



1ST IMPRESSIONS
EARLY LEARNING CENTRE

1st Impressions Early Learning Centre Enrolment Form 2022

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. The service may use this form to collect the child's enrolment information as required in regulations 31 to 35. Questions marked with an asterisk * are not required by the regulations, but you are encouraged to answer these to assist the service in caring for your child. Thank you for your cooperation.

Enrolment start date: _____ **Enrolled sessions:** _____

Child Details

Child's CRN: _____ (Please note: Parent and child have their own individual CRN number)

Child's First Name: _____ Middle Name: _____

Surname: _____ Sex: **M / F** Date of Birth: ____/____/____

Home Address: _____

Country of birth: _____ Religion: _____

Language(s) spoken at home: _____

Is the child of Aboriginal and /or Torres Strait Islander descent? **Yes /No**

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?

Yes / No

Parent or Guardian Details **Parent 1 is claiming CCS from Centrelink & child will come under Parent 1 CRN**

Parent/Guardian 1: First Name: _____ Surname _____

CRN: _____ D.O.B ____/____/____

Home address: _____

Mobile number: _____ Email: _____

Cultural Background: _____ Occupation: _____

Organisation Name: _____ Telephone: W _____

Relationship with child: _____

Does the child live with the Parent/Guardian 1? **Yes No** (Please encircle)

Parent/Guardian 2: First Name: _____ Surname _____

Home address: _____

Cultural Background: _____ Mobile: _____ Telephone: W _____

Email: _____ Occupation: _____

Organisation Name: _____ Relationship with child: _____

Does the child live with the Parent/Guardian 2? **Yes / No** (Please encircle)



1st Impressions Early Learning Centre Enrolment Form 2022

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorized to collect and care for the child after accident, injury, trauma or illness.

Full Name:

Home address:

Mobile: _____ Telephone: _____

Relationship to child _____

Details of people who you authorise to collect your child:

Full Name:

Home address:

Mobile: _____ Telephone: _____

Relationship to child _____

Your consent is required for other people to collect the child from the children's service on your behalf. In the table below please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year. In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child. Identification must be produced upon request from staff

1. Full Name:

Home address:

Mobile: _____ Telephone: _____

Relationship to child _____

2. Full Name:

Home address:

Mobile: _____ Telephone: _____

Relationship to child _____

Court Orders, Parenting Plans or Parenting Orders

Are there any Court Orders, Parenting Plans or Parenting Orders relating to the powers, duties responsibilities, child's residence, contact with the parent or other persons or authorities or any person in relation to the child or access to the child?
Yes No (please encircle)

If you have selected **yes**, please provide original court order/parent plan documents to the Approved Provider. It is the parent's responsibility to ensure up to date orders/plans are provided to management.

Your Child's Medical Information

Medicare Card Number: _____

Doctor

Name of Doctor/Medical Service: _____ Telephone: _____

Address: _____

Name of Private Health Fund: _____ Private Health Fund Number: _____

Child's Immunisation Record

Has the child been immunised? Yes No (*Please encircle*) If yes, Provide the details by:

- Attaching a copy of the Immunisation Record from the Child Health Record book OR
- Attaching a copy of the Immunisation Record printout from local government OR
- Attaching the Child History Statement from the Australia Childhood Immunisation Register

Name and position of person at the children's service who has sighted the child's health record.

Name : _____ Position: _____

Your child's Health Information

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

Please specify: _____

Does the child have any allergies or sensitivity? Yes No (please circle)

If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy: _____

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? **Yes No** (please encircle) Does your child have an auto injection device (eg. EpiPen ®) **Yes No** (please encircle) Has the anaphylaxis medical management plan been provided to the service? **Yes No** (please circle) Has a risk management plan been completed by the service in consultation with you? **Yes No** (please circle)

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form.



**1st Impressions Early Learning Centre Enrolment Form 2022
Parent Agreement**

I,(Print full name)

A person of parental responsibility of the child referred to in this enrolment form consent to;

- The designated Authorised Nominee’s/Emergency Contact Persons to act upon my behalf in the event of an emergency. I authorise the child care service to obtain medical treatment for the child from a medical practitioner, hospital or ambulance service and understand that I am liable for any costs incurred;
- My child to be transported by an ambulance service in the event of an emergency and I understand I am liable for any costs incurred;
- Collect or make arrangements for the collection of the child referred to in this enrolment from if/he becomes unwell at the service;
- Centre staff to apply sunscreen to my child for outdoor play;
- Photos to be taken of my child for observational tools;
- My child participating in face painting activities on special event days and participate in incursions.

Payment method options:

Payment Method:	Payment terms:	Surcharge:
<input type="checkbox"/> Direct Debit	Every 2 weeks before commencing session of care	<ul style="list-style-type: none"> • Credit Card (Mastercard/VISA) charges of 2.35% - minimum transaction charge \$0.50 will apply per transaction. Direct Debit charges of \$0.88 - minimum transaction charge \$0.50 will apply per transaction. • Credit Card (AMEX) charges of 4.40% - minimum transaction charge \$0.50 will apply per transaction.
<input type="checkbox"/> Bank transfer (with 2 weeks bond fee)	Every 2 weeks after commencing session of care	No fee
<input type="checkbox"/> EFTPOS (with 2 weeks bond fee – capped at \$1000)	Every 2 weeks after commencing session of care	1.5% bank surcharge

Please note that after 2 weeks of late payment, there is a \$15 charging fee per week thereafter.

I/ we agree to:

- Be charged with my preferred payment method ensuring my account is kept confidential
- Pay full fees required for the provision of education and care
- Notify the centre should my child not attend their regular day of care;
- Notify the centre in writing 2 weeks prior to cancelling my child’s enrolment and agree to pay all outstanding fees;
- Notify the centre should any of the parent/ guardian or Authorised Nominee/ emergency contact details change.

Parent / Guardian Signature: Date:/..... /.....

Director/Supervisor Signature: Date:/..... /.....