



TAFE Kids Inc. Enrolment Form

Providing Quality Childcare for the children of Sunraysia

Child's Details...

Child's First Name _____	Date of Birth: _____
Surname _____	Usually called: _____
CRN: _____	Sex (Please tick) <input type="checkbox"/> M <input type="checkbox"/> F
Residential Address: _____	

Is the child of Aboriginal and/or Torres Strait Islander origin? (Please tick)	
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander
Days of Attendance (please circle):	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Start date _____

First Parent/Guardian Details...

Name: _____	Home Phone: _____
Address: _____	Mobile Phone: _____
D.O.B.: _____	Work Phone: _____
CRN: _____	
Postal Address (if different to above): _____	
Email Address: _____	
Occupation: _____	Course of Study: _____
Work Place Name and Address: _____	

Second Parent/Guardian Details...

Name: _____	Home Phone: _____
Address: _____	Mobile Phone: _____
D.O.B.: _____	Work Phone: _____
CRN: _____	
Postal Address (if different to above): _____	
Email Address: _____	
Occupation: _____	Course of Study: _____
Work Place Name and Address: _____	

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Emergency Contact/Authority to Collect/Other Persons to be Notified

(There may be times when the child has had an accident, injury, trauma or illness and the parents or guardians cannot be contacted. This must be someone other than the parent/guardians listed above)

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work/Mobile Phone: _____	Work/Mobile Phone: _____
Address: _____	Address: _____
Suburb: _____	Suburb: _____
Relationship to Child: _____	Relationship to Child: _____
Authority to Collect (Please circle): Yes No	Authority to Collect (Please circle): Yes No
Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work/Mobile Phone: _____	Work/Mobile Phone: _____
Address: _____	Address: _____
Suburb: _____	Suburb: _____
Relationship to Child: _____	Relationship to Child: _____
Authority to Collect (Please circle): Yes No	Authority to Collect (Please circle): Yes No

Custody of Child and Court Orders

Have any orders been made by any court regarding your child? Yes No Go to the next section

If YES, please provide the following:

An **original** court order/s for staff to see and a copy attached to this Enrolment Form. Details of Guardianship and Custody, and Terms of any specific Custody or Access

Provision (if applicable): _____

If NO, are there any disputes concerning custody of your child? Yes No

If YES, please provide details.

The Child Resides With: _____ Enrolling Guardian Initials: _____

Please attach copies of relevant Court forms, documentation.

Child's Medical and Health Information

Name Family doctor/Medical Service: _____ Telephone: _____

Address Doctor/Medical Service: _____

Maternal & Child Health (MCH) Centre: _____

Does the child have any allergy or sensitivity? No Yes

If yes, provide management details that are required to be followed (or attach a copy of the management plan):

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Does the child have any medical conditions and needs (e.g. at risk of anaphylaxis, epilepsy, diabetes, etc.) which are relevant to the children's service?

No Yes Please list specific medical condition / diagnosis _____

If yes, provide management details that are required to be followed (or attach a copy of the management plan):

If your child has been diagnosed with asthma, please complete the Asthma Information Sheet as attached.

If your child has been diagnosed with being at risk of anaphylaxis, the anaphylaxis management plan must be attached and provided prior to commencement of care.

Medicare No: _____ Ambulance Cover: Yes No

Health Cover: Yes No Health Fund Name _____

Does the child have any dietary restrictions? No Yes

If yes, the following restrictions apply: _____

Special Needs/ Other important information: _____

Has your child been in child care before? Yes No

How did you find out about TAFE Kids Inc? Recommendation Phone Book Website Other

Child's Immunisation Record

Has the child been immunised? Yes No Health Book record checked? Yes No

Directors Signature: _____

If yes, provide details by:

- Attaching a copy of the Immunisation Record from the Child Health Record Book
- Bring in your Child Health Book for copying at the Centre
- Attaching the Child History Statement from the Australian Childhood Immunisation Register

Declaration and consent to Emergency Medical treatment

I/We..... (Print full name)
a person/ people with lawful authority of the child referred to in this enrolment form,

1. 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;
2. Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
3. Consent to the staff of TAFE Kids Inc. seeking, or where appropriate administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the service.
4. I/We give permission for the designated emergency contact person (listed on this form) to act on my behalf in the event of an emergency should I not be available to be contacted.
5. I/We give permission for TAFE Kids to call an Ambulance in circumstances deemed appropriate in accordance with their policies and procedures. I/We agree will cover any costs associated with an Ambulance being called.

Signature: _____ Date: _____

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General Conditions of Enrolment Declaration

Name of Child: _____

I/We (the parents/guardians) also agree to the following conditions regarding attendance of my child at TAFE Kids Inc.:-

- a) I/We agree to return Ezi-Debit payment option form prior to the commencement of care.
- b) I/We understand and accept that fees must be paid at least one (2) week in advance of attendance and that normal fees are payable at all times including for any period of absence by my/our Child for illness, holidays or for any reason whatsoever. I/We also understand that if fees are not paid my/our Child/Children's continued enrolment at the Centre cannot be guaranteed.
- c) I/We understand that a Priority of Access system is applied at this Centre and under conditions laid down by Federal Government, children of working parents must be given priority over those of non-working parents. I/We also acknowledge that there are priorities within these categories to which all families are subject to.
- d) I/We agree herewith to pay the required fees under the conditions set out in the Parents Handbook while my/our child attends this Centre and understand that should my account remain outstanding for an extended period, care may be cancelled.
- e) I/We agree to notify the Centre promptly of any absence on an enrolled day.
- f) I/We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.
- g) I/We are aware that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.
- h) I/We understand that a system of payment for late collection operates at the Centre, to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the Centre. Any late collection will result in a fee being charged.
- i) I/We agree to keep the child home when he/she is unfit for normal day care conditions or is suffering from any infectious or contagious illness and will abide by the Minimum Period of Exclusion from Children's Services for Infectious Diseases Cases and Contacts set down by the Department of Human Services.
- j) I/We agree to give **two weeks notice** of intention to withdraw the child from the Centre or pay two weeks fees in lieu of such notice period.
- k) I/We will ensure that the Child/Children is/are accompanied to and from the centre by an adult person and that the carer in charge of the room is notified of arrivals and departure.
- l) I/We agree to advise the Centre if any other person is to pick up my child in the event I/we are unable to.
- m) I/We agree that the Child/Children will be signed in and out at the appropriate locations within the Centre on each day of attendance.
- n) I/We agree to conduct myself in an appropriate manner at all times whilst on the premises of TAFE Kids Inc.
- o) I/We agree to complete the Medications Book in full for all medications administered to my child and for the medicine to be handed to staff on arrival and collected and signed for at the end of each day. All medications must be prescribed by a doctor for that child. Over the counter medications are not administered unless prescribed by a doctor, and is supported in writing from a medical practitioner.
- p) I/We agree to have our Child/Children photographed during activity and routine times for the purpose of displays within the Centre, internal and external promotion and for the accreditation folio.

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- q) I/We authorise TAFE Kids staff to administer 30+ SPF with insect repellent in accordance with the Sun Smart Policy to be applied to my children while they are in attendance at the Centre.
- r) I/We authorise staff to check my child's hair for head lice whilst they are in the care of TAFE Kids Inc. as required.
- s) I/We understand that the Centre may be used as a training and observation centre by students undertaking placements as part of their children's services studies.
- t) I/We are aware that the Centre may occasionally have visitors, or volunteers at the Centre, and consent to my/our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision.
- u) I/We give permission to apply bandaids or sticking plaster to my child as appropriate.
- v) I/we give permission for caregivers to apply Sudocrem (supplied by parent with child's name clearly marked on the tube/jar) if my child is suffering from nappy rash or when appropriate.

By signing this declaration you agree to all conditions stated above. Should you not agree to one or more conditions please see the Centre Director prior to submitting this form.

First Parent/Guardian Signature: _____ Date: _____

Second Parent Guardian Signature: _____ Date: _____

Centre Director Signature: _____ Date: _____

EVACUATION DRILLS PROCEDURE

It is very important for TAFE KIDS to have Evacuation Procedures in place to ensure the safety of the children in our care. The Centre practices these drills once a school term and also participates in drills associated with Sunraysia Institute of Tafe twice a year. For your child to attend the Centre we require your permission to be able to remove your child from the premises of TAFE Kids Inc. to evacuation points within the Sunraysia Institute of Tafe premises when an evacuation drill takes place.

I/We _____ (please print) give permission for my child _____

To be removed from the premises of TAFE Kids Inc. for the purpose of an evacuation drill.

Signed: _____ Date: _____

Any information provided at the time of the child's enrolment will be used only for the purpose intended. Information will be stored in a confidential manner and will be retained as such unless required by law. TAFE Kids Inc. has a detailed Privacy and Confidentiality Policy which is available from the Policy Manual Folder stored on the Entry Hall Table.

Please note that ALL Policies are available for perusal in the Policy Manual stored on the Entry Hall Table.

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ASTHMA INFORMATION SHEET

DATE: _____

CHILD'S NAME _____

AGE: _____

PARENT/GUARDIAN CONTACT NUMBERS:

Mother _____ (Home) (Work) _____

Father _____ (Home) (Work) _____

EMERGENCY CONTACT PERSON:

Name: _____

Phone: _____

Doctor's Name: _____

Phone: _____

ASTHMA TRIGGER FACTORS (If known)

COMMON SIGNS/SYMPTOMS

REGULAR ASTHMA MEDICATION

Medication	Dose	Times	How Given
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY TREATMENT ACTION PLAN

1. _____
2. _____
3. _____

I hereby authorise the Child Care Centre Staff to follow the asthma emergency treatment procedure for my child in the case of an asthma attack.

If this treatment is unsuccessful or the child's medication has not been supplied an ambulance will be called.

SIGNED: _____

DATE: _____

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Getting to know you – Some information about your family

Please complete the following form for your Room's caregiver to help us better plan and cater for your child's needs. This information is given directly to your child's carers. Do note that this information remains confidential.

Child's Name: _____

Child's Date of Birth _____

Parent's Names: _____

Other persons with authority to collect your child: _____

Parent's Occupation _____

Names and relationship of people living in your house (eg. Step parent, Aunty, Grandma): _____

Siblings Names and D.O.B.: _____

Extended Family Members living with you? Please list _____

Pets (Type of Pet and Names): _____

Current medical conditions and allergies of your child

Cultural Information

Primary Language of Family: _____

Special Cultural/Religious needs (e.g. diets, festivals): _____

Sleep Information

Please Circle: *Comforter* *Dummy* *Bottle* *Breast milk*

Cow's Milk

Formula

What time does your Child normally go to sleep? _____

What settling techniques do you use for your child? _____

How long does your Child usually sleep for? _____

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General Information

Child's Likes/dislikes: What activities does your child enjoy? Are there activities your child is not fond of?

Food likes/dislikes:

Favourite toys/activities:

What activities does your family and child participate outside of the home?

Child's routine at home e.g. wake, meals, sleep etc

Parent expectations or goals for your child e.g. toilet training, social expectations

Is there anything else that staff should know about your child, for example, excessive fears, special needs, behavioural patterns to help us best care for your child?

Thank you for your time in completing this form!

Should you have any questions or concerns about anything listed on this form or wish to speak to carers in more detail about any aspect of the Centre, please do not hesitate to do so!

We do encourage parent participation at any time should you have any skills/ideas or activities that would be of interest to children in your child's group we would welcome your contribution!

Also, do take the time to view our programs and to offer feedback and suggestions as we work together to provide high quality care for your child.

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Emergency Contact Information

In the unlikely event of an emergency please nominate person you would like us to contact.

Child's Name:.....

Parent/Guardian

Parent/Guardian

Name:.....

Name:

Ph: (H) (.....)

Ph: (H) (.....)

Ph: (W) (.....)

Ph: (W) (.....)

Mobile:

Mobile:

Street Address:.....

Street Address:

Suburb:.....

Suburb:

State:..... Postcode:.....

State:..... Postcode:

Signature:.....

Signature:

Emergency Contact One:

Title: Dr, Mr, Mrs, Ms, Miss

Surname: First Name: Relationship to Child

Most Preferred Contact: Home Work Mobile

Ph: (H) (.....) Ph: (W) (.....) Mobile:

Street Address:

Suburb: State: Postcode:.....

- This person is authorised to collect my child from TAFE Kids Inc.
- This person is authorised to give permission for medical treatment and to sign medication/incident reports.

Emergency Contact Two:

Title: Dr, Mr, Mrs, Ms, Miss

Surname: First Name: Relationship to Child

Most Preferred Contact: Home Work Mobile

Ph: (H) (.....) Ph: (W) (.....) Mobile:

Street Address:

Suburb: State: Postcode:.....

- This person is authorised to collect my child from TAFE Kids Inc.
- This person is authorised to give permission for medical treatment and to sign medication/incident reports.

Emergency Contact Three:

Title: Dr, Mr, Mrs, Ms, Miss

Surname: First Name: Relationship to Child

Most Preferred Contact: Home Work Mobile

Ph: (H) (.....) Ph: (W) (.....) Mobile:

Street Address:

Suburb: State: Postcode:.....

- This person is authorised to collect my child from TAFE Kids Inc.
- This person is authorised to give permission for medical treatment and to sign medication/incident reports.

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