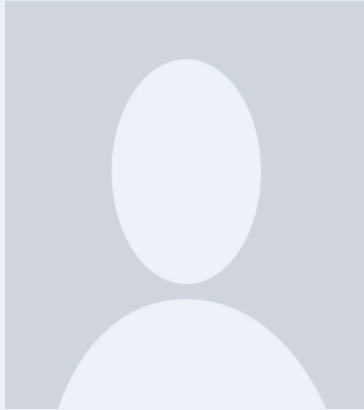




TAFE Kids Inc. ENROLMENT FORM



Name:

ATTACHED DOCUMENTS

Please ensure **ALL** of the following documents are attached to this application before submission:

Child's birth certificate		Child CRN Number (<i>Centrelink Reference Number</i>)	
Immunisation record		Emergency contacts details completed	
Parent CRN Number		Medical document	
Arrangement Form completed & signed		Child Care Subsidy Confirmation	
Days required: M, T, W, TH, F (<i>Please circle</i>)		Commencing Date: / /	

<i>TAFE Kids Inc</i>	
<i>453 Benetook Avenue, Mildura, 3500</i>	
<i>(03) 5022 3791</i>	<i>tafekids@sunitafe.edu.au</i>

OFFICE USE ONLY	
Date Entered:	Entered By:

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			

Date of Birth:		Gender (Please circle):	Male / Female
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Child's Centrelink Reference Number (CRN) <i>Please note: Parent/Guardian and child have their own individual CRN number</i>	
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Child's home address:	
Child lives with:	

Child's birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photo copied. NOTE: Not applicable for existing enrolments.	Yes / No
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MY CHILDS ROUTINE

Education and Care Services National Regulations - Regulation 160

For: TAFE Kids Inc. educators

General Information

Child's name: _____ Date of Birth: _____

My child like doing: (e.g. painting, playing outside) _____

Does your child have any known fears? (Please circle) **Yes/No** If yes, please provide details below:

Meal Times *(Please only fill in questions applicable to your child/their age)*

Is your child currently on Formula, milk, breast milk or solids? (Please circle)

Breast Milk	Formula	Milk	Solids
What are your child's feeding time?	1. _____	2. _____	3. _____ 4. _____

Does your child like to be nursed when bottle feeding? (Please circle) **Yes/No**

Does your child have his/her milk warm? (Please circle) **Yes/No**

Does your child have reflux or any other feeding concerns? (Please circle) **Yes/No**

Does your child like to feed themselves? **Yes/No**

How would you describe your child's appetite?

Toileting

Is your child: (please circle) **using nappies** **learning to use the toilet** **using a toilet**

Does your child require a nappy for sleep/rest? **Yes/No**

Sleeping and resting

Please circle if your child sleeps or rests throughout the day, indicating usual times your child sleeps or rest.

(Please circle)	Sleep	Rest
Nursery Sleep or rest	From: _____ To: _____	
	From: _____ To: _____	
	From: _____ To: _____	

How can we support your child's comfort during sleep or rest? _____

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

What language/s is spoken in the child's home environment?	
What language/s does your child understand/speak?	
Ethnicity:	
Religion:	
Is the Child of Aboriginal or Torres Strait Islander Descent? <i>(Please circle)</i>	Yes / No
Please outline any cultural practices you would like followed:	
Please outline any religious practices you would like followed:	
Religious celebrations:	

IMMUNISATION DETAILS

Are your child’s immunisations up to date?	<p>Yes/No</p> <p>Please provide a copy of your child’s: Immunisation History Statement provided by Medicare (this can be found on your My Gov account)</p>
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Approved Provider or Staff Member has sighted a child health record for the child:

Staff members name: _____

Signature: _____

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	

Child’s Registered Medical Practitioner or Service Details:

Service Name:			
Practitioner’s Name:			
Contact Numbers:			
Address:			
Do you authorise the Nominated Supervisor or another educator at the Service to seek advice regarding your child from their maternal health nurse?	Yes/No	Maternal Health Nurse name:	
		Address and contact number:	

<p>Does the child have any specific health care needs or conditions (e.g. asthma, febrile convulsions etc.) and/or allergies or anaphylaxis?</p> <p><i>(Please Circle)</i></p>	<p>Yes / No</p> <p>If yes, please provide a medical management plan, which the child’s medical practitioner has prepared.</p> <p><u>Allergies or medical conditions:</u> (Identify below)</p> <p>The Plan should include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan <input type="checkbox"/> When the Plan should be reviewed 	
<p>Does the child have any dietary restrictions?</p> <p><i>(Please Circle)</i></p> <p>Please outline any dietary restrictions or considerations. <i>For example, religious requirements, lactose intolerance, celiac, vegetarian etc.</i></p> <p>(Details of allergies etc. will be requested in the Medical section of the form):</p>	<p>Yes / No</p> <p><i>(If yes, please attach relevant details.)</i></p> <p><u>Dietary Restrictions:</u> (Identify below)</p>	
<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> • The label must contain the child’s name and • Parents/Guardians must provide any verbal or written instructions provided by the medical practitioner. <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like nappy creams must be authorised by parents/guardians or an authorised nominee on our “Administration of Authorised Medication” form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	<p>Parent/Guardian 1 Signature:</p>	
	<p>Parent/Guardian 2 Signature:</p>	

<p>In the event of an emergency, the Nominated Supervisor or another educator at the Service may need to seek medical treatment from a registered medical practitioner, hospital or ambulance service.</p>	<p>Parent/Guardian 1 Signature:</p>	
	<p>Parent/Guardian 2 Signature:</p>	
<p>In the event of an emergency, the Nominated Supervisor or other educator may need to transport the child in an ambulance.</p>	<p>Parent/Guardian 1 Signature:</p>	
	<p>Parent/Guardian 2 Signature:</p>	
<p>Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents/guardians and/or emergency services as soon as possible.</p> <p><i>Education and Care Services National Regulations - Regulation 94.</i></p>	<p>Parent/Guardian 1 Signature:</p>	
	<p>Parent/Guardian 2 Signature:</p>	

DEVELOPMENTAL INFORMATION

<p>Please provide us with any other information we should know about your child</p> <p><i>(For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)</i></p>	
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TRANSITION TO SCHOOL

<p>If applicable, have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child's transition to school?</p> <p><i>(For example, Transition statements for children who attend our Kindergarten program.)</i></p> <p>Name of School:</p> <hr/>	Parent/Guardian 1	
	Signature:	
	Parent/Guardian 2	
	Signature:	

FAMILY INFORMATION

<p>Does the child have any siblings? If so, please provide their names and ages.</p>	
<p>Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names.</p>	

PRIMARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

Parent/Guardian Name:	
Parent/Guardian Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent/Guardian Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	

Parent/Guardian Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details:	
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Does the child live with you? (Please circle):	Yes / No
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Occupation:	
Place of employment:	
Hours of work:	

SECONDARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

Parent/Guardian Name:	
Parent/Guardian Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent/Guardian Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	

Parent/Guardian Centrelink Reference Number (CRN):	
--	--

Please provide any relevant cultural background details:	
--	--

Does the child live with you? (Please circle):	Yes / No
--	-----------------

Occupation:	
Place of employment:	
Hours of work:	

FEE'S AND PAYMENTS

Education and Care Services National Regulations - Regulation 160

- Fees will apply in accordance with our fee structure.
- Fees will apply for booked days that your child does not attend due to illness, holidays, or public holidays. TAFE Kids Inc. does not operate on public holidays. Please refer to your Family Handbook for further information.
- A late fee of \$15.00 within a 15 minute block will be charged for children who have not been collected from the centre by closing time.
- Our preferred method of payment is Direct Deposit via your internet or smart phone banking. You can also pay via Ezi-Debit, or in person by EFTPOS. Please note there are some surcharges that may apply to these payment methods – contact your centre Director with any queries. (if your preferred payment method is Ezi-Debit, please see management for a form)
- Statements are emailed to the account holder each Monday with the dates of the previous week, the current week and the two weeks in advanced.
- You can make your payments any day of the week, either weekly or fortnightly.
- In the event that non-immunised children need to be excluded from the centre, fees will still apply on these days and CCS will be ceased until immunisations are up to date. This is in accordance with the federal Government policy.
- If your child does not attend care on their last booked days, CCS will not be applied to your account for these days. This is in accordance with the federal Government policy.
- TAFE Kids Inc. reserves the right to pursue unpaid fees including the use of a collection agency.

PAYMENT AGREEMENT

As terms of Enrolment

- I agree to pay: All fees as charges by TAFE Kids Inc.
Fees two weeks in advance or as per terms above.
All outstanding fees prior to withdrawing from care.
- I agree to: TAFE Kids Inc. cancelling my child's place if my fees are in arrear for more than two weeks.
TAFE Kids Inc. cancelling my child's place with two weeks' notice on reasonable grounds.
- I agree to provide: Two weeks' written notice of intention to withdraw my child.
- I agree that I will: Submit payment in full within seven days of any payment faults.

The above payment terms and fees and payment information has been explained to me, and I consent to this payment agreement. I have received a copy of the Family Handbook and acknowledge the information provided.

Account holder:

Signature: _____

Date: / /

Name: _____

Payment Options: *(Please tick your payment cycle and circle your payment method)*

Weekly payments

Fortnightly payments

EFTPOS

EZI-DEBIT

DIRECT DEPOSIT

EMERGENCY EVACUATION DRILL

Education and Care Services National Regulations - Regulation 160

It is very important for TAFE Kids Inc. to have Evacuation Procedures in place to ensure the safety of the children in our service. The Centre practices these drills once a quarter. For your child to attend the Centre we require 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.

Parent/guardian/person with parental responsibility

Signature: _____

Name: _____

Date: / /

COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	<p>Yes/No</p> <p>If yes, please provide all relevant documentation and paperwork</p>
Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person?	<p>Yes/No</p> <p>If yes, please provide all relevant documentation and paperwork</p>

Please note that without this documentation we cannot legally enforce the Order/s.

FIRST EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and Parents/Guardians cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child.

Please obtain the person's consent before listing them as an emergency contact

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)		
	(M)		
	(W)		
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent/Guardian 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent/Guardian 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent/Guardian 1 Signature:	
Can this person give authorisation for the child if written consent from the parent/guardian has not been obtained and parent/guardian 1 and/or 2 cannot be reached?	Yes/No	Parent/Guardian 1 Signature:	
This person is an authorised nominee to collect my child from the centre,	Yes/No	Parent/Guardian 1 Signature:	
This person is authorised to give permission to another person to collect my child from the centre.	Yes/No	Parent/Guardian 1 Signature:	

SECOND EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H) (M) (W)		
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent/Guardian 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent/Guardian 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent/Guardian 1 Signature:	
Can this person give authorisation for the child if written consent from the parent/guardian has not been obtained and parent/guardian 1 and/or 2 cannot be reached?	Yes/No	Parent/Guardian 1 Signature:	
This person is an authorised nominee to collect my child from the centre.	Yes/No	Parent/Guardian 1 Signature:	
This person is authorised to give permission to another person to collect my children from the centre.	Yes/No	Parent/Guardian 1 Signature:	

CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

1. You and your partner must care for your child at least 2 nights per fortnight or have 14% care?

YES NO

2. Are you liable for fees for care provided at an approved child care service?

YES NO

3. Do you meet residency requirements?

YES NO

4. Does your child meet immunisation requirements?

YES NO

5. Have you completed the Child Care Subsidy assessment on the [myGov](#) website?

YES NO

6. Have you received confirmation about your Child Care Subsidy?

YES NO

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

HEALTH & SAFETY:

I/We give permission for this child to: Participate in excursions to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Insect Repellent (supplied by parents/guardians)	YES	NO
Have staff apply nappy creams (supplied by parents/guardians - all nappy creams must be labelled with the child's full name)	YES	NO

PHOTOGRAPHY & VIDEO:

For photos and video footage to be taken of my child for Service use and staff training purposes (Footage will not leave the Service)	YES	NO
For photos and video footage of my child to be used in Learning Stories, and to be shared with other families that attend the Service. E.g. <i>Daily reflections & Learning Journals</i>	YES	NO
For photos of my child to be used for student training purposes (Photos may leave the Service for students to present to lecturer and class for viewing and marking, with written consent from the child's parent/guardian)	YES	NO
For photos and video footage of my child to be used on Service website, social media (our Facebook page) and other internet purposes, such as advertisement and used in organisation's resources	YES	NO

WRITTEN ARRANGEMENTS:

A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

This Written Arrangement between **TAFE Kids Inc.** and *(your name)* _____ is an ongoing agreement between the ECEC Service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B (3) of the Family Assistance Administration Act.

Arrangement Type: See table above (Please circle)	CWA	RA	ACCS	Arrangement with an organisation	
Name of Service:	TAFE Kids Inc.				
Service ID:	2495				
Expected Session of Care: (Please circle)	Mon	Tues	Wed	Thurs	Fri
Care Arrangement:	Routine Care			Casual Care	
Fees to be charged to the individual for the sessions of care provided	Under 3 years - \$98.00 Over 3 years - \$ 95.00				

Signature: _____

Date: / /

Name: _____

Note: Proposed fees can be detailed by reference to other material (such as fee schedule or information on website maintained by the provider) Parties understand and are aware fees may vary from time to time.

Please tick box to confirm you have read each point:

I agree to the following conditions regarding attendance of my child at TAFE Kids Inc.

- I/we understand that Priority of Access system is applied at this Centre and under conditions laid down by the federal Government, children of working parents/**guardians** must be given priority of those of non-working parents/**guardians**.
- I/we are aware that it is our responsibility to maintain a current family Assistance office income Assessment notices for the Childcare Subsidy purposes.
- I/we are aware that to have access to the Childcare Subsidy we need to meet all current Childcare Subsidy requirements.
- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service enrolment fees. Initial payment including 2 weeks in advance is to be paid. My child's place will be cancelled if not paid prior to starting date.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- I/we agree that the child/ren will be signed in and out at the appropriate location within the centre on each day of attendance and the child/ren is/are to be accompanied by to and from the centre by an adult person and that the educator in charge of the room's is notified of the arrival and departure.
- 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.
- I/we consent to the TAFE Kids Inc. seeking, or when appropriate administering such emergency medical treatment as is reasonably necessary and that I will reimburse as necessary costs incurred by the service.
- 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 Minimum Period of Exclusion from Children' services of Infectious diseases Cases and Contact set down by the department of Human services.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.

- I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to giving two weeks written notice to withdraw my child or reduce booked days
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.
- I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I/we agree to conduct myself in an appropriate manner at all times whilst on the premises of TAFE Kids Inc.
- Immediately notify the centre Director of any changes to your child's:
- a. Personal details
 - b. Emergency contact information or authorised nominees (see Emergency Contacts)
 - c. Enrolment (see Enrolment Form)
 - d. Health, medication or dietary requirements (see Medical Management Plan)

I have read the Family Handbook and am familiar with the Service’s Policy Manual located in the front foyer of the service. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the parent/guardian input basket.

I have provided accurate and up to date information on the Written Arrangement

Signed: _____ Name: _____ Date: ___ / ___ / _____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other:	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.