



Smithfield Child Care Centre

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ENROLMENT FORM

CHILD'S FULL NAME: _____ D.O.B.: _____ (M/F)

Year Starts School: _____ CRN Number: _____ ATSI Descent Y/N

Sibling/s using other care services: Y/N D.O.B/s _____

ADDRESS _____

PARENT

Name _____

Address _____

_____ P/code _____

D.O.B. _____

Home Phone _____

Mobile Number _____

Occupation _____

Work Name & Address _____

Work Phone _____

Hrs/Days/Ext _____

Nationality _____

Cultural Background _____

Religion _____

Language spoken _____

Sole Parent YES/NO

CRN Number: _____

Preferred email address for newsletters: _____

**Please specify any talents, skills, knowledge you may be able to share with us at the centre:*

PARTNER

Name _____

Address _____

_____ P/code _____

D.O.B. _____

Home Phone _____

Mobile Number _____

Occupation _____

Work Name & Address _____

Work Phone _____

Hrs/Days/Ext _____

Nationality _____

Cultural Background _____

Religion _____

Language spoken _____

Relationship to child _____

CRN Number: _____

AUTHORISED PERSONS / EMERGENCY CONTACTS:

(Persons listed below can be contacted re any emergency if you cannot be reached; can collect your child from the centre; can consent to medical treatment, can authorise administration of medication; can authorise participation in a centre excursion on your behalf) (Parents of child listed above automatically authorised unless advised by you).

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Family Doctor/Medical Centre _____ Phone _____

Medicare Number _____

Immunisations: Please bring along your Immunisation booklet or Immunisation exception form for us to copy and keep on record.

Please note: non-immunised children are not excluded from accessing care, but families will be advised if an outbreak of an illness does occur and non-immunised children may be excluded for a specified period, as per QLD Health guidelines and Centre policy.

Medical History: _____

(e.g. illness, hospitalisation): _____

Additional needs or disabilities: _____

Regular medication: _____

Known Allergies / Medical Conditions: _____

Special Dietary requirements _____

****Please attach — Medical Management Plan, Anaphylaxis Medical Management Plan or Risk Minimisation Plan for your child. You will also be required to provide an Epi-pen and any medications needed.**

Particular cultural requirements _____

Court orders/custody details/parenting plans _____

DAILY ROUTINES

Toilet training: _____

Sleep routines: _____

Does your child have a security object? _____

Particular fears (eg thunder, dogs): _____

Your child/rens rooms will also provide you with a more specific questionnaire during orientation.

ATTENDANCE DETAILS

Commencement date: _____ Child's age on this date: _____

Days of attendance: Mon Tues Wed Thurs Fri

Approx. start time:

Approx. finish time:

PRE-PREP ONLY Is your child enrolled in another Queensland Government Approved Program?
if so where: _____

Do you authorise Smithfield Child Care to claim the program funding? _____

Any other relevant information, you would like us to know? _____

AGREEMENT FORM — CONFIDENTIAL INFORMATION

PERMISSION FOR STAFF TO ACT IN CASE OF EMERGENCY/ACCIDENT

In the event of an accident or illness requiring emergency medical treatment and/or transport, every effort will be made to contact the parents/guardians before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for treatment/transport to be undertaken.

Parents are responsible for meeting any costs incurred.

Please complete and sign the following:

I authorise the staff of the centre to seek emergency medical treatment / transport for my child should this be necessary.

Parent's signature: _____ Date: _____

PAYMENT OF FEES POLICY

I agree to the terms of the financial policy. Accounts will be printed each Monday and must be paid within the week (by cash, eftpos, cheque, credit card & direct deposit). Absences due to illness, parent RDO's etc will be charged at the usual rate. Holiday rates will apply when advance notice is provided (less \$10 per day or \$50 per week for fulltime care) and no fees apply if the day can be re-sold to a centre family. **No fees** will be charged during the Christmas Closure (Excluding Public Holidays). A **late fee** of \$25 will apply every 15 minutes or part thereof, if I collect my child after 6pm. Notice to withdraw from care or reduce days is a minimum of 2 weeks unless space can be taken immediately by another child. In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs.

Parent's/guardian's signature: _____ Date: _____

** Please refer to the complete policy for further details—located in your Welcome Pack, foyer policy folder and children's rooms.*

COLLECTION STATEMENT

Smithfield Child Care is committed to protecting your privacy. The *Privacy Act 1988* sets out a number of principles concerning the protection of your personal and sensitive information. The information that we request from you on your child's enrolment forms, agreement forms, room information details, medical and incident report forms will be used specifically for the purpose intended - that is, to enable us to provide an individually appropriate, developmentally based program that meets all expressed needs of your child/ren.

We will take all reasonable steps to ensure the information is securely stored and as complete and up to date as possible. Disclosure of this information will only occur for the purpose which it was intended and only to those who need to know for the purpose of providing child care. Generally speaking, you have access to view information that we keep about you.

Please sign below to indicate your consent to Smithfield Child Care collecting, using, storing and disclosing your personal and sensitive information as outlined above.

Parent's/guardian's signature: _____ Date: _____

UPDATE OF INFORMATION / DAILY CONTACT

I agree to keep this service informed of any changes to the information supplied on these enrolment forms. (specific update form available). I will ensure someone listed on my enrolment form is contactable at all times whilst my child is in care (myself, partner or emergency contacts/authorised nominee).

Parent's/guardian's signature _____ Date _____

PERMISSION TO TAKE CHILDREN ON LOCAL EXCURSIONS

I give permission for my child to participate in excursions from the centre, either by foot, car, bus or public transport, within the local community. I acknowledge that I will receive a notice and separate permission form on each occasion.

Parent's/guardian's signature _____ Date _____

ADMINISTRATION OF PARACETAMOL

I acknowledge that paracetamol will *not* usually be given to my child as part of first aid treatment as this inhibits the ability for parents and medical practitioners to correctly observe a child's illness and does not allow the body a chance to strengthen own healing abilities. If however, it is deemed *absolutely* necessary, I give permission for my child to be administered paracetamol by the Director or Senior Room Educator. I acknowledge every effort will be made to contact me prior to this occurring.

Parent's/guardian's signature _____ Date _____

USE OF SUNSCREEN & MOSQUITO REPELLANT

I authorise staff at Smithfield Childcare to apply sunscreen & mosquito repellent, supplied by the centre, onto my child's skin as necessary. I understand the sunscreen used is a minimal 30+ strength. Should I prefer, I will supply my own sunscreen & insect repellent (due to sensitive skin etc).

Parent's/guardian's signature _____ Date _____

PERMISSION FOR OBSERVATIONS

I consent to my child being the subject of observations for the purpose of their development and assessment and training for students on field placement. However if questioning or testing of my child is to be undertaken my permission will be sought, in writing, beforehand.

Parent's/guardian's signature _____ Date _____

PERMISSION FOR PUBLICITY

I give consent for my child's photograph, first name, age and suburb being used for centre publicity (eg newspaper, television, website, brochures etc), should this be required.

Parent's/guardian's signature _____ Date _____

PERMISSION FOR FACEBOOK

I give consent for my child's photograph and learning stories to be placed on facebook. No links to individual children or families will be made. Should this be required, we have a Facebook Permission form to filled out. Which can be requested from office staff.

Parent's/guardian's signature _____ Date _____

PERMISSION FOR CHILD'S PHOTOS IN ANOTHER'S JOURNAL

I agree for my child's photo to be possibly included in group pictures in other children's Learning Journals. These journals may go home regularly and will be sent home permanently at the end of the year to each child's home.

Parent's/guardian's signature _____ Date _____

PERMISSION TO CHECK FOR HEADLICE

I authorise staff to check my child's hair for the presence of Head lice at any time as required. I agree to adhere to the advice of senior staff to collect and treat my child for Head lice should this be needed.

Parent's/guardian's signature _____ Date _____