

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/ren into the City Child Care Centre. Council is authorised to do this under the *Education and Care Services Act 2013*. Some of this information may be given to Centrelink for the purpose of obtaining your Child Care Benefit/Child Care Rebate. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

This form is to be completed when applying for your child/ren to be enrolled into the City Child Care Centre.

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/ren name/s:		
Parent/Guardian Details	Parent One	Parent Two/Other
Parent name:		
Residential address:		
Home phone number:		
Mobile number:		
Ethnicity/nationality:		
Primary language spoken:		
Marital status:		
Date of birth:		
Customer reference number (CRN):		
Medicare number:		
Occupation:		
Employer name:		
Employer address:		
Work phone number:		
Email:		
Medical Practitioner name:		
Medical Practitioner address:		
Medical Practitioner phone number:		

Child/ren Details	Child One	Child Two
Child's name:		
Preferred name:		
Gender:		
Date of birth:		
Customer reference number (CRN):		
Medicare number:		
Ethnicity/nationality:		
Primary language spoken:		
Residential address <i>(if different to parents)</i> :		
Court orders <i>(copy to be sighted by Director)</i> :		
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 <i>(eg vegetarian)</i> ?		
Any food allergies? If yes, please specify:		
Any other information:		

Booking Requirements

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time:					
Depart time:					
Care type:	<input type="checkbox"/> LDC <input type="checkbox"/> FDOC <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> LDC <input type="checkbox"/> FDOC <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> LDC <input type="checkbox"/> FDOC <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> LDC <input type="checkbox"/> FDOC <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> LDC <input type="checkbox"/> FDOC <input type="checkbox"/> AM <input type="checkbox"/> 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 first attendance:		

Immunisation Status

Is immunisation current? *(please attach a copy)* Yes No Sighted by:

Authorised Contacts

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 two contact names must be supplied before you child/ren may be enrolled in our Centre;
- Staff will NOT allow your child/ren to go with any person unless their name appears on this form; and
- To add additional contacts please put this in writing – verbal permission (including contact details) will NOT be accepted.

	Contact One	Contact Two
Contact name:		
Residential address:		
Home phone number:		
Mobile number:		
Work phone number:		
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:

My child/ren to be given Panadol when his/her/their temperature goes above 38°C, or as deemed necessary by the Group Leader or Director. Yes No

My child/ren 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. Yes No

My child/ren's name to be publicised with photos (externally). Yes No

My child/ren to be observed by University/TAFE students for experience purposes or purposes of assignment work (child/ren's name will not be used with photos). Yes No

Staff to write my child/ren's name/s on their belongings to clarify ownership. Yes No

My child/ren to be taken away from the principal place of care (City Child Care Centre) in the event of an emergency. Yes No

My child/ren to use communal sunscreen. Yes No

I understand and give permission for:

The book *Everyone's Got a Bottom* to be read to my child/ren. Yes No

Group photos that are taken at the end of the year that may contain my child/ren, to be copied and given to other families. Yes No

Agreement

As part of enrolling my child/ren:

- I agree that my child/ren 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 will be charged per child on enrolment.
 - If fees are not up to date, the child/ren's enrolment may be affected.
 - A late fee of \$15 will be charged 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/ren.
- I agree to keep my child/ren at home when suffering from an infectious or contagious illness as detailed in *Staying Healthy in Childcare* or when my child/ren's temperature is over 38°C.
- I agree to collect my child/ren if suffering from an infectious or contagious illness as detailed in *Staying Healthy in Childcare* or when my child/ren's temperature is over 38°C.
- I give permission for staff to administer minor first aid to my child/ren 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 understand and have 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 two weeks written notice of cancellation of care or changes to any permanent days.
- I understand that my child/ren needs to attend their last day of care or full fees will be charged to my account.

Signature:

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 child/ren.

Name:

Signature:

Date: