), the Children's Services Act 1996 and the Regulations under the Act refers to those powers and responsibilities as "lawful authority"

A court order, such as those orders under the Family Law Act, may take away the authority of a parent in regard to residence and access, or may give it to another person.

Guardians

A guardian of a child also has lawful authority ('parental responsibility'). A legal guardian is given lawful authority (parental responsibility) by a court order. The definition of "guardian" under the Children's Services Act 1996 (version incorporating amendments as at 1 January 2012) also covers situations where a child does not live with his or her parents and there are no Court Orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

Privacy and confidentiality:

Pearl Street Child Care Centre (Education and Care Service National Regulation 181) collects information in relation to families and children to provide children services programs. The Centre will only collect personal information and health records that are necessary for its functions and activities. We will not give out information we hold about you without your consent unless otherwise required to do so by law. You may access your personal information and health records by contacting Pearl Street Child Care Centre on 9306 8366. The Centre uses CCTV equipment to provide a safer, more secure environment for families, children and staff and to also monitor the security of the external areas of the service.

INFORMATION ABOUT THE CHILD

First Name: _____ Middle Name: _____ Last Name: _____

Gender: ☐ M ☐ F Date of Birth: _____ Cultural Background: _____

Home Address: _____

Suburb: _____ Postcode: _____ Home Phone: _____

Languages spoken in the home: _____

Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick one box only)

☐ No, not Aboriginal or Torres Strait Islander

☐ Yes, Aboriginal

☐ Yes, Aboriginal and Torres Strait Islander

☐ Yes, Torres Strait Islander

Will any of your children be attending other approved child care services, such as Long Day Care or Kindergarten?

☐ No ☐ Yes

PARENT 1 - INFORMATION

**Parent 1 must be the parent assessed and approved for childcare benefit*

Parent 1*

First Name: _____ Last Name: _____

Relationship to the child: _____ Gender: M ☐ F ☐ Date of Birth: _____

Address: _____ Suburb: _____ Postcode: _____

Are you working/studying/training? _____

Name of organisation where you work/study/train: _____ Occupation: _____

Cultural Background: _____ Telephone (H) _____ (W) _____

Mobile: _____ Email: _____

Does the child live with Parent/Guardian 1? ☐ No ☐ Yes (please tick)

Does your family include a person with a disability? If so, please provide a copy of concession card ☐ No ☐ Yes

Is an agency responsible for payment of your fees? ☐ No ☐ Yes

Please name the agency, contact person and phone number _____

Are you authorised to consent to the administration of medication for this child? ☐ No ☐ Yes

PARENT 2 - INFORMATION

First Name: _____ Last Name: _____

Relationship to the child: _____ Gender: M ☐ F ☐ Date of Birth: _____

Address: _____ Suburb: _____ Postcode: _____

Are you working/studying/training? _____

Name of organisation where you work/study/train: _____

Cultural Background: _____ Telephone: (H) _____ (W) _____

Mobile: _____ Email: _____

Does the child live with Parent/Guardian 2? ☐ No ☐ Yes

Are you authorised to consent to the administration of medication for this child? ☐ No ☐ Yes

GUARDIAN 1 – INFORMATION

**Guardian 1 must be the parent assessed and approved for childcare benefit.*

Guardian 1*

First Name: _____ Last Name: _____

Relationship to the child: _____ Gender: M ☐ F ☐ Date of Birth: _____

Address: _____ Suburb: _____ PostCode: _____

Are you working/studying/training? _____

Name of organization where you work/study/train _____ Occupation: _____

Cultural Background: _____ Telephone: (H) _____ (W) _____

Mobile: _____ Email: _____

Does the child live with Parent/Guardian 1? ☐ No ☐ Yes (please tick)

Does your family include a person with a disability? If so, please provide a copy of concession card ☐ No ☐ Yes

Is an agency responsible for payment of your fees? ☐ No ☐ Yes

Please name the agency, contact person and phone number _____

Are you authorised to consent to the administration of medication for this child? ☐ No ☐ Yes

GUARDIAN 2 - INFORMATION

First Name: _____ Last Name: _____

Relationship to the child: _____ Gender: M ☐ F ☐ Date of Birth: _____

Address: _____ Suburb: _____ Postcode: _____

Are you working/studying/training? _____

Name of organization where you work/study/train: _____ Occupation: _____

Cultural Background: _____ Telephone: (H) _____ (W) _____

Mobile: _____ Email: _____

Does the child live with Parent/Guardian 2: ☐ No ☐ Yes (please tick)

Are you authorised to consent to the administration of medication for this child? ☐ No ☐ Yes

CONTACT DETAILS OF ANY PERSON WHO ARE TO BE NOTIFIED OF AN EMERGENCY INVOLVING THE CHILD IF ANY PARENT OF THE CHILD CANNOT BE IMMEDIATELY CONTACTED

An emergency contact is an acknowledged person who, with the parents/guardian's authorisation, is allowed to give permission for the following:

- Authorise the taking of your child outside the service by a staff member of the service;
- Consent to the medical treatment of your child;
- Request or permit the administration of medication to your child;
- Collect your child if necessary

Name:	Name:
Address:	Address:
Telephone/s (H) (W)	Telephone/s (H) (W)
Mobile:	Mobile:
Relationship to Child:	Relationship to Child:

COURT ORDERS RELATING TO THE CHILD

Are there any **Court Orders** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

☐ No *go to next section*

☐ Yes *please complete the following:*

1. Bring the **original** court orders for staff to see and a copy to attach to this enrolment form.
2. If these orders:
 - (a) change the powers of a parent/guardian to:
 - authorize the taking of the child outside the service by a staff member of the service
 - consent to the medical treatment of the child
 - request or permit the administration of medication for the child
 - collect the child from the service **AND/OR**
 - (b) give these powers to someone else;

please describe these changes and provide the contact details of any person given these powers:

[illegible]

AUTHORISED NOMINEE – PEOPLE WHO YOU AUTHORISE TO COLLECT YOUR CHILD

Your consent is required for other people to collect the child from Pearl Street Child Care Centre on your behalf. In the table below please list the details of those people you have authorized to collect the child. The list may be added to or changed throughout the year.

In the event that the child is not collected from Pearl Street Child Care Centre and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name:	Name:
Address:	Address:
Telephones: (H) (W)	Telephones: (H) (W)
Mobile:	Mobile:
Relationship to child:	Relationship to child:

Name:	Name:
Address:	Address:
Telephones: (H) (W)	Telephones: (H) (W)
Mobile:	Mobile:
Relationship to child:	Relationship to child:

Name:	Name:
Address:	Address:
Telephones: (H) (W)	Telephones: (H) (W)
Mobile:	Mobile:
Relationship to child:	Relationship to child:

CHILD'S IMMUNISATION RECORD

Has your child been immunised? ☐ No ☐ Yes (please tick)

Note: *From 1st January 2016, your child's immunisations must be up-to-date or on a catch-up schedule.*

If yes, provide the details by:

- Attaching a copy of the Immunisation Record print out which can be obtained from the Australian Childhood Immunisation Register (1800 653 809) or any Medicare Office www.medicareaustralia.gov.au/online.
- **Note:** *Regulations no longer allow the acceptance of the Child Health Record Book for this purpose.*

CHILD CARE BENEFIT INFORMATION

Prior to commencing Long Day Care (LDC), every family must provide their Customer Reference Number (CRN) allocated by Family Assistance Office (FAO).

In addition to this, families must also provide the CRN allocated to each of their children attending the service.

These CRN details uniquely identify each family and each child, allowing reconciliation of a child's usage of care. It is a family's responsibility to ensure that the childcare centre has been provided with all CRN details prior to enrolment at the service. Full fees will apply in all cases until this information has been provided.

I authorize Pearl Street Child Care Centre to record as an allowable absence, any day my child is enrolled but does not attend this service unless I provide a valid reason (according to government requirements) for the absence to be recorded as an approved absence. I understand that CCB is payable for only 42 absences per child per year.

Parent/Guardian Reference Number: _____

Child Customer Reference Number: _____

Approved Child Care Benefit Hours: _____

PHOTOGRAPH RELEASE -

PERMISSION FOR PHOTOGRAPHS UTILISED AT THE CENTRE

Pearl Street Child Care Centre often utilize a number of photographs taken within the service for reasons such as (but not limited to) for children and families to enjoy or as a commentary of activities and programming undertaken.

Do you give consent for Pearl Street Child Care Centre to reproduce photographs taken of you and your child/ren at this service within our centre without acknowledgement of myself and without the entitlement to any remuneration now or in the future?

☐ No ☐ Yes

PERMISSION FOR PHOTOGRAPHS UTILISED IN CENTRE PUBLICATIONS AND SOCIAL MEDIA

Do you give consent for Pearl Street Child Care Centre to reproduce photographs taken of you and your child/ren at this service in printed publications or mounted on Pearl Street Child Care Centre website?

☐ No ☐ Yes

We will not use the personal details or full names (which means first name **and** surname) of any child or adult in a photograph on our website(s) or in any of our other printed publications. We will only use images of children who are suitably dressed. If we use photographs of individual children, we will not use the name of that child in the accompanying text or photo caption. We may use group photographs or footage with very general labels, such as 'making decorations'.

CHILD'S HEALTH INFORMATION

Name Doctor/Clinic: _____ Telephone: _____

Address Doctor/Clinic: _____

Medicare No. _____ Ambulance subscription: ☐ No ☐ Yes (please tick)

Maternal & Child Health (MCH) Centre: _____

Has your child attended a Maternal and Child Health centre for a Health and Development assessment?

☐ No ☐ Yes (please tick)

Which Maternal and Child Health centre did you attend? _____

What age was your child at your **last** Maternal and Child Health visit? _____

SPECIAL CONSIDERATIONS

Does your child have any specific healthcare needs, including any medical conditions, significant medical history, communicable diseases, or allergies ☐ No ☐ Yes (please tick) **If yes**, please complete a medical management plan. You may also be asked to complete a risk management plan depending on the medical condition.

Does your child have any known allergies or sensitivity? ☐ No ☐ Yes (please tick)

If yes, please provide all details and attach a copy of the medical management plan and coloured photo.

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? ☐ No ☐ Yes (please tick)

Please note: In the case of anaphylaxis you will be provided with a copy of the service's anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at www.educationvic.gov.au/anaphylaxis.

Does your child have any special requirements i.e. cultural, religious, dietary? ☐ No ☐ Yes (please tick)

If yes, please list the requirements:

Other information

If there is anything else that the children's service should know about the child? (eg. Excessive fears, favourite activities, attending other early childhood service or early intervention service, etc.)

PARENT/GUARDIAN DECLARATION

I, _____ (print full name of Parent/Guardian)

A person with parental responsibility of the child referred to in the enrolment form.

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's 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 she/he becomes unwell at the service.
- Agree to Pearl Street Child Care Centre seeking medical treatment from a medical practitioner and/or arranging ambulance transportation for my child to a hospital in the case of an emergency and agree that I am liable for all expenses incurred in arranging such emergency service.
- Agree that Children's Services must be informed by the parents or guardians of the child/ren, of all medical needs and requirements of the children in their care. This includes information of any medical condition, any medication required to be administered and any medication or other substances which should not be provided or administered to a child and must provide a medical management plan, risk minimization plan, and action plan.
- Agree that the ongoing management of the child/ren's medical condition, if any, remains my sole responsibility and is not and does not under any circumstances become the responsibility of the Children's Service's Staff.
- Agree that. In the event of any adverse reaction by the child to the administration of medication which I have authorized or in the event that any action or inaction on the part of the Children's Service's Staff results in any aggravation, exacerbation, acceleration or deterioration of any medical condition suffered by the child, I release and indemnify Pearl Street Child Care Centre and their employees, agents and their respective assignees and insurers or any of them from any actions, suits and claims of any nature, I or my child may have relating to the administration of medication or the failure to administer medication or any action or failure to act related to any medical condition identified in this Child Action Plan.
- Agree to inform the program if my child contracts any illness which could be detrimental to the health of others at Pearl Street Child Care Centre.
- Accept full responsibility for my child/ren's belongings whilst taking part in the program.
- Have read and fully understand the policy/procedures of the service as outlined in the policies and procedures of the centre, including all aspects of the fee policy and agree to adhere to there.
- Acknowledge that there may be times when my child's full name would be displayed at the service. If I have concerns about this issue, I will advise the service in writing.
- Give permission for staff to apply sunscreen to my child, if required ☐ No ☐ Yes (please tick)
- Give permission for staff to apply topical creams as supplied by you, if required ☐ No ☐ Yes (please tick)
- Agree to pay for all the days that my child is successfully enroled, regardless of whether my child actually attends the session.
- Agree that I will provide all changes to this enrolment form in writing and without delay.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN NAME: _____

DATE: _____



Pearl Street CHILDCARE CENTRE



Dear Families,

We would like to take this opportunity to let you know about the style of programming/planning we will have implemented at the centre. Each child will have their own "portfolio" which will provide us with a meaningful representation of your child's time, growth and development during the year.

We would also like to ask permission to be able to put your child's name and photographs in other children's portfolios. There are group photos taken of the children and we would love for the children to be able to show their friends and family who their friends are at childcare. If you have any concerns please see the staff in your child's room.

Please fill out the slip below and return it to the staff in your child's room as soon as possible.

Regards
The Staff at Pearl Street

.....

Child's Name _____

I understand that information and photos of my child may be used when displaying portfolios with others. Information shown will only be of a positive nature, and any information of a more confidential matter, for example behaviour problems, will only be kept in private files.

Parent/Guardian Name: _____

Date: _____

Signature: _____

A Little More About Me and My Family

We are looking forward to getting to know your child and to document the amazing things he/she does and to then plan experiences based on his/her development and interests.

To better understand your child and to assist us to plan experiences that will be interesting and exciting it would be most helpful if you could assist us to learn more information about him/her. To do this we would be most grateful if you could fill in the following form.

Child's name.....

Child's age.....

Any nicknames.....

Parents names.....

Names and ages of siblings.....

Other special people in your child's life

.....
.....

Family

pets.....
.....

Cultural

Heritage.....
.....

Family/religious celebrations

.....
.....
.....
.....

Languages spoken at home

.....
.....

Describe your child's

personality/temperament.....
.....
.....
.....
.....

Security items/comforters

.....
.....

Favorite games.....
.....
.....
.....

Favorite stories.....
.....
.....
.....

Favorite Songs/music.....
.....
.....
.....

Child's interests.....
.....
.....
.....
.....

Any dislikes or fears
.....
.....
.....
.....

Recent outings of interest
.....
.....
.....
.....

Sleeping and eating patterns.....
.....
.....
.....

Toileting needs

.....

.....

Any relevant allergies/medical conditions

.....

.....

.....

.....

Other relevant information to assist me to learn more about your child.....

.....

.....

.....

.....

.....

We look forward to learning more about your child and sharing information with you, thank you for this opportunity.