



Child Enrolment Form

Yirram Burron Early Learning

Yirram Burron Early Learning Enrolment Form

Please note; Prior to your child's position commencing, it is essential that the following information is **complete** and kept up to date at all times. This information must be completed by each known parent who has lawful authority in relation to the child. Please notify the service of any changes kept on this form as soon as possible.

CHILD'S DETAILS

Please note that the CRN's issued by the Family Assistance Office are different for both the child and parent, they are not the same number.

Child's Given Name/s:			
Child's Surname:		Preferred Name:	
Date of Birth:		Gender (please circle)	Male Female
Child's Address:			
Post Code:		Child CRN:	
Child Lives With:		Language Spoken:	
Days of Attendance:		Start Date:	
Name & Age of Siblings:			

CONSIDERATIONS

Please outline below any further considerations you would like us to be aware of, or celebrations you would like followed:

Ethnicity:	
Special Needs:	<i>Does your child have a developmental delay or disability including intellectual, sensory or physical impairment? (please specify):</i>
Religion:	
Culture:	
Is your child of Aboriginal and/or Torres Strait Islander Descent?	
Comments:	<i>How can we support / celebrate your child's religion / culture / ethnicity? Please comment:</i>

PRIMARY PARENT / GUARDIAN

Please note the **primary** parent is the parent that resides with the child for the majority of time, and has registered with the Family Assistance Office for Child Care Subsidy and, that most of the time*, a child is linked to only one parent and so only one parent will have a CRN issued by the family assistance office.

Given Name/s:			
Surname:		Preferred Name:	
Date of Birth:		Gender <small>(please circle)</small>	Male Female
Home Address:			
Post Code:		Parent CRN:	
Relationship to Child:		Language Spoken:	
Home Phone:		Mobile:	
Email Address:			
Country of Birth:			
Occupations/s:		Work Phone:	
Name & Address of Workplace:			

PARENT / GUARDIAN 2

Given Name/s:			
Surname:		Preferred Name:	
Date of Birth:		Gender <small>(please circle)</small>	Male Female
Home Address:			
Post Code:		Parent CRN:	
Relationship to Child:		Language Spoken:	
Home Phone:		Mobile:	
Email Address:			
Country of Birth:			
Occupations/s:		Work Phone:	
Name & Address of Workplace:			
Do you live with the child?			

EMERGENCY CONTACT PERSON 2

Please note: **A minimum of 2 persons** must be listed as emergency contacts, reside in the local area and are contactable. If you would like to add more persons to be authorized to collect your child, please attach a separate page.

Full Name:			
Address:			
Phone Numbers:	Mobile:	Work:	Home:
Relationship to Child:			
Email Address:			
Parent Declaration: <i>(Medical Treatment)</i>	Can this person be contacted to give consent for medical treatment to the child in the event that you cannot be contacted? Yes No		
	Parent Signature: _____		
Parent Declaration: <i>(Collection of the child)</i>	This person listed has my consent to collect my child from the education and care service. Yes No		
	Parent Signature: _____		
Contact Declaration:	I _____ <i>(print full name)</i> agree to be an emergency contact person for the child and agree to be contacted in the case of an emergency and medical treatment involving this child.		
	Contact Signature: _____		

MEDICAL AND HEALTH REQUIREMENTS

Registered Medical Practitioner or Clinic Name:			
Address:			
Phone:			
Medicare Number: Including Child Reference No.		Expiry Date:	
Ambulance Cover?	YES NO <i>Please circle</i>	Ambulance Membership Number:	
Private Health Cover?	YES NO <i>Please circle</i>	PH Membership Number:	

Private Health Fund Name:		Health Care, Low Income or Pension Card?	YES NO <i>Please circle</i>
Does your child have any specific health care needs or conditions, including asthma, allergies or anaphylaxis?	YES NO	<p>If yes, you must provide;</p> <ul style="list-style-type: none"> ▪ A relevant management / action plan pertaining to the particular need. ▪ A risk minimization action plan to be completed in collaboration with the Nominated Supervisor ▪ A communication plan, to be completed with the Nominated Supervisor. ▪ Details of specific need: 	
<p><i>Please be advised that if the child is diagnosed with asthma or anaphylaxis and an emergency occurs, the educators may administer first aid without making contact first. Educators will notify the child's parents and/or emergency services as soon as possible – Education and Care Services National Regulations, Reg 94.</i></p>			
Is your child up to date with their Immunisations?	YES NO	<p>You must provide the immunization status of your child, a copy of the child's Immunisation History Statement must be provided to the service. Please also provide the service with your child's green health book for sighting by the Nominated Supervisor or Responsible Person.</p> <p>Health Record sighted by _____ Date: _____</p> <p>Position _____</p>	
<p><i>Please be advised that in accordance with the 'No Jab No Play' legislation, all children must have up to date immunisations, an approved catch up schedule, or a medical exemption before being accepted into an Education and Care Service.</i></p>			
Does your child have any food allergies or intolerances?	YES NO	<p><i>If Yes, please attached relevant details. This includes medical management plan, anaphylaxis medical management plans or risk minimization plan.</i></p> <p>Comment:</p>	
Does your child have any specific dietary requirements? (i.e. vegetarian, vegan)	YES NO	<p><i>Please Comment Further;</i></p>	
Medical Treatment	Do you authorise the staff at the service to seek medical treatment from a registered medical practitioner, hospital or transportation of the child by ambulance service?		YES NO
<p>In case of an accident of illness requiring emergency treatment, every effort will be made to contact the parents and those listed as emergency contact persons before such treatment is sought. Parents are responsible for any additional costs</p>			

	<p>incurred as a result of an ambulance being called. Parents are asked to acknowledge, agree and sign the following;</p> <p>Parent 1 Signature: _____ Date: ___/___/_____</p> <p>Parent 2 Signature: _____ Date: ___/___/_____</p>
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ADMINISTRATION OF MEDICATION

Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child whom the medication is to be administered, and before the expiry or use by date. The medication must be administered in accordance with any written instructions provided by a registered medical practitioner – Education and Care Services National Regulations, Reg 95.

FURTHER AUTHORISATIONS AND PERMISSIONS

Health & Safety	
I/we give permission for this child to participate in outings to places of interests and educational value. (permission form and risk assessment provided before outings occur)	YES / NO
I/we give permission for SPF30+ sunscreen to be applied prior to sun exposure. (In the circumstances your child reacts to the service sunscreen, or you would prefer a particular brand, parents are requested to supply their own).	YES / NO
I/we give permission for band-aids to be applied when deemed necessary.	YES / NO
I/we give permission for staff to apply nappy cream and/or powders. (Supplied by parents).	YES / NO
I/we give permission for staff to apply insect repellent where necessary.	YES / NO
Photography & Video	
I/we give permission for photos and video footage to be taken of our child for educational program use. (documentation of development for program planning in your child's private individual file)	YES / NO
I/we give permission for photos and video footage to be taken of our child for the use in newsletters, promotional documents, centre displays.	YES / NO
I/we give permission for photos and video footage to be taken of our child for the use of our website, social media and advertisement.	YES / NO
I/we give permission for our child's photo to be clearly displayed with their medical / dietary requirement action plan.	YES / NO
<p>Parent 1 Signature: _____ Date: ___/___/_____</p> <p>Parent 2 Signature: _____ Date: ___/___/_____</p>	

DECLARATION OF PARENTS

I _____
As a person/s who has lawful authority of the child referred to in this enrolment form for Yiram Burrton Early Learning:

- Declare that the information in this enrolment form is true and correct and endeavor to immediately inform the service in the event of any changes 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 I will reimburse any expense incurred by the service should this happen.
- Have read and agree with the fees, payment structure and policies of Yiram Burrton and agree to pay the fees one week in advance at all times.
- Agree that my child's place at the service is subject to the priority of access scheme as outlined by the Child Care Management System.

Parent 1 Signature: _____ Date: ___ / ___ / _____

Parent 1 Signature: _____ Date: ___ / ___ / _____

PLEASE CHECK YOU HAVE ATTACHED THE FOLLOWING FOR A SUCCESSFUL APPLICATION;

Child's Immunisation History Statement		Medical Documents (i.e. action plans)	
Provided health book for sighting		Child & Parent individual CRN details	
Registered for the Child Care Subsidy		Signed and completed all areas of this form	

PRIVACY DISCLAIMER

Yirram Burron acknowledges and respects the privacy of its clients. The information that is being collected by Yirram Burron is to process your enrolment at the service and assist us to provide the best possible level of care for you child. The intended recipient of this information is Yirram Burron, its authorized educators 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 the services' Privacy & Confidentiality Policy.

Yirram Burron Early Learning Privacy Policy Collection Statement

We have put in place a Privacy & Confidentiality policy which illustrates how we will collect, use, disclose, manage and transfer personal information including health information.

Purpose for which information is collected:

Personal and health information collected in relation to:

- Children and parents/guardians
- Management
- Job applicants, employees, contractors, volunteers and students

Primary purpose for which information will be used

- To enable us to provide for the education and care of the child attending the service and to enable us to manage and administer the service as we are required.
- For the management of the service by the nominated supervisor and assistant manager.
- To assess and to engage the employees, contractors, volunteers or students to administer the individuals employment, contracts or placement of student and volunteers.

You should be aware that under relevant privacy legislation, other uses and disclosures of personal information are permitted, as set out in that legislation. We may disclose some personal information, including health information, held about an individual to:

- Government departments or agencies as a part of our legal and funding obligations.
- Local government in relation to enrolment details for planning purposes.
- Organizations providing services related to employee entitlements and employment.
- Anyone to whom the individual authorizes us to disclose information.

Laws that require us to collect specific information;

- Education and Care Services National Regulation 2011 – Current Version
- Education and Care Services National Law 2010 – Current Version