

City Child Care Centre Enrolment Form 2018



Privacy Notice: Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of enrolling your child into our Centre. Council is authorised to do this under the Education and Care Service 2013 Act. Your personal details will not be disclosed to any other person or Agency external to Council (with the exclusion of Centrelink for the purpose of obtaining your Child Care Benefit/Child Care Rebate) without your consent unless required or authorised by law.

P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: www.rrc.qld.gov.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Child Name:		
Parent / Guardian Details	Parent One	Parent Two / Other
Given names:		
Last name:		
Home address:		
Home phone:		
Mobile:		
Ethnicity / Nationality:		
Language spoken:		
Marital status:		
Date of Birth:		
CRN:		
Medicare number:		
Occupation:		
Employer name:		
Employer address:		
Work phone:		
Email:		

Child/ren Details	Child One	Child Two
Given names:		
Last name:		
Preferred name:		
Gender:		
Date of birth:		
CRN:		
Medicare number:		
Ethnicity / nationality:		
Primary language spoken:		
Address (if different):		
Court orders: (copy to be sighted by Director)		
Any allergic reactions?		
Any disabilities or impairments?		
Any other injuries?		
Any behaviour difficulties?		
Any medical conditions?		
Does your child have any allergies to sunscreen?		
Child's present health status:		
Any special cultural or religious requirements?		
Special comforters?		
Any special eating requirements? Eg vegetarian		
Any food allergies? If yes, please specify:		
Any other information:		

Booking Requirements

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time:					
Depart time:					
Care type:	LDC / FDOC AM / PM	LDC / FDOC AM / PM	LDC / FDOC AM / PM	LDC / FDOC AM / PM	LDC / FDOC AM / PM
LDC: Long Day Care	6.45am – 5.45pm		AM: Morning Session	8.00am – 12.30pm	
FDOC: Full Day Occasional Care	8.00am – 5.00pm		PM: Afternoon Session	12.30pm – 5.00pm	
Orientation date:	Enrolment date:		Date of 1 st attendance:		

Immunisation Status

Is immunisation current? Yes No
(please attach a copy)

Sighted by:

Authority to collect/emergency contacts: (Do NOT including parent/s name/s)

- Must be 18 years of age or older
- Must be willing and able to collect your child/ren in the event of an emergency
- At least 2 contact names must be supplied before you child/ren may be enrolled in our centre
- Staff will NOT allow your children to go with any person unless names appear on this form
- To add additional contacts please put this in writing – verbal permission (including phone) will NOT be accepted.

Authorised Contacts	Contact One	Contact Two
Given names:		
Last name:		
Address:		
Home phone:		
Mobile:		
Work phone:		
Relationship to child/ren:		

Additional Information

Sexual development can be uncomfortable and confusing for both children and adults. Children will begin to use language to name their body parts and functions. To protect children it is important to teach the correct words for body parts and functions. For example, they should know the words 'vagina,' 'vulva,' 'penis,' 'breasts,' 'urinate' and 'bowel movement.' Slang words are often confusing and may mean different things to different people; **we will be using the correct terminology within the centre.**

Can you contribute any skill to our centre's program or have time to volunteer, eg sewing, typing etc?

Permission

I give permission for:

Y / N My child to be give panadol when his/her temperature goes above 38°C, or as deemed necessary by the Group Leader or Director

Y / N My child to be photographed, these photos may be displayed in the centre or used for learning stories. I understand these photos may be used in other children's portfolios, for example group photos

Y / N My child's name to be publicised with photos (externally)

Y / N My child to be observed by University/TAFE students for experience purposes or purposes of assignment work (child's name will not be used with photos)

Y / N Staff to write my child's name on their belongings to clarify ownership

Y / N For my child to be taken away from the principal place of care (City Child Care Centre) in the event of an emergency

Y / N for my child to use communal sunscreen

Y / N I understand the book *Everyone's Got a Bottom* is read to my child/ren

Y / N At the end of the year photos are copied and given to families, I understand and give permission for group photos that may contain my child to be given to other families

Agreement

As part of enrolling my child/ren

- I agree that my child will be brought to and collected from the centre by a responsible adult who is registered in writing at the centre
- I understand and accept that:
 - A fee of \$55 per child will be paid on enrolment
 - If fees are not up to date, the child's enrolment may be affected
 - A late fee of \$15 for each five minutes per child after their booked times
 - A \$25 cancellation fee will be charged upon any occasional day cancellation
- I agree to notify the centre of any changes of address and changed circumstances that may affect my child
- I agree to keep my child at home when suffering from an infectious or contagious illness as detailed in *Staying Healthy in Childcare* or when my child's temperature is over 38°C
- I agree to collect my child if suffering from an infectious or contagious illness as detailed in *Staying Healthy in Childcare* or when my child's temperature is over 38°C
- I give permission for staff to administer minor first aid if and when required
- In the case of sudden illness or accident, the Centre Director, or person in charge shall assume discretionary powers to seek immediate appropriate medical, ambulance or hospital treatment as deemed necessary. I agree to pay any associated costs with such treatment
- I have understood and answered each of the above questions truthfully. (If you don't understand any question please ask at the office, we will be more than happy to assist you)
- I understand I am to give 2 weeks written notice of cancellation of care or changes to any permanent days
- I understand that my child needs to attend their last day of care or full fees will be charged to my account

Signed:

Date:

Witness:

Declaration

- I have received a copy of the Parent Handbook and have read, understood and will agree with the Centre's policies.
- I understand that there is a Centre Policy Handbook that I can access and read for more information on the policies used by the Centre.
- I authorise the staff of the Centre to give the above-mentioned Authorised Contacts access to my children.

Name:

Signature:

Date: