



# Enrolment Form

Start Date: .....

End Date: .....

## Child Details:

\*Surname: \_\_\_\_\_ \*Given names: \_\_\_\_\_

\*D.O.B: \_\_\_\_\_ \*Male/ Female \_\_\_\_\_ \*Aboriginal or Torres Strait Islander: Yes / No \_\_\_\_\_

\*Address: \_\_\_\_\_

\*CRN: \_\_\_\_\_ Religion: \_\_\_\_\_

- 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? Y / N
- If yes, please provide all relevant documentation and paperwork
- Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? Y / N
- If yes, please provide all relevant documentation and paperwork.

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

## \*Parent/Guardian/Carer Details:

	<u>Parent 1:</u>	<u>Parent 2:</u>
Relationship to child:	_____	_____
Full name:	_____	_____
D.O.B:	_____	_____
Address:	_____	_____
	_____	_____
CRN:	_____	_____
Country of Birth:	_____	_____
Telephone:	(H) _____ (W) _____	(H) _____ (W) _____
	(M) _____	(M) _____
Email:	_____	_____
Occupation:	_____	_____
Place of employment:	_____	_____

## Medical details

\*Child's Medicare number: \_\_\_\_\_

	<u>Doctor</u>	<u>Dentist</u>
Service name:	_____	_____
Practitioner name:	_____	_____
Contact number:	_____	_____
Address:	_____	_____
	_____	_____

## Allergy/illness consent:

Does the Child have any allergies? Y / N \_\_\_\_\_

Does the Child have any specific health care needs or conditions? Y / N \_\_\_\_\_

Has the Child been diagnosed as someone who is at risk of anaphylaxis? Y / N \_\_\_\_\_

Has your child been diagnosed with diabetes? Y/N \_\_\_\_\_

**If yes to any of the above, please attach in-depth relevant details. This includes a Medical Management Plan, Anaphylaxis Medical Management Plan or Risk Minimisation Plan from your GP.**

I consent to the staff of Morisset Children's Centre **displaying a picture of my child** and the **allergy and /or illness warning** which is applicable to my child. This picture will be displayed in each room of the centre on the allergy/illness charts. I understand that other families and users of the centre will also have visual access to this information.

Parent 1/Guardian 1 Signature \_\_\_\_\_ / / Parent 2/Guardian 2 Signature \_\_\_\_\_ / /

**Special/Additional Needs Considerations**

Please outline any additional needs the Child may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Further information regarding the child**

Please outline the Child's **cultural background** and if relevant any cultural practices you would like followed: \_\_\_\_\_  
\_\_\_\_\_

Please outline the Child's **religious background** and if relevant any religious practices you would like followed: \_\_\_\_\_  
\_\_\_\_\_

Please outline any **dietary restrictions** or **considerations** the Child may have (e.g. likes and dislikes. Details of allergies etc. will be expanded on in the Medical section of the form): \_\_\_\_\_  
\_\_\_\_\_

Please state child's living arrangements: \_\_\_\_\_

Does the child have any siblings? If so please provide their names and ages: \_\_\_\_\_  
\_\_\_\_\_

Do the siblings attend another care facility? \_\_\_\_\_

Does the child have any other close relations attending the centre? If so, please provide their names and ages: \_\_\_\_\_  
\_\_\_\_\_

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

**\*Emergency Contacts and Authorised to Collect (Photo ID required if unknown to staff)**

	<u>Emergency Contact 1</u>	<u>Emergency Contact 2</u>
Relationship to child:	_____	_____
Full name:	_____	_____
Address:	_____	_____
Telephone:	(H) _____	(H) _____
	(W) _____	(W) _____
	(M) _____	(M) _____

**Other persons authorised for collection of the child (Photo ID required if unknown to staff)**

Relationship to child:	_____	_____
Full name:	_____	_____
Address:	_____	_____
Telephone:	(H) _____	(H) _____
	(W) _____	(W) _____
	(M) _____	(M) _____

**NB: Further authorised people may be added if required throughout the year by emailing their details to the Director at [director@morissetpreschool.com.au](mailto:director@morissetpreschool.com.au)**

**Medical Authorisations**

1. I authorise for the Nominated Supervisor or other educator at the service to seek medical treatment from a **registered medical practitioner, dentist, hospital or ambulance service?**

Parent 1/Guardian 1 Signature:..... Parent 2/Guardian 2 Signature:.....

2. I authorise for the Nominated Supervisor or other educator at the service to seek to **transport the child in an ambulance?**

Parent 1/Guardian 1 Signature:..... Parent 2/Guardian 2 Signature:.....

3. I authorise for the Nominated Supervisor or other educator at the service to **administer paracetamol (Panadol)** as per the manufacturer’s recommendations that suit the child (e.g. age, weight etc.) when the child’s temperature is 38.5 degrees Celsius or above. A nominated person will be contacted prior to administering Panadol.

4. I understand the potential risks and side effects of this medication for my child. In the event of an emergency I agree to collect my child as soon as possible.

Parent 1/Guardian 1 Signature:..... Parent 2/Guardian 2 Signature:.....

5. In order to prevent a double dosage of medication being given to your child, please be advised that **you must inform us if you have or have not given your child a morning dose before they arrive at the service.**

Parent 1/Guardian 1 Signature:..... Parent 2/Guardian 2 Signature:.....

6. I authorise for the Nominated Supervisor or other educator at the service to **administer general first aid products** as per the manufacturer’s recommendations

Parent 1/Guardian 1 Signature:..... Parent 2/Guardian 2 Signature:.....

7. Please be advised that if your child is diagnosed with **asthma** or **anaphylaxis** and an emergency occurs, the Nominated Supervisor or other educator may **administer emergency first aid without making contact**. Educators will notify the parent’s and or emergency services as soon as possible.

Parent 1/Guardian 1 Signature:..... Parent 2/Guardian 2 Signature:.....

8. I authorise **Emergency contact 1 to give consent for medical treatment** or to authorise for the Nominated Supervisor or other educator to administer medication to the child in the event that I cannot be contacted?

Parent 1/Guardian 1 Signature:..... Parent 2/Guardian 2 Signature:.....

9. I authorise **Emergency contact 2 to give consent for medical treatment** or to authorise for the Nominated Supervisor or other educator to administer medication to the child in the event that I cannot be contacted?

Parent 1/Guardian 1 Signature:..... Parent 2/Guardian 2 Signature:.....

**Authorisation for excursions and incursions**

10. I authorise for the Nominated Supervisor or other educator at the service to **take the child outside the service’s premises for relevant learning experiences, such as routine excursions.**

Routine excursions include activities such as visiting the local primary school and are bounded by a **1km radius**. Further details will be provided when such events are planned. Notice will be given in written form.

Parent 1/Guardian 1 Signature:..... Parent 2/Guardian 2 Signature:.....

10a. I authorise **Emergency Contact 1** to give consent for the Nominated Supervisor or other educator at the service to **take the child outside the service’s premises for relevant learning experiences, such as routine excursions.**

Parent 1/Guardian 1 Signature: ..... Parent 2 Guardian 2 Signature:” .....

10b. I authorise **Emergency Contact 2** to give consent for the Nominated Supervisor or other educator at the service to **take the child outside the service’s premises for relevant learning experiences, such as routine excursions.**

Parent 1/Guardian 1 Signature: ..... Parent 2 Guardian 2 Signature:.....

<p>11. In the event that an emergency occurs while on an excursion, I authorise <b>the child to follow the emergency procedures that have been planned.</b></p> <p>Parent 1/Guardian 1 Signature:..... Parent 2/Guardian 2 Signature:.....</p>
<p>12. I authorise <b>Emergency Contact 1 to give consent for the child to be taken outside the service's premises</b> in the event that I cannot be contacted.</p> <p>Parent 1/Guardian 1 Signature:..... Parent 2/Guardian 2 Signature:.....</p>
<p>13. I authorise <b>Emergency Contact 2 to give consent for the child to be taken outside the service's premises</b> in the event that I cannot be contacted.</p> <p>Parent 1/Guardian 1 Signature:..... Parent 2/Guardian 2 Signature:.....</p>

<p><b>Specialist Services</b></p> <p>14. I authorise the educators to access and use specialist services such as <b>Occupational Therapy and Speech Therapy or other services</b> as seen to be helpful and appropriate for my child.</p> <p>Parent 1/Guardian 1 Signature: ..... Parent 2/Guardian 2 Signature: .....</p>
<p><b>Sunscreen</b></p> <p>15. I will apply <b>SPF 30+ sunscreen</b> to my child before coming to the service. I authorise educators to reapply sunscreen, <b>NSW Cancer Council SPF50+</b>, throughout the day as required.</p> <p>Parent1/Guardian1 Signature:..... Parent2/Guardian2 Signature:.....</p>
<p><b>Insect Repellent</b></p> <p>16. I will apply <b>insect repellent</b> to my child before care and I authorise educators to reapply Insect repellent, <b>Aerogard</b>, throughout the day as required.</p> <p>Parent 1/Guardian 1 Signature..... Parent 2/Guardian 2 Signature.....</p>
<p><b>G Movies</b></p> <p>17. I give permission for my child to watch <b>G rated Movies</b> at the service on special occasions or if it follows children's interests.</p> <p>Parent 1/Guardian 1 Signature..... Parent 2/Guardian 2 Signature.....</p>
<p><b>Nappy Rash Cream</b></p> <p>18. I authorise educators to apply <b>Bepanthen Nappy Rash Cream</b> throughout the day when required.</p> <p>Parent 1/Guardian 1 Signature..... Parent 2/Guardian 2 Signature.....</p>
<p><b>Water Play</b></p> <p>19. I give permission for my child to engage in supervised water play.</p> <p>Parent 1/Guardian 1 Signature ..... Parent 2/Guardian 2 Signature .....</p>
<p><b>Weighted Blanket/Toy*</b></p> <p>20. I give permission for Educators to use a suitable weighted blanket and/or weighted toy as deemed appropriate.</p> <p>Parent 1/guardian 1 signature ..... Parent 2/guardian 2 Signature .....</p>

**Weighted blankets and weighted toys have shown positive results to help calm a restless body, reduce feelings of anxiety, and improve sleep difficulties. A suitable weight is worked out on the child's weight. A weight blanket of more than 5% - 10% of a child's weight will not be used.**

**Media Permission**

I give permission for my child to have their image displayed in the following areas:

Please tick:

- Posted on the Centre's Social Media – Facebook, Instagram, Website
- In the School class photo, group learning and video within the Centre
- Used by work placement students to support their student placement and published in their assignments
- Used by Researchers to support their research project and published in journal articles, reports or conference papers

\_\_\_\_\_  
Parent 1/Guardian Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Parent 2/Guardian Signature Date: \_\_\_\_\_

## Privacy Agreement

This Privacy Agreement is between: Morisset Children's Centre and \_\_\_\_\_  
(Your name)

You will be provided with the key pad code to enter the Centre on agreeing to the following:

- You will not provide the key pad codes to anyone else, including your child(ren)
- You will not let anyone else into the Centre.
- Two people per family, only, are allowed to have the key pad code.
- All other people collecting the child(ren) must ring the doorbell.

I/We agree to the above requests.

\_\_\_\_\_  
Parent 1/Guardian Signature Date: \_\_\_\_\_ Parent 2/Guardian Signature Date: \_\_\_\_\_

## Family Code of Conduct

We respect our families and value the partnership we develop with families to promote the best interests and learning potential of every child. We ask our families to also respect and support the professionalism of our educators and staff members as they work to nurture and develop each child.

In particular we expect all family members to:

- respect the dignity and rights of every adult and child at the service, regardless of their abilities, gender, religion or cultural background
- support the efforts of all staff members
- work with educators to develop behaviour management plans and strategies to modify a child's inappropriate behaviour
- encourage and teach their children to interact positively with all staff members
- refrain from discriminating against, bullying or harassing any adult or child at the Service (in person, by text/phone or on a social media platform)
- raise any complaints or concerns with a manager in a polite, respectful manner using the Service complaints procedure (not a social media platform). We welcome the opportunity to address those complaints and concerns as we strive to continually improve. We also expect all family members will support the learning and development of every child at the Service by promoting a safe, secure and nurturing environment.

The following behaviours or activities at our Service will not be tolerated:

- coming to the Service under the influence of alcohol or drugs (legal or illegal)
- drinking alcohol, smoking or using drugs on Service premises
- threatening or intimidating behaviour towards any adult or child
- touching children at the Service that are not their own without a staff member being present

In the unfortunate situation where family members do not comply with this Code, the Nominated Supervisor may terminate the child's place at the Service.

***I have read and understood my obligations towards the Centre. I understand that my child's place at the Centre may be terminated if I do not comply with the Family Code of Conduct.***

\_\_\_\_\_  
Signature of Parent/Guardian 1 Date: \_\_\_\_\_ Signature of Parent/Guardian 2 Date: \_\_\_\_\_

## Emergency Evacuation Procedure Permission:

I understand that upon my child's enrolment at Morisset Children's Centre he/she will participate in emergency evacuation procedures which will involve my child leaving the centre grounds to neighbouring properties dependent on the emergency situation. Practises will be conducted numerous times during each month to familiarise children with the procedure in case of a real emergency.

I authorise ..... to participate in emergency evacuation procedures to be held at the discretion of Morisset Children's Centre Staff.

Parent 1/Guardian 1 Signature: ..... Parent 2/Guardian 2 Signature: .....

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Parent 1/Guardian 1**

I,....., as a person who has lawful authority of the child referred to in this enrolment form for Morisset & District Children’s Centre:

- Declare that the **information in this enrolment form is true and correct** and endeavour to immediately inform the service in the event of any change to this information.
- Agree to **collect or make arrangements for the collection of the child** referred to in this enrolment form if he/she becomes unwell.
- Consent to the educators at the service seeking or where appropriate **administering any medical treatment** that is reasonably required and that we will **reimburse any expense incurred** by the service should this happen.
- Declare that we have **read and understood the policies** of Morisset & District Children’s Centre and will abide by those policies.
- Consent to the educators **administering medication** if so requested by us or those we have nominated to do so on my behalf.
- Have read and agree with the **fees, payment structure and policies** of Morisset and District Children’s Centre and agree to **pay fees one week in advance**.
- **Agree to directly pay my child/ren’s fees by Ezidebit. If my child/ren’s fees are paid by another organisation I agree to claim reimbursement from that organisation.**
- I agree to **update** any information relating to those individuals I have nominated to be an **Authorised Nominee or person to collect the Child** and any **contact details** of any medical or dental professional nominated in the Enrolment Form.
- I agree that the Child’s place at the service is subject to the **Priority of Access** scheme as outlined by the Child Care Management System.
- I agree to the 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.
- I agree that I will **assist with my child’s learning** and the Service’s documentation methods by **completing Family Input documentation on Storypark**.

Signature: ..... Date: .....

**\*Parent 2/Guardian 2**

I,....., as a person who has lawful authority of the child referred to in this enrolment form for Morisset & District Children’s Centre:

- Declare that the **information in this enrolment form is true and correct** and endeavour to immediately inform the service in the event of any change to this information.
- Agree to **collect or make arrangements for the collection of the child** referred to in this enrolment form if he/she becomes unwell.
- Consent to the educators at the service seeking or where appropriate **administering any medical treatment** that is reasonably required and that we will **reimburse any expense incurred** by the service should this happen.
- Declare that we have **read and understood the policies** of Morisset & District Children’s Centre and will abide by those policies.
- Consent to the educators **administering medication** if so requested by us or those we have nominated to do so on my behalf.
- Have read and agree with the **fees, payment structure and policies** of Morisset & District Children’s Centre and agree to **pay fees one week in advance**.
- **Agree to directly pay my child/ren’s fees by Ezidebit. If my child/ren’s fees are paid by another organisation I agree to claim reimbursement from that organisation.**
- I agree to **update** any information relating to those individuals I have nominated to be an **Authorised Nominee or person to collect the Child** and any **contact details** of any medical or dental professional nominated in the Enrolment Form.
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- I agree to the 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.
- I agree that I will **assist with my child’s learning** and the Service’s documentation methods by **completing Family Input documentation on Storypark**.

Signature : ..... Date : .....

**Fees:**

- Yearly enrolment fee \$72 (includes a Co-operative membership fee)
  - Fee \$105/day before CCS
  - No Fees applied when Centre Closed and on Public Holidays
  - 2 weeks’ notice must be given if withdrawing your child from the Centre. If the child does not attend in that 2 weeks’ notice period Centrelink will not pay the Childcare Subsidy and full fees must be paid.
- I hereby apply for membership of the Morisset & District Children’s Centre Co-operative.
  - I have read the Rules and agree to be bound by them. The Rules can be found on Storypark under Morisset Children’s Centre, Community then ‘About’.
  - I consent to the use of the above email address as the address for service of notices about the Co-operative

Signature : ..... Date : .....

Signature : ..... Date : .....

**How did find out about our Centre?** \_\_\_\_\_

**Enrolment Agreement - Please tick required days and hours as per your Childcare Subsidy Hours**

Hours	Monday	Tuesday	Wednesday	Thursday	Friday
6:30 am–5:30 pm (11 hrs)					
7:00 am–5:00 pm (10 hrs)					
7:30 am–4:30 pm (9 hrs)					

**I accept the hours of enrolment as shown above.**

Signature: ..... Signature: ..... Date: .....  
 Parent1/Guardian 1 Parent2/Guardian 2

Office Use Only

- Immunisation record
- Birth Certificate
- Ezidebit form
- Driver’s Licence(s)
- Court Orders, Parenting Orders, Parenting plans
- Medical Management Plan, Asthma plan or allergy plan.
- Bag given
- Medical reports
- Inclusion support permission forms - if required

Enrolment Reviewed and confirmed by : ..... Date: .....