



Dear Parents and Families,

Our vision is to create a home away from home where children feel safe, secure and supported in their learning. Our aim is to provide the highest quality care to all children who attend our centre, as well as providing an environment where families a sense of belonging.

We look forward to welcoming your child and family to the Little Ted's community.

The following information gathered on our enrolment forms is a requirement under the Child Care Regulations and we ask you to complete as much information as possible on the attached enrolment form. If you have any questions or require assistance, please come and see us.

The following is a summary of our enrolment terms and conditions:

- These forms have been provided to you on the understanding that you require a permanent booking (this may be specific days of the week). If a child is absent for any reason the booking must still be paid for and this includes illness, holidays and public holidays.
- Once a position has been offered and confirmed, a \$75 booking fee is required to secure your placement.
- Two weeks written notice must be provided for cancellation of a permanent booking.
- Children must be signed in and out every day using the kiosk.

You are required to sign our enrolment agreement as acknowledgement of our terms and conditions. Please provide us with any updates to this form so your child's details remain up to date always.

We hope you and your child enjoy your time here at Little Ted's Child Care Centre. If you have any concerns or suggestions please speak to your child's teacher anytime. We are here to support you in your parenting role.

Thank you

Haylee Wall

Acting Director

Office Use Only:

Provided:

- Immunisation Letter
- Birth Certificate
- Debit Success Form
- Enrolment Bond receipted
- Custody Orders if required



Enrolment Form 2021

Under the Child Care Regulations, you are required to notify us immediately of any changes to the details given below.

CHILDS INFORMATION

Last Name: _____ Given Names: _____

Date of Birth: _____ (Please Tick) Male Female CRN _____

Child's Address: _____

Country of Birth: _____ Language Spoken at home: _____

Cultural Background: _____

Is your child of Aboriginal or Torres Strait origin? (Please Tick)

- Aboriginal
 Torres Strait Islander
 Aboriginal & Torres Strait Islander
 None

Please provide a copy of your child's birth certificate and Immunisation Records with this form.

ATTENDANCE

Commencement Date: _____ Childs age on this date: _____

Days of attendance: (Please tick)

Monday Tuesday Wednesday Thursday Friday

Do you have children attending a different childcare centre, family day care or before/after school care? Yes No

Has your child attended another childcare service? Yes No

Details: _____

CUSTODY INFORMATION - (Please Tick)

Do both parents have custody of the child? Yes No

Are there any court orders affecting your child? Yes No

Is there a copy of these documents on file? Yes No

Are there any custodial agreements affecting your child? Yes No

If yes please specify: _____

PARENT/GUARDIAN ONE

Given Name: _____

Last Name: _____

(Please Tick)

Date of Birth: _____ Male Female

Relationship: _____

CRN: _____

Country of Birth: _____

Address: _____

_____ P/Code: _____

Phone: _____

(H) _____ (M) _____

Email: _____

Occupation: _____

Work Address: _____

_____ P/Code: _____

Work Phone: _____

Work Email: _____

PARENT/GUARDIAN TWO

Given Name: _____

Last Name: _____

(Please Tick)

Date of Birth: _____ Male Female

Relationship: _____

CRN: _____

Country of Birth: _____

Address: _____

_____ P/Code: _____

Phone: _____

(H) _____ (M) _____

Email: _____

Occupation: _____

Work Address: _____

_____ P/Code: _____

Work Phone: _____

Work Email: _____

AUTHORISED NOMINEE / EMERGENCY CONTACT 1

Given Name: _____ Last Name: _____

Relationship: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Address: _____ P/code: _____

This person is authorised to carry out the following responsibilities for my child/ren (*please tick appropriate authorities*)

- CONSENT TO MEDICAL TREATMENT / AUTHORISE ADMINISTRATION OF MEDICATION
- AUTHORISE AN EDUCATOR TO TAKE MY CHILD/REN OUTSIDE THE EDUCATION AND CARE SERVICES PREMISES
- DELIVER OR COLLECT MY CHILD/REN FROM THE EDUCATION AND CARE SERVICE AND AUTHORISATION FOR QIKKIDS KIOSK

AUTHORISED NOMINEE / EMERGENCY CONTACT 2

Given Name: _____ Last Name: _____

Relationship: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Address: _____ P/code: _____

This person is authorised to carry out the following responsibilities for my child/ren (*please tick appropriate authorities*)

- CONSENT TO MEDICAL TREATMENT / AUTHORISE ADMINISTRATION OF MEDICATION
- AUTHORISE AN EDUCATOR TO TAKE MY CHILD/REN OUTSIDE THE EDUCATION AND CARE SERVICES PREMISES
- DELIVER OR COLLECT MY CHILD/REN FROM THE EDUCATION AND CARE SERVICE AND AUTHORISATION FOR QIKKIDS KIOSK

AUTHORISED NOMINEE / EMERGENCY CONTACT 3

Given Name: _____ Last Name: _____

Relationship: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Address: _____ P/code: _____

This person is authorised to carry out the following responsibilities for my child/ren (*please tick appropriate authorities*)

- CONSENT TO MEDICAL TREATMENT / AUTHORISE ADMINISTRATION OF MEDICATION
- AUTHORISE AN EDUCATOR TO TAKE MY CHILD/REN OUTSIDE THE EDUCATION AND CARE SERVICES PREMISES
- DELIVER OR COLLECT MY CHILD/REN FROM THE EDUCATION AND CARE SERVICE AND AUTHORISATION FOR QIKKIDS KIOSK

MEDICAL EMERGENCY

I/We authorise the nominated supervisor or educators of Little Ted's Childcare Centre to provide any required first aid and to facilitate medical attention in the event of an emergency. I/We give permission for staff to remove my child from the education and care service to obtain any medical service at a hospital, transported by ambulance in the case of an accident or emergency involving my/our child and except responsibility of payment associated with such treatment. I/We understand that every effort will be made to contact me/us in the event of any illness or injury.

Parent Name: _____

Parent Signature: _____ Date: _____

MEDICAL INFORMATION

Doctor: _____ Phone: _____

Address: _____ P/code: _____

Medicare Number: _____

Has your child been hospitalised? Yes No

If yes, When? _____

Hospitalisation Details _____

Has your child suffered any major Injuries or Illness? Yes No

If yes, Provide relevant details _____

Does your child have any special dietary needs? Yes No

If yes, Provide relevant details _____

Does your child have any special or additional needs? Yes No

If yes, Provide relevant documentation and details _____

Has your child had an allergic reaction or suffer from Allergies? Yes No

If yes, Provide relevant documentation and details _____

Has your child ever had a convulsion? Yes No

If yes, Provide relevant documentation and details _____

Does your child suffer from asthma? Yes No

If yes, Provide relevant documentation and details _____

FAMILY COMPOSITION AND HISTORY

(Please Tick)

Child lives in a family composition of: Two Parents Mother Father

Other: _____

Siblings/other children in family:

1. Name:_____ D.O.B:_____ Lives in Household: Yes No

2. Name:_____ D.O.B:_____ Lives in Household: Yes No

3. Name:_____ D.O.B:_____ Lives in Household: Yes No

4. Name:_____ D.O.B:_____ Lives in Household: Yes No

5. Name:_____ D.O.B:_____ Lives in Household: Yes No

Do you have any cultural beliefs that you would like us to consider? Yes No

Details: _____

Special celebrations? _____

HELPFUL INFORMATION

Does your child have any special comforters? _____

Are there any particular toys your child likes? _____

Is your child afraid of anything? _____

How does your child like to sleep or rest? _____

How does your child react to being away from you? _____

How do you think your child will react during initial separation? _____

What do you expect your child to gain from this centre? _____

What beliefs and experiences are important to you? _____

AUTHORISATIONS

Childs Name: _____ Date of Birth: _____

- Authorisation to administer paracetamol** - I/We hereby authorise the staff of Little Ted's Child Care Centre to administer one single dose of liquid paracetamol to my/our child if they suffer from a fever greater than or equal to 38 degrees Celsius.

I/We understand that only one single dose will be administered, and we will be required to promptly collect our child from the service. I/We understand that for our child to return to the centre I/we may need to produce a medical clearance.

- Authorisation to administer teething gel** - I/We authorize the staff of Little Ted's Child Care to administer a single dose of teething gel to my/our child if they show symptoms associated with teething pain.
- Authorisation to apply 30+ sunscreen** - I/We hereby authorise the staff of Little Ted's Child Care Centre to apply sunscreen to our child while attending Little Ted's Child Care Centre.
- Authorisation to apply insect repellent** - I/We hereby authorise the staff of Little Ted's Child Care Centre to apply insect repellent (if needed) to our child while attending Little Ted's Child Care Centre.
- Authorisation to shower a child using body wash** - I/We hereby authorise the staff of Little Ted's Child Care Centre to shower our child in the event that the child is heavy soiled.
- Authorisation for photographs/video footage to be taken** - I hereby authorise photographs and video footage that will be used to document your child's developmental progress while attending Little Ted's Child Care Centre.
- Authorisation for photographs/video footage to be taken** - I hereby authorise photographs and video footage to be used on our website, marketing material, workshops, print media and for in house publicity, including Facebook.
- Authorisation for student observation** - I/We hereby authorise students who are studying at Little Ted's Child Care Centre to document and photograph my/our children for study purposes. All documentation taken will also be added to your child's centre journal.
- Authorisation for kindergarten transition statements to be sent to my child's primary school** - I/We hereby authorise my child's kindergarten teacher to send my child's transition statement to my child's primary school. I understand I will be provided with a copy and will have the opportunity to add anything I feel is important for the school to know about my child.

Parent/Guardian One Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Two Name _____

Parent/Guardian signature _____ Date _____

LITTLE TED'S CHILD CARE CENTRE ENROLMENT AGREEMENT

Childs Name: _____ Date of Birth: _____

I/We, the parent(s)/guardian(s) undersigned, agree to the following conditions of the Little Ted's Child Care Centre.

1. Children are to be brought to the centre and picked up from the centre by an authorised responsible adult.
2. Children are to be signed IN and OUT of the centre via the SIGN IN/OUT KIOSK kept in the parent area. All absences must be documented and confirmed.
3. All days booked are charged for, including but not limited to occasional absences, holidays, public holidays and sick days.
4. Failure to pay fees could result in cancellation of my child's place in the centre.
5. A late fee will apply if children are collected after closing time of the centre.
6. Two weeks' notice, in writing, is required when terminating an enrolment or changing bookings. If the child does not attend on their last day full fees will be charged as Cessation of Care and the full daily rate will be charged, this is in relation to regulations from DEWWR.
7. Children suffering from contagious or infectious illness or who are in poor health so as to be unfit for normal day care conditions cannot be admitted to the centre. Fees will be charged for such absences and a Doctor's certification as to your child's health may be required before your child can be re-admitted to the centre.
8. Permission is given for the centre staff to administer minor first aid treatment when required. In the case of emergency medical, hospital or ambulance attention being required for my child, (in the opinion of centre staff) such emergency attention will be sought. I understand that the Nominated Supervisor or educator will accompany my child whilst removed from the centre to gain medical attention. I agree to pay all costs incurred on my child's behalf.
9. I understand that should my child jeopardise the safety of other children in the centre, I may be requested to find alternative care arrangements.
10. The centre is bound by the rules of priority of access as determined by the Federal Government, whereby priority is given to children of employed parents.
11. I understand that I am required to pay a \$75 non-refundable enrolment fee per child.
12. Two weeks in advance must be paid on the day of enrolment by direct debt (Debit Success). More than two declined payments will result in withdrawal of child's enrolment. When a child's enrolment is terminated Debit Success will continue to deduct fees until account is settled at a nil balance.

The policies of the centre (kept in the reception desk in the parent area) determine how and under what philosophies the centre is run. It is the responsibility of all parents/guardians to read and fully understand the policies and to agree to abide by the conditions set out therein. The policies are continually reviewed and parents/guardians are advised by newsletter or notice of changes.

Parent Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____

Nominated Supervisor Name: _____ Signature: _____ Date: _____

Thank you for being a part of the Little
Ted's Community.