



ENROLMENT INFORMATION

CHILD'S DETAILS:

Court Order

(Please tick)

Family Name: _____ Given Names: _____

Gender: Male/Female Date of Birth: _____ Place of Birth: _____

Religion: _____ Cultural Background: Aboriginal Torres Strait Islander
Other: _____

Address: _____

Post Code: _____

PARENTS/GUARDIANS DETAILS:

Parent Name: _____ Parent Name: _____

License Number: _____ License Number: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

Phone (h) _____ Phone (h) _____

(m) _____ (m) _____

(w) _____ (w) _____

Email: _____ Email: _____

Place of Work: _____ Place of Work: _____

Occupation: _____ Occupation: _____

Nationality: _____ Nationality: _____

Cultural Background: _____ Cultural Background: _____

Language/s Spoken at home other than English: _____

Signature: _____ Signature: _____

CHILD CARE BENEFIT SCHEME

If your child has not attended care before and received CCB we ask that you please ring the Family Assistance Office and ask to link your child's and your CRN numbers. The Family Assistance Office Number is 13 61 50. Or login online to apply for CCB.

If claiming the Child Care Benefit, please provide the following: (9 digit number with 1 letter)

Family Assistance Customer Reference Number: ___/___/___/___-Child

___/___/___/___-Guardian

Name in which the Reference Number is held: _____

Number of children attending care each week? _____

Please be aware that failure to contact the Family Assistance Office will result in full fees being charged until your child/ren is/are registered with our centre.

Signature: _____ Dated: _____

ATTENDANCE DETAILS:

Starting Date: _____ Child's Age on this Date: _____

Please Circle Days your Child is Attending:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

113 Beach Road, Pialba, Queensland, 4655.

Phone: (07) 4124 1919

Email: beachroad1@bigpond.com

Web: www.beachroadchildcare.com.au



If you have a child/ren attending a different child care facility ie PCYC Vacation Care, After School Care, or another centre, please give details below:

EMERGENCY CONTACTS (these are people who you trust, that we can contact in an emergency when we cannot contact you)

1. Name: _____ Relationship to child: _____
Phone: _____ Mobile: _____ Work: _____
Address: _____
License No: _____ Signature: _____ Initials: _____

2. Name: _____ Relationship to child: _____
Phone: _____ Mobile: _____ Work: _____
Address: _____
License No: _____ Signature: _____ Initials: _____

AUTHORISATION ON PARENTS BEHALF FOR THE CHILD:

Authorised Contact 1:

Name: _____
Phone: _____ Mobile: _____ Work: _____
Address: _____
License No: _____ Signature: _____ Initials: _____
I authorise _____ to:

is to be notified of an emergency involving my child if either parent of the cannot be immediately contacted

is authorised to consent to medical treatment of, or to authorise administration of medication to, my child

is authorised to authorise an educator to take the child outside the education and care service premises

Collection. I hereby give permission for the above to collect my child from the centre. If any other person is sent to collect my child,



Authorised Contact 2:

Name: _____
Phone: _____ Mobile: _____ Work: _____
Address: _____
License No: _____ Signature: _____ Initials: _____
I authorise _____ to:

- is to be notified of an emergency involving my child if either parent of the cannot be immediately contacted
- is authorised to consent to medical treatment of, or to authorise administration of medication to, my child
- is authorised to authorise an educator to take the child outside the education and care service premises
- Collection. I hereby give permission for the above to collect my child from the centre. If any other person is sent to collect my child,

I will notify the centre beforehand and give details of the person collecting my child. I will also notify the person collecting my child to present their driver's license for identification purposes. If the above details change, it is my responsibility to notify the centre immediately.

Signature: _____ Date: _____

DOCTORS DETAILS:

Family Doctor: _____ Phone: _____
Medicare No: _____ Address: _____

IMMUNISATION RECORDS- Please provide a photocopy of your child's immunization records with this enrolment form. (Our office can assist with photocopying).

CHILD'S HEALTH INFORMATION:

Immunisation status of my child.

- My Childs Immunisation is up to date (please see attached copy of Immunisation Record)
- My Child is on a Catch up Program
- My Child is not immunised

What infections has your child contracted? (I.e. chicken pox, measles, mumps etc)

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Has your child had or have any other serious illnesses, accidents or been hospitalised? **Y N**
If yes a medical management plan would be required if the condition is still under treatment or may affect the care of the child

Does your child have any known allergies I.e. sunscreen, soap, food, insect bites etc. **Y N**
If yes a medical management plan would be required

Has your child been diagnosed as at risk of anaphylaxis? **Y N**
If yes an Action Plan for Anaphylaxis plan will be required

Has your child ever had a convulsion due to high temperatures? **Y N**
If yes Please provide details as to date, medical condition at the time, medication given etc. A medical management plan may be required.

Is your child on regular doses of medication? **Y N**
If yes please list and a medical management plan would be required and Medication form filled out.

Is there any dietary restrictions for the child? **Y N**
If yes please list.

If your child has any physical or emotional problems, would you please describe to the best of your ability the nature of the problem, its cause, progress and treatment?

Is there anything else you feel we should know about your child I.e. lack of energy, lack of appetite, bed-wetting, hyperactivity, comfort toys/blankets etc?

I understand that if my child reads a Temperature of 38°C they must be collected from the centre.

Sign: _____ Date: _____



In the event that my child does have a medical condition I have informed the centre and acknowledge that I have received and understood the Centre's Medical Condition Policy and provided the centre with a medical management plan which has been developed in consultation with my child's Doctor.

Signed: _____ Dated: _____

FAMILY BACKGROUND:

The child lives in a family situation with adults such as:

- (1) Two Natural Parents _____ (2) Mother only _____ (3) Father only _____
(4) Natural Mother and Father figure _____ (5) Natural Father and Mother figure _____
(6) Grandparents _____ (7) Other (please specify) _____

Do both parents have legal custody? Yes / No

If not, who does? _____

Is there a legal document (court order) to prove this? Yes / No. (If yes, then we need a copy to keep at the centre)

Have there been any major changes in your family recently (I.e. medical problems, moving house, family bereavement, new baby) that may have affected the emotional well-being of your child?

List names and ages of other siblings:

1. Name: _____ Age: _____ 2. Name: _____ Age: _____
3. Name: _____ Age: _____ 4. Name: _____ Age: _____

Are there any other members of the household? (feel free to include pets!)

Do you live in (please circle) House, Flat, Caravan, Other _____

Do you have any special considerations in relation to religious beliefs, dietary needs, festivals, medical treatment? _____

CHILDS DAILY ROUTINE:

Toilet training: _____

Sleep routine: _____

Does your child have any security objects? _____

Does your child have any fears? _____

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AUTHORISATIONS

(PLEASE ENSURE YOU SIGN ALL FROM 1-7)

1. Authorise to consent to the medical treatment of my child, for the approved provider, nominated supervisor or an educator to seek—

- medical treatment for my child from a registered medical practitioner, hospital or ambulance service
- Transportation of my child by an ambulance service.

Signed: _____ Dated: _____

2. Your child's photo is / is not allowed to be taken for display purposes such as- Portfolios, Daily Evaluations, Display purposes.

Signed: _____ Dated: _____

3. Sunscreen. I hereby give permission for staff to apply sunscreen to my child. If my child is sensitive to the sunscreen provided by the centre then I will supply alternative sunscreen for my child:
Yes / No

Signed: _____ Dated: _____

4. First Aid. I hereby give permission to apply products such as Stingose, Savlon Cream, Betadine, Calamine Lotion and Nappy Rash Cream, etc on small scratches, insect bites, rashes etc while in attendance at the centre: Yes / No

Signed: _____ Dated: _____

5. Emergency. In the event of a disaster, where children need to be evacuated immediately from the centre, I give permission for staff to remove my child to a designated area out of harms way. I understand that this designated area may be off the grounds of the child care centre and may involve crossing Beach Road to safety: Yes / No

Signed: _____ Dated: _____

6. I understand that my Fees must be paid in FULL by Friday each week/fortnight or my days may be cancelled/suspended until full payment is received. Days will only be reinstated if you agree to pay by Direct deposit or Centre pay (once days are cancelled/suspended) and if there is still a position

Signed: _____ Dated: _____

7. Public Holidays & Make-up Days: Charged as per normal attendance day. If your child's normal attendance day falls on a public holiday (providing your account is up to date) you may have a free make-up day providing there is a vacancy within your child's room.

Make-up days must be taken within 2 weeks of the public holiday and will not be charged to your account.

Make-up days will not be given in lieu of absences due to illness or holidays.

Holidays:

When you take your child on holidays, Beach Road Child Care Centre has a HOLIDAY RATE (50% of your weekly gap fee) for three (3) weeks in a calendar year- 15 Booked days.

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Your family will receive this rate ONLY if fees are paid up to date and when the centre has received Written advice, by completing the Holiday notice form available at the office otherwise FULL FEES WILL BE PAYABLE.

Signed: _____ Dated: _____

OTHER:

The Australian Government has Priority of Access Guidelines for allocating places in these circumstances. These guidelines apply to centre-based long day care (LDC) services. They set out the following three levels of priority, which child care services must follow when filling vacant places:

- Priority 1- a child at risk of serious abuse or neglect
- Priority 2- a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test under section 14 of the A New Tax System (family Assistance) Act 1999
- Priority 3- any child
 - Within these main categories, priority should also be given to the following children: children in Aboriginal and Torres Strait Islander families
 - Children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold or who or whose partner are on income support
 - Children in families with a non-English speaking background
 - Children in socially isolated families
 - Children of single parents.

There are some circumstances in which a child who is already in a child care service may require to change days.

When a service has no vacant places and has providing child care for a child who is a Priority 3 under the Priority of Access Guidelines, the services may require that a child changes booked days in order to provide a place for a higher priority child. ***(Child Care Service Handbook 2011-2012)***

Signed: _____ Dated: _____

I agree to abide by the centre's policy and procedures as outlined in the centres handbook

Signed: _____ Dated: _____

Do you or other family members have any special talents, skills or hobbies that can be shared with the children? I.e. cooking, singing, play guitar, dancing, painting or drawing, knitting etc?

Signed: _____ Dated: _____



Beach Road Childcare Social Media

A few years ago Beach Road Childcare created a Facebook group for all our families. In this group we encourage you to have a look through, or even start conversations with other parents attending the centre and staff. Here we post photos of activities and events which have happened with in our centre. The group has been created as a closed group, to become a part of our group please look us up (Beach Road Childcare Centre Hervey Bay) you will then be accepted. We will be keeping this group as current parents and staff only for privacy reasons. We also have a Facebook page and an Instagram account which has just been created, these are a public page and we would also like to load some pictures on to these. We ask if you could please read through our rules of the group and sign and if you would like to give permission to have your child's photo uploaded to these pages please sign the consent form below. Your child's photo will not be uploaded unless we have permission.

Thank you
Staff and Management.

Rules for Beach Road Childcare Centre's Facebook page:

- I agree that this is a closed page for current parents and staff to share photos, ideas and networking.
- Group photos of children cannot be tagged.
- Any negative/ rude/ bullying comments will not be tolerated. Please be nice to one another.
- The administrators' decisions are final. Failure to follow this rule will result in a strike or possible ban if severe enough.
- A 3 strike policy applies. If you receive 3 strikes you will be banned from this group. If it is deemed severe enough by admin you may be banned immediately.
- For security reasons NEVER put personal details on page.
- If you are having any problems please message Admin, do not post on wall to other members. And do not slander others. Treat others as you would like to be treated...with respect. Please keep to these rules and this will be a fun and friendly site. Hope you enjoy the site :)

I _____ have read through the rules of Beach Road Childcare Centre's Facebook page.

Sign: _____ Date: _____

I _____ give permission for my child/ren _____ to have their photo's uploaded to the Beach Road Childcare Centre's Facebook Group. I also understand for privacy reasons this page is only for current families and staff, and also understand that I am unable to tag the group photo's

I _____ give permission for my child/ren _____ to have their photo's uploaded to the Beach Road Childcare Centre's Facebook Page. I also understand photos on this page can be viewed by the public.

I _____ give permission for my child/ren _____ to have their photo's uploaded to the Beach Road Childcare Centre's Instagram page. I also understand photos on this page can be viewed by the public.

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Media Consent Form

Permission Statement

1. I give permission to release my child/ren's name and photograph/video to the news media for publicity of Beach Road Childcare Centre activities. I give permission for photographs of my child/ren to be used in Beach Road Child Care printed and website material.

Parent or guardian signature: _____ Date: _____

2. I DO NOT give permission to release my child/ren's name and photograph/video to the news media for publicity of Beach Road Childcare Centre activities. I DO NOT give permission for photographs of my child/ren to be used in Beach Road Child Care website material.

Parent or guardian signature: _____ Date: _____

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New Family Survey/ Enrolment Evaluation

At Beach Road Child Care we value your feedback on our enrolment process. This is valuable information that enables us to better our service for you and other potential families wishing to use our Centre.

Were you made feel welcome upon entering the Centre YES/NO

Were you given enough information about the Centre to make a decision about enrolling your child with us? YES/NO

Were you introduced to the staff in your child's room and to other staff members present? YES/NO

Were you shown around the Centre? YES/NO

Were you informed of the Centre's Fees, Location of the Policies, sign in/out sheets etc.? YES/NO

Did you feel that all your questions and / or enquires were answered?
YES/NO

How did you feel about the Centre overall?

Any additional Comments:

Please return form to the office. May be placed anonymously in the fee's box if desired.

Thank you
Grace and All the Staff of Beach Road

OFFICE USE ONLY

Immunization form received: Yes / No Date Received: _____

Bus collection/transport form received: Yes / No Initials: _____

Enrolment form computer entry date: _____

Date Received: _____ Initials: _____

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