



ENROLMENT FORM

CHILD DETAILS

*** PLEASE COMPLETE IN BLOCK LETTERS USING BLUE OR BLACK PEN**

Surname _____

Given names _____

Preferred name _____

Home address _____

Suburb _____ Postcode _____

Gender Male Female Date of birth ____ / ____ / ____

* Please provide a copy of your child's birth certificate

What is your child's cultural background? _____

Please advise us of any cultural or religious practices you would like us to follow

Is your child of Aboriginal or Torres Strait Islander descent? Yes No

What language is spoken at home? _____

Child's CRN _____

Days of Attendance

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

Start date _____

If your child has siblings, please advise their names and ages?



Please provide us with any other information we should know about your child (eg favourite activities, fears, routines, strengths, special words (please translate if applicable), toileting and sleeping practices etc)

(Optional) If your child is going to school next year, please advise the name of the school.

(Optional) Do you authorise the service to exchange information with the school to assist your child's transition to school?

Parent One Yes No Signature _____

Parent Two Yes No Signature _____

PARENT DETAILS

Parent One

Parent Two

Where answer is same as Parent One write same

Surname _____

Given Names _____

Preferred name _____

Date of birth _____

Occupation _____

Home address _____

Home phone _____

Work phone _____

Mobile _____

Best contact number _____



Email _____

Parent's CRN _____

Country of birth _____

Cultural background _____

Preferred language _____

Does the child live with you? _____

MEDICAL INFORMATION

Medicare Number _____ Do you have ambulance cover? Yes No

Private Health Fund Yes No Fund name _____ Fund Number _____

Doctor's Name _____ Doctor's phone number _____

Doctor's address _____

(Optional) Dentist's Name _____ (Optional) Dentist's phone number _____

(Optional) Dentist's address _____

Immunisations

Are your child's immunisations up to date? Yes No

* Please provide a copy of your child's Australian Childhood Immunisation Records (ACIR) Statement. (You can get a copy by calling 1800 653 809, by email on acir@medicareaustralia.gov.au , from a Medicare or Centrelink office or online at www.medicareaustralia.gov.au/online).

If your child's immunisations are not up to date, please attach one of the following documents:

- A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule
- An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor



ACIR Immunisation History Statements and Exemption forms are available on the Department of Human Services website <http://www.humanservices.gov.au/> The ACIR can be contacted on 1800 653 809 or email acir@medicareaustralia.gov.au

Specific Health Care Needs

Does your child have any specific health care needs or medical conditions eg asthma, allergies, anaphylaxis, diabetes? Yes No

If yes, please provide details

* If yes, please provide a Medical Management Plan for your child (these are prepared by and signed by the child’s doctor). The Plan should cover what triggers the medical condition or allergy, first aid needed, doctor’s contact details, plan review date and include a photo of your child. We will then develop a risk minimisation plan to reduce the possible incidence of triggers in consultation with you.

Office use only: Child’s health record sighted Yes Details _____

Medical Conditions Policy provided to parents if child has identified medical condition/health care need. Yes

DIET

Does your child have any dietary restrictions that you have not already mentioned?

Yes No

If yes, please provide details

ADDITIONAL NEEDS

Has your child been diagnosed with any special needs or learning difficulties?

Yes No

If yes, please provide details



of medication if we cannot contact you?

Can this person authorise the Nominated Supervisor or an educator taking your child outside the service if we cannot contact you? Yes No

Can this person authorise our Centre to transport your child or arrange transportation of your child? Yes No

Parent One Signature _____

Parent Two

I authorise this person to collect my child from your service Yes No

Can we notify this person of any emergency involving your child if we cannot immediately contact you? Yes No

Can this person consent to medical treatment or the administration of medication if we cannot contact you? Yes No

Can this person authorise the Nominated Supervisor or an educator taking your child outside the service if we cannot contact you? Yes No

Can this person authorise our Centre to transport your child or arrange transportation of your child? Yes No

Parent Two Signature _____

Contact Two – Authorised Nominee

Name _____

Relationship to child _____

| | | |
|------------|------------|--------|
| Home phone | Work phone | Mobile |
| _____ | _____ | _____ |

Address _____

Email _____

Contact's Signature _____

Parent One

I authorise this person to collect my child from your service Yes No

Can we notify this person of any emergency involving your child if we cannot immediately contact you? Yes No



Can this person consent to medical treatment or the administration of medication if we cannot contact you? Yes No

Can this person authorise the Nominated Supervisor or an educator taking your child outside the service if we cannot contact you? Yes No

Can this person authorise our Centre to transport your child or arrange transportation of your child? Yes No

Parent One Signature _____

Parent Two

I authorise this person to collect my child from your service Yes No

Can we notify this person of any emergency involving your child if we cannot immediately contact you? Yes No

Can this person consent to medical treatment or the administration of medication if we cannot contact you? Yes No

Can this person authorise the Nominated Supervisor or an educator taking your child outside the service if we cannot contact you? Yes No

Can this person authorise our Centre to transport your child or arrange transportation of your child? Yes No

Parent Two Signature _____

Contact Three – Authorised to collect

Name _____

Relationship to child _____

Home phone _____ Work phone _____ Mobile _____

Address _____

Contact Four – Authorised to collect

Name _____

Relationship to child _____



Home phone _____

Work phone _____

Mobile _____

Address _____

Contact Five – Authorised to collect

Name _____

Relationship to child _____

Home phone _____

Work phone _____

Mobile _____

Address _____

COURT ORDERS

Are there any court orders, parenting orders or parenting plans covering the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, or relating to the child's residence or contact with a parent or other person?

- Yes (please attach) No

PHOTOGRAPHY

I consent to:

- my child being photographed by educators and staff members at the Service for educational purposes or to support their medical documentation
- my child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements.
- the photographs taken by educators and staff members being used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles.



- the photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments.
- the posting of photographs taken by educators and staff members on the Service's social media account in a closed group
- my child's photograph to be used on the KinderM8 system

I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.

Parent One Yes No Signature_____

Parent Two Yes No Signature_____

KINDER M8 APP CONSENT

I give permission for my child's data (which includes, but is not limited to, Full Name, Date of Birth, Address, Telephone Number and Parent's Details) to be entered into the Kinder m8 Software for use in creating an online portfolio and information management. This portfolio will only be viewable by myself and anyone else that I share the login details with. Under no circumstances will KinderM8 share this information with any third party.

I agree that any registration information provided for use on Kinder m8 will always be accurate, correct and up to date. I acknowledge that I am responsible for keeping all usernames and passwords required to access the Application secure and confidential.

I give permission for photographs of group activities, which may include images of my child, to be included in Learning Journals, which will be posted on the KinderM8 site and may be emailed to other parents or guardians of children who attend this centre.

Parent One Yes No Signature_____

Parent Two Yes No Signature_____

FACEBOOK/INSTAGRAM PHOTOS CONSENT

We are thinking of new ways to promote family input by adding minimal workload on families. We see some wonderful photos on Facebook and/or Instagram of children and



their families. We would like to seek your consent to print these photos and display them in the service. They will classify as your family input and will assist us in creating a "Family Photo" wall.

Do you allow us to use your personal Facebook photos?

Parent One Yes No Signature_____

Parent Two Yes No Signature_____

REGULAR OUTINGS

We may undertake regular outings to places eg the park or post office. Before the first outing, we will obtain your authorisation, outlining all relevant details and risks involved. If the risks do not change for subsequent outings to the same venue over the next 12 months, do you authorise the Nominated Supervisor or educators at the service to take your child on the regular outing?

Parent One Yes No Signature_____

Parent Two Yes No Signature_____

REGULAR TRANSPORTATION

If we regularly transport your child to or from a venue other than during excursions or regular outings, we will first obtain your authorisation outlining all relevant details and risks involved. If the risks do not change for subsequent transportation to and from the same venue over the next 12 months, do you authorise the regular transportation for this period?

Parent One Yes No Signature_____

Parent Two Yes No Signature_____

ADMINISTRATION OF AUTHORISED MEDICATION

As per Regulation 93 of the Education and Care Services National Regulations (2011 SI 653), we will only administer medication if we have written consent by a parent or person authorised to authorise the administration of medication. We can only accept verbal consent for the administration of paracetamol in a medical emergency. If a parent or person named in the enrolment record cannot reasonably be contacted in the



circumstances, a registered medical practitioner or an emergency service personnel will be contacted to obtain authorisation.

Do you allow the Responsible Person to administer paracetamol in a medical emergency?

Parent One Yes No Signature _____

Parent Two Yes No Signature _____

DECLARATION

As a person who has parental responsibility for the child referred to in this enrolment form for Bright Stars Pre-School & Long Day Care Centre I:

- declare that the information in this enrolment form is true and correct and I will immediately inform the service in the event of any change to this information
- understand there may be costs involved in the provision of professional medical, ambulance or hospital services to my child as a result of a medical emergency or accident at the service, and I agree to pay those costs
- agree to collect or make arrangements for the collection of my child if he/she becomes unwell at the service
- will not send my child to the service if he/she is sick/unwell
- understand my child must have any required medication (including Epipen) with them at the service at all times or they will be unable to attend
- understand and agree that a first aid trained staff member may administer first aid when necessary
- declare that I have read and understood the Code of Conduct and policies of the Service and will abide by them. These policies include the Medical Conditions Policy, Administration of Authorised Medication Policy, Delivery and Collection of Children Policy, Infectious Disease Policy, Immunisation Policy, Behaviour Guidance Policy (in Relationships with Children Policy) and Privacy and Confidentiality Policy
- have read and will comply with the fees and payment structure of Bright Stars Pre-School & Long Day Care Centre
- agree to update any information relating to my emergency contacts, the people I have authorised to collect my child, and my child's medical or dental professionals (including their contact details)
- agree to provide updated information about my child's immunisations whenever he or she is vaccinated



- agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy
- agree for my child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment
- agree to provide information about my child's life, family and community to support the achievement of meaningful learning outcomes
- understand that the Nominated Supervisor may suspend or terminate my child's place at the service if he/she feels that the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member
- understand that the service takes all care but no responsibility for the loss or damage to children's personal belongings and clothing
- agree to give a two week notice period in writing prior to termination of care and/or withdrawal from the centre. I am aware that if this requirement is not fulfilled, I will be charged full fee for the duration of the notice. The child must attend the last day of the notice period otherwise full fee applies

Parent One Yes No Signature_____

Parent Two Yes No Signature_____



Privacy Notice

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through our website, social media page, Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the Early Years Learning Framework. This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, child care benefit information, Medicare number, immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences and needs, including special needs.

We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent or we are complying with an Australian law.

We aim to keep the personal information we hold accurate, up-to-date and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency.

We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is Amal Abdallah who may be contacted by telephone on (02) 9592 3266 or email bright_stars@optusnet.com.au or by mail 20 Villiers St, Rockdale, 2216.

We will provide a copy of any updates to our Privacy and Confidentiality Policy in our family communication book and newsletter.