

Enrolment Form

All information contained in this form is CONFIDENTIAL



Please note: Prior to your child's position beginning at Kidsnest – Crows Nest Occasional care it is essential that the following information is complete and kept up to date. Each known parent who has lawful authority in relation to the child must complete this information. Please notify the service of any changes to details on this form as soon as possible. We thank you for your understanding and cooperation.

Occasional Care – Out of Scope Service (NO - CCB or CCR is offered)

You are able to claim the Registered Care rebate, please ask director for more information.

How did you find out about us?

CHILD

First Name: _____ Surname: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Cultural background: _____ Primary language spoken: _____

Address: _____

Suburb: _____ Post code: _____

PARENT /GUARDIAN 1

First Name: _____ Surname: _____

Date of birth: _____ Language Spoken: _____

Address: _____

Phone number (Home) _____ Mobile number: _____

Email address: _____

Occupation: _____ Work telephone number: _____

PARENT /GUARDIAN 2

First Name: _____ Surname: _____

Date of birth: _____ Language Spoken: _____

Address: _____

Phone number (Home) _____ Mobile number: _____

Email address: _____

Occupation: _____ Work telephone number: _____

Custody:

Is there a current court order affecting custody? **Yes / No**

If yes, please provide all relevant documentation and paperwork.

Please attach proof. Please advise the Director if this changes. This information is kept strictly confidential.

Please note that without this documentation we cannot legally enforce the Order/s.

Is there anyone prohibited from contact or collecting the child? **Yes/ No**, Please provide details.

.....

Other Children:

Child name: _____ Age: _____

Child name: _____ Age: _____

Child name: _____ Age: _____

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Emergency Contacts: Other people other than parents/ Guardians.

Authorized nominee means a person who has been given permission by a parent or family member to collect the child from Kidsnest.

Children (Education and Care Services) Supplementary Provisions Regulations 2012 Schedule 1 – (1) Records of personal information.

In the event that you or your nominated emergency contact cannot collect the Child, educator will use this list to arrange someone to collect the Child.

This list may be added to throughout the year. Please list people in the preference you would like them to be contacted. Individuals must be able to produce identification when collecting the Child.

Person 1

Name: Phone (home):

Relationship to child:

- Authority to Daily Pick up
- Authority to Pick up in Emergencies
- Authority to Sign for medication

Address:

Phone (work): Mobile:

Other:

Person 2

Name: Phone (home):

Relationship to child:

- Authority to Daily Pick up
- Authority to Pick up in Emergencies
- Authority to Sign for medication

Address:

Phone (work): Mobile:

Other:

Medical Information:

Medicare Number: _____ Position: _____

Private Health Cover: Yes/ No

Health cover number: _____ Ambulance Cover: Yes /No

Name of Medical Practice: _____ Phone Number: _____

Practice Address: _____

Name of Doctor: _____

Name of Dental Practice: _____ Phone Number: _____

Practice Address: _____

Name of Dentist: _____

I give permission for Kidsnest to contact and obtain medical, dental, hospital or ambulance services if required and the carrying out of appropriate medical treatment in the event that such appears to be necessary because my child has been injured or is ill at the premises. I agree to cover any expense incurred.

Signature _____ Date _____

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Crows Nest Occasional Care Inc.



Does the Child have any dietary restrictions? **Yes / No**

Does your child suffer from ANAPHALAXIS? **Yes/ No**

If an Anaphylactic attack were to occur to your child at the service understand and agree to bring a current epi-pen for each attending day my child is at the service in the case of emergency such as an anaphylactic attack'. **Yes/ No**
(Family and GP to complete an Allergy Health Management Plan)

Does your child have any allergic reactions? E.g. foods, medicine, grass, sunscreen, etc. **Yes / No**

If Yes, please provide details and an action plan for dealing with allergic reactions
(Family and GP to complete an Allergy Health Management Plan)

Does your child have any medical conditions? E.g. asthma, epilepsy etc. **Yes / No**

If yes, please provide details and an action plan for dealing with the medical conditions
(Ask family to complete an Asthma Management Health Management Plan)

Does your child need regular medicine? **Yes / No** if yes: _____

Does your child have any specific health care needs or conditions? **Yes / No**

Does your child have any problems with hearing, sight, speech, growth or development that you are aware of?

Yes / No If yes, to any information above, please attach relevant details.

Permission for Panadol Administration:

Do you give the service permission to administer a dosage of children's Panadol according to the children's Panadol recommended age/weight dosage, ONCE ONLY, if your child's temperature reaches above 37.5 degrees, **Yes / No**.

I also understand that I am required to pick up my child as soon as possible in the event of my child's temperatures reaching above 37.5 degrees. If temperatures continue to rise or do not drop below 37.5 degrees within a 45 minute timeframe, and arrangements for pick up have not been organised, emergency services will be contacted for medical treatment and the family will be required to meet the child wherever medical treatment is being administered. The child must be panadol free for 24 hours and have a Doctor's clearance prior to returning to the Centre. **Yes / No**

Immunisation:

NSW Department of Health Regulations state that all children enrolling in childcare must provide written continuing proof of full immunisation for their child/ren.

Families must provide a copy of the Australian Childhood immunisation register (ACIR), and with each Vaccination thereafter, this is obtainable from Medicare ONLY.

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The personal information collected on this enrolment form is for purposes directly related to your child's care, protection and early childhood education at Kidsnest including communicating with you and other persons nominated in this form about your child, processing and recovering payment of fees, and completing the enrolment of your child [any other uses?]. Any personal information provided to us will be used, disclosed and stored in accordance with the NSW privacy laws. Certain information is required by us to meet our legal and reporting obligations. Personal information may be disclosed to NSW State and Commonwealth government agencies and other organisations for the above purposes and as authorised or required by law. If we are unable to recover any amounts owing to us in respect of your childcare fees, we may also disclose personal information about your outstanding fees to debt collection agencies to assist us to recover the amount owing. Information will be stored in our paper and electronic records and database. You may access or correct the information by contacting us. If you have a concern or complaint about the information collected or how it has been used or disclosed please contact us in the first instance. Further information about how to make a complaint is available on our website. If you choose not to provide some requested information we may not be able to enrol your child.

Please tick/circle the following clauses to authorise: **General:** I/We give permission for this child to:

Item	YES	Sign	NO	Sign
Have SPF30+ sunscreen applied prior to sun exposure	YES		NO	
Have Band-Aids or sticking plasters applied when necessary	YES		NO	
Have staff apply Nappy Cream/Paste (supplied by parents/or Kidsnest supplies Sudocream and Papaw ointment)	YES		NO	
Have staff apply Teething Gel (supplied by parents/bonjela supplied by service)	YES		NO	
Have staff apply Insect Repellent (supplied by parents)	YES		NO	
If an Anaphylactic attack were to occur to your child while at the centre do you agree to staff using the centre epi-pen on your child.	YES		NO	
Parent Management Committee: As the centre is community-based and non-profit, it can only operate with an active Parent Management Committee. Please indicate if you would like to join this committee.	YES		NO	

Photos and Video Footage: I/We give permission:

Item	YES	Sign	NO	Sign
For photos and video footage to be taken of my/our child for centre use and staff training purposes (Footage will not leave centre)	YES		NO	
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the centre	YES		NO	
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies?	YES		NO	

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Payment of fees: I acknowledge that an hourly fee is payable for all hours booked for my child regardless of the hours. I understand that unless notice is given by 8am, the morning of booking, for a cancellation, I will have to pay for all hours booked. Fees are payable daily or at the end of weeks booking. Payable by EFT, Credit card or Direct debit. Understand that should this account be referred to a Debt Collection Agency an additional fee of 15% of the outstanding amount will be incurred. **Yes No**

Parent/ Guardian 1 Name _____ Sign _____ Date _____

Parent/ Guardian 2 Name _____ Sign _____ Date _____

Office use only:

Immunisation statement received: Date: _____ Sighted by: _____

Copy attached:

Birth Certificate received: Date: _____ Sighted by: _____

Copy attached:

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Application for membership of association

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

.....
Kidsnest – Crows Nest Occasional Care Incorporated (incorporated under the Associations Incorporation Act 2009)

I,
[full name of applicant]

of
[address]

.....
[occupation]

hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

.....
Signature of applicant Date

I,
[full name]

a member of the association, nominate the applicant for membership of the association.

.....
Signature of proposer Date

I,
[full name]

a member of the association, second the nomination of the applicant for membership of the association.

.....
Signature of seconder Date