

City Child Care Centre Enrolment Form 2023-2024

Privacy Notice: 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. Council deals with personal information in accordance with law, including the *Information Privacy Act 2009*.



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

P: 07 4936 8255 | E: childcare@rrc.qld.gov.au | W: rockhamptonregion.qld.gov.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

What year is this enrolment for:		
Child/ren name/s:		
Parent/Guardian Details	Parent One/Guardian <i>(who the child is linked to with Centrelink)</i>	Parent Two/Other
Parent/Guardian 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 full name:		
Preferred name:		
Gender:		
Date of birth:		
Customer reference number (CRN) for the child:		
Medicare number:		
Ethnicity/nationality:		
Primary language spoken:		
Residential address: <i>(If different to parents)</i>		
Any court orders, parenting orders or parenting plans? <i>(Copy to be sighted by Director)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any allergic reactions?		
Any disabilities or impairments? <i>(If a diagnosed disability, please ensure a letter is supplied by a GP or specialist)</i>		
Any other injuries?		
Any behaviour concerns?		
Any medical conditions?		
Does your child have any allergies to sunscreen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's present health status:		
Any special cultural or religious requirements?		
Any special comforters?		
Any special eating requirements? <i>(For example, vegetarian)</i>		
Any food allergies? If yes, please specify:		
Any other information you would like to disclose?		

Booking Requirements					
	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time:					
Depart time:					
Care type:	<input type="checkbox"/> LDC <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> LDC <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> LDC <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> LDC <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> LDC <input type="checkbox"/> AM <input type="checkbox"/> PM
LDC (Long Day Care): 9 or 11 hours 6.45am – 5.45pm or 8.00am – 5.00pm			AM (Morning Session): PM (Afternoon Session):		8.00am – 12.30pm 12.30pm – 5.00pm
Orientation date:		Enrolment date:		Date of first attendance:	
Immunisation Status					
Is immunisation current? <i>(please attach a copy)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Sighted by:					
Authorised Contacts					
Authority to collect / emergency contacts: (Do NOT include parent/s name/s)					
<ul style="list-style-type: none"> ▪ Must be 18 years of age or older and supply photo identification when collecting child/ren; ▪ 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 your child/ren may be enrolled in our Centre (this does not include the parents); ▪ 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 (Not Parent)		Contact Two (Not Parent)		
Contact name:					
Residential address:					
Email:					
Mobile number:					
Work phone number:					
Relationship to child/ren:					
Drivers licence number:					
Permission for authorised contacts	Contact One (Not Parent)		Contact Two (Not Parent)		
Authorised to consent to medical treatment of, or to authorise administration of medication to the child:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorised to authorise an educator to take the child outside the education and care service premises:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorised to authorise the education and care service to transport the child or arrange transportation of the child:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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? *(for example, sewing, typing etc)*

Permission

I give permission for:

- | | | |
|---|------------------------------|-----------------------------|
| My child/ren to be given Panadol when their temperature goes above 38°C, or as deemed necessary by the Group Leader or Director. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child/ren to have any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child/ren to be transported by an ambulance service. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. Only first names will be published in stories of the children's learning journey. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child/ren to be photographed – these photos may be uploaded on our Xplor app, this is only for parents/guardians of children at the Centre. Only first names will be published in stories of the children's learning journey. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child/ren to be photographed – photos may also be used for advertising and promotional purposes on the Rockhampton Regional Council website, monthly reports, in print ads and in the Centre newsletter. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child/ren's name to be publicised with photos (externally). | <input type="checkbox"/> Yes | <input type="checkbox"/> 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). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Staff to write my child/ren's name/s on their belongings to clarify ownership. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child/ren to have any person who is authorised to authorise the education and care service (City Child Care) to transport the child or arrange transportation of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child/ren to have any person who is authorised to authorise an educator to take the child outside the education and care service (City Child Care) premises. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My child/ren to use communal sunscreen. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Centre staff to apply insect repellent containing DEET to my child/ren. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I understand and give permission for:

- | | | |
|---|------------------------------|-----------------------------|
| The book <i>Everyone's Got a Bottom</i> to be read to my child/ren. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Declaration *(to be completed in person at City Child Care Centre)*

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 \$70.00 will be charged per child on enrolment.
- I understand and accept that if fees are not up to date, the child/ren's enrolment may be affected.
- I understand and accept that a late fee of \$15.00 will be charged for each five minutes per child after their booked times that my child/ren are collected.
- 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, may 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 and one weeks' notice to change 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.
- I have supplied a copy of my child/ren's birth certificate.
- I have supplied photo identification for parent one/guardian and parent two/other (for example, drivers licence).
- I authorise Centre staff to give the above-mentioned Authorised Contacts access to my child/ren.
- 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 have received a copy of the Parent Handbook and have read, understood and will comply with the Centre's policies.

Name:

Signature:

Date:

Fees and Charges

For a full list of fees and charges please refer to Council's [Fees and Charges Schedule](#).