

## IMPORTANT INFORMATION

Storytime Childcare and Montessori Early Learning - Tingalpa is a privately owned Childcare Centre which provides quality care and education for children aged from 15 months to 6 years. To ensure we are providing the best possible care for your child the attached Enrolment Form must be completed, signed and returned a week prior to your child commencing. This will ensure that all relevant details are recorded and passed onto the appropriate Centre Staff. If you have any further questions please do not hesitate to contact our Centre.

## PRIVACY INFORMATION

Storytime Childcare and Montessori Early Learning - Tingalpa acknowledges and respects the privacy of its clients. The information that is being collected by our Service is to process your enrolment at our Service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipients of this information is Storytime Childcare and Montessori Early Learning - Tingalpa, their authorised Staff 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 Service Confidentiality Policy.

## INFORMATION UPDATES

We take reasonable steps to ensure that your personal information is accurate, complete, and up to date throughout the year. If at any time your details change, parents must notify the Centre as soon as possible via an Enrolment Update form to ensure our records are up to date in the case of an emergency.

## WHAT TO RETURN WITH APPLICATION

- COMPLETED ENROLMENT APPLICATION FORM
- CENTRELINK CONFIRMATION OF CUSTOMER REGISTRATION NUMBERS FOR **BOTH** FAMILY AND CHILD
- BIRTH CERTIFICATE FOR THE **CHILD**
- DRIVERS LICENCE OR BIRTH CERTIFICATE FOR THE **REGISTERED CENTRELINK PARENT**
- IMMUNISATION HISTORY STATEMENT    **or**     IMMUNISATION CATCH UP SCHEDULE
- MEDICAL MANAGEMENT PLAN
- BOND PAYMENT OF \$250.00
- YOUR PERSONAL PREFERENCE FOR FAMILY DOOR CODE (4 digit number) ( \_\_\_ \_\_\_ \_\_\_ \_\_\_)
- COMPLETED EZIDEBIT FORM

# ENROLMENT APPLICATION FORM

*Storytime Childcare  
and  
Montessori Early Learning  
-Tingalpa*

## Child Details

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Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Is the Child of Aboriginal and/or Torres Strait Island Origin? (Please tick)

- No, not Aboriginal or Torres Strait Islander
- Yes, Aboriginal
- Yes, Aboriginal and Torres Strait Islander
- Yes, Torres Strait Islander

## Booking Information

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Proposed Start Date: \_\_\_\_\_

Days: (please tick)  Monday  Tuesday  Wednesday  Thursday  Friday

## Contact Details for the Child's Parents or Guardians

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### Contact Details - Primary Guardian

Mr Miss Ms Mrs Other \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone (H)

\_\_\_\_\_  
Telephone (M)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Marital Status

\_\_\_\_\_  
Driver's Licence Number

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Authorised to Collect Child  Yes  No

### Contact Details - Secondary Guardian

Mr Miss Ms Mrs Other \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone (H)

\_\_\_\_\_  
Telephone (M)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Marital Status

\_\_\_\_\_  
Driver's Licence Number

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Authorised to Collect Child  Yes  No

## Employment Details for the Child's Parents or Guardians

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### Primary Guardian

Employer Name

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Address

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Telephone (W)

---

Email (W)

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Occupation

---

Department (if applicable)

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### Secondary Guardian

Employer Name

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Address

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Telephone (W)

---

Email (W)

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Occupation

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Department (if applicable)

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## Other Persons to be notified in an Emergency (Authorised Nominee)

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Whilst we endeavour to ensure the care and safety of your Child at all times, there may be occasions when the Child has an incident, injury, illness or trauma and the Parent/Guardian cannot be contacted. If this situation should arise, a Staff member will need to contact an alternate person authorised by you to collect and care for the Child. The person must live a maximum of 30 minutes from the Centre and provide personal identification in order to collect your Child on your behalf. These authorised contacts will have my/our permission to consent to medical treatment or authorise the administration of medication to the child if I / we cannot be contacted.

Name

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Address

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Telephone (H)

---

Telephone (M)

---

Telephone (W)

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Email

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Relationship to the Child

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I agree to be an Emergency Contact Person for the child and agree to be contacted in the case of an emergency involving this child.

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Name

---

Address

---

Telephone (H)

---

Telephone (M)

---

Telephone (W)

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Email

---

Relationship to the Child

---

I agree to be an Emergency Contact Person for the child and agree to be contacted in the case of an emergency involving this child.

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## Other Persons Authorised to Collect your Child

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The following persons are authorised to pick up your Child on your behalf. Personal identification will be required in order to collect your Child. This list can be added to or changed throughout your Child's enrolment. Any person not detailed below will not be permitted to collect your Child without prior permission.

### Person One

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (H) \_\_\_\_\_

Telephone (M) \_\_\_\_\_

Telephone (W) \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

### Person Two

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (H) \_\_\_\_\_

Telephone (M) \_\_\_\_\_

Telephone (W) \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

### Person Three

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (H) \_\_\_\_\_

Telephone (M) \_\_\_\_\_

Telephone (W) \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

### Person Four

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (H) \_\_\_\_\_

Telephone (M) \_\_\_\_\_

Telephone (W) \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

## Family Details

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Please provide details of any siblings or other family members that live in your household.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

## Child Custody Information

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Are there any Court orders, parenting orders or parenting plans covering the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No       Yes (**Please attach copies of up to date Custody Orders or Access Arrangements in place for your Child**)

Name of the custodial Parent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Any additional information about access arrangements: \_\_\_\_\_

## School Information

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When was, or when will this Child be enrolled at school? \_\_\_\_\_

## Health/Medical Information

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Family Doctor's Name: \_\_\_\_\_ Family Doctor's Telephone: \_\_\_\_\_

Family Doctor's Address: \_\_\_\_\_

Child's Medicare Number: \_\_\_\_\_ Preferred Hospital in Emergency: \_\_\_\_\_

Family Dentist Details: \_\_\_\_\_

Does your child have any specific health care needs or conditions?       No       Yes (**Please provide details**)

Does your Child have any allergies?       No       Yes (**Please complete the following**)

**If you answer "Yes" to any of the questions below, you must provide a supporting letter from your child's Doctor, a medical management plan, anaphylaxis medical management plan and/or risk minimisation plan (prepared and signed by your child's Doctor). The Plan should cover what triggers the medical condition or allergy, medication required, first aid needed, Doctor's contact details, plan review date and include a photo of your child.**

Allergies to Food: (Please specify which foods and the signs/symptoms to be aware of, if any):

Other Allergies (Please detail and specify the signs/symptoms to be aware of, if any):

Has your child been diagnosed as a person who is at risk of anaphylaxis?       No       Yes (**Please provide details**)

Does your child have any dietary restrictions?       No       Yes (**Please provide details**)

Does your Child have a history of illnesses or injuries?       No       Yes (**Please provide details**)

Does your Child have any current medical conditions (including Asthma)?       No       Yes (**Please provide details**)

Is your Child currently on any prescribed medications?       No       Yes (**Please provide details**)

Additional Needs:

Has your child been diagnosed with any special needs or learning difficulties?       No       Yes (**Please provide details**)

Please be advised that all medication administered at the Centre will only be given to the child if medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered and before the expiry or use by date; and the medication must be administered in accordance with any instructions attached to the medication; or any written or verbal instructions provided by a medical practitioner. (*Education and Care Services National Regulations. Part 4.2, Regulation 95*)

## Information about your Child

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The following information pages will be shared with your Child's caregivers. Confidential copies will be kept with your Child's Profile in their room as well as on the main file for office use.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Usual wake up time: \_\_\_\_\_ Usual evening bedtime: \_\_\_\_\_

Daytime sleep (approximate time of day and length): \_\_\_\_\_

What does your Child take to bed? \_\_\_\_\_

Any special bedtime routines: \_\_\_\_\_

Are there any foods your Child particularly likes / considerations? \_\_\_\_\_

Does your Child have any fears? (e.g. noise, animals): \_\_\_\_\_

Does your Child get upset when left with other people? \_\_\_\_\_

Languages spoken by the Child: \_\_\_\_\_

Languages spoken at Home: \_\_\_\_\_

Cultural Background: \_\_\_\_\_

Does your Child have any disabilities, behavioural, additional, diagnoses, special needs?  No  Yes **(Please provide details)**

Are there any words that we may need to know that have special meaning to your Child **(translate where necessary)**: \_\_\_\_\_

Has your Child been in care before (at another Centre or at home with family)?  No  Yes **(Please provide details)**

What do you love about your Child that you would like to share with us? \_\_\_\_\_

How can we assist your Child this year? What would you most want for your Child at our Centre? Are there any particular areas of concern that you feel we need to know about? \_\_\_\_\_

What information do you consider important for you to know each day and what is the best means of communicating this with you? \_\_\_\_\_

Is there any further information which you feel may assist us in providing the Service best suited to your needs and the needs your Child? (e.g. recent significant events, family situation, cultural or religious beliefs and practices to be followed etc): \_\_\_\_\_

Are there any skills that you or family members have that you would like to contribute to the Centre's program? Your cultural background, occupation and talents may be helpful - musician, artist, chef, Fireman, Policeman, Dentist, Doctor, nurse, IT, vocalist, sportsman, Pilot, gardener, fisherman, farmer, scientist, and many more..... \_\_\_\_\_

Is your Child toilet trained?  Yes  No

**NOTE: It is a requirement that children entering the Montessori 3-6 year program MUST be toilet trained.**

## Information Required for Children under 3 years

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Please tick where appropriate and provide comments where necessary.

### Eating Routines

- Feeds Self \_\_\_\_\_
- Uses spoon or utensils \_\_\_\_\_
- Uses cup \_\_\_\_\_

### Toileting Routines

- Nappies
- Pull Ups
- Training Pants \_\_\_\_\_
- Being toilet trained \_\_\_\_\_
- Toilet Trained \_\_\_\_\_

### Sleeping Routines

- Sleeps in cot \_\_\_\_\_
- Sleeps in bed with safety guard \_\_\_\_\_
- Sleeps in bed without safety guard \_\_\_\_\_

## Immunisation Details

To be eligible for Child Care Benefit, Child Care Rebate and other Government subsidies, your child must meet the immunisation requirements as legislated on 1 January 2016. To meet the requirements, your Child must be:

- Fully immunised or up-to-date according to the Australian Standard Vaccination Schedule; or
- Have an approved catch-up vaccination schedule.

Exemptions may be approved in cases of medical contraindication or natural immunity to a disease.

**Please attach one or more of the following documents:**

- A current Australian Childhood Immunisation Record (ACIR) Statement;
- A current ACIR Immunisation History Form on which the Doctor has certified the child is on an approved catch-up schedule;
- An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor

**NOTE:** Eligibility for Government subsidies will affect entitlements where children are non-immunised.

For more information on ACIR, visit [www.humanServices.gov.au/customer/Services/medicare/australian-childhood-immunisation-register](http://www.humanServices.gov.au/customer/Services/medicare/australian-childhood-immunisation-register). Parents can obtain an **immunisation history statement from ACIR** for their child, free of charge, at any time:

- **ACIR:** [http://www.humanServices.gov.au/customer/Services/medicare/australian-childhood-immunisation-register?utm\\_id=9](http://www.humanServices.gov.au/customer/Services/medicare/australian-childhood-immunisation-register?utm_id=9).
- Medicare Online Services, visit [www.humanServices.gov.au/customerServices/medicare/medicare-online-accounts](http://www.humanServices.gov.au/customerServices/medicare/medicare-online-accounts).
- The Medicare Express App, available for download from Google Play and iTunes stores.
- By emailing [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au) supplying the child's full name, date of birth and Medicare number.
- By calling the Australian Childhood Immunisation Register on 1800 653 809.
- In person at a local Medicare Service Centre. To find your nearest office, visit <http://humanServices.findnearest.com.au>

### The National Immunisation Program valid from 20 April 2015 - Child Program

Age	Disease immunised against
Birth	<ul style="list-style-type: none"> <li>• Hepatitis B</li> </ul>
2 months	<ul style="list-style-type: none"> <li>• Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</li> <li>• Pneumococcal conjugate (13vPCV)</li> <li>• Rotavirus</li> </ul>
4 months	<ul style="list-style-type: none"> <li>• Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</li> <li>• Pneumococcal conjugate (13vPCV)</li> <li>• Rotavirus</li> </ul>
6 months	<ul style="list-style-type: none"> <li>• Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</li> <li>• Pneumococcal conjugate (13vPCV)</li> <li>• Rotavirus b</li> </ul>
12 months	<ul style="list-style-type: none"> <li>• <i>Haemophilus influenzae</i> type b and meningococcal C (Hib-MenC)</li> <li>• Measles, mumps and rubella (MMR)</li> </ul>
18 months	<ul style="list-style-type: none"> <li>• Measles, mumps, rubella and varicella (chickenpox) (MMRV)</li> </ul>
4 years	<ul style="list-style-type: none"> <li>• Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated poliomyelitis (polio) (DTPa-IPV)</li> <li>• Measles, mumps and rubella (MMR) (to be given only if MMRV vaccine was not given at 18 months)</li> </ul>

(Extract: Immunise Australia Program - <http://www.immunise.health.gov.au/>)

I/We have provided immunisation records for my child and agree to comply with the immunisation requirements outlined in the Immunisation and Disease Prevention Policy. I understand my child's enrolment or attendance at the Service may be terminated if I do not comply with the requirements in the policy.

Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_



## CCB & CCMS Information

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To ensure that you are linked to our Centre through the Child Care Management System ('CCMS'), and to have Child Care Benefit ("CCB") and/or Child Care Rebate ("CCR") applied to your Child care fees, you must contact Centrelink to confirm that they have the correct name and date of birth for both the Parent and Child who are registered for CCB and/or CCR.

Please complete the following information accurately to ensure that your CRN is linked to our Centre and to enable you to receive CCB and/or CCR entitlements. Please note Centrelink may change these details periodically. It is the responsibility of Parents/Carers to check Statements regularly to ensure these details are correct.

**1. Person Registered for CCB with Centrelink. (Details must be EXACTLY as per Centrelink records)**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

**2. Child Registered for CCB with Centrelink. (Details must be EXACTLY as per Centrelink records)**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Has your Child attended another Child Care Centre this financial year?  No  Yes **(Please provide details)**

\_\_\_\_\_

Is your child attending multiple Child care Centres?  No  Yes **(Please provide details)**

\_\_\_\_\_

### Verification of Details held by Centrelink.

I confirm that:

1. The information I have provided above is true and correct and that I have provided Centrelink with this same information.
2. I am responsible for communicating this information to Centrelink.
3. I understand that I am responsible for all fees charged by the Centre (and payable via EziDebit) in relation to this enrolment.
4. I understand that if any details are incorrect, then full child care fees are payable by me directly to the Centre until the details are corrected with Centrelink.

Registered Parent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Other Children in Care/Multiple Child CCB Percentage

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If you have other children who are registered for CCB / CCR at another Centre, please complete the following information to ensure that you have the Multiple Child CCB Percentage applied to your account. If at any time changes occur, parents/carers are required to provide up to date information to our Centre.

### Details of Other Children in Care

1. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

4. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

5. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Agreement & Consent to Terms

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### 1. Emergency and Medical

In the event of an emergency (when the Centre is unable to contact the Parent / Guardian or the Authorised Nominee/s), I / we authorise Centre Staff to seek medical treatment from a registered medical practitioner, dental practitioner, hospital or ambulance Service. I / We agree to pay any expenses incurred for medical treatment and transport.

### 2. Administering of Paracetamol

I / We agree for Centre Staff to administer ONE (1) dosage of Paracetamol (as per the manufacturer's instructions) in the event of my/ our child's body temperature rising above 37.5°C. I / We understand that Centre Staff will attempt to make contact with either the Parents / Guardians or the Authorised Nominee (Emergency Contacts) to inform us that Paracetamol is being administered and discuss at the time further actions to take in the event that the temperature does not subside within an appropriate time frame. I / We understand the potential risks and side effects of this medication for my/our child. In the event of an emergency, I / We agree to collect my/our child as soon as possible. I / We agree to inform the Centre if my/our child has been given medication **before** attending the Centre.

### 3. First Aid Products

I / We authorise Centre Staff to administer general first aid products as per the manufacturer's recommendations (eg. Band-aids, bandage, insect repellent, antiseptic, ice pack, etc).

### 4. Permission for Publication

I / We hereby give consent for my/our Child's photograph, name and age to be used for educational purposes, classroom programming, Centre displays, Portfolios and/or publications (e.g. Newsletters) and records.

If my/our child has a specific medical/health requirement, my/our child's photograph may be displayed with details of how to respond to my/our child's medical requirements.

Photographs are taken of enrolled children for inclusion in Portfolios prepared by Centre Staff. I / We acknowledge that copies of photographs and learning stories may also be included in the Portfolios of the other children involved.

I/we hereby consent to photographs taken by Educators and Staff members being used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles.

### 5. Permission for Observation

I / We give permission for my/our Child to be observed for Staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your Child's caregivers. If questioning or testing is to be carried out I / We will be asked for further permission.

I / We give permission for my child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements. I / We give permission for photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments. I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.

### 6. Payment of Fees

I / We agree to maintain my/our fees as per the Centre's fee policy. We will ensure my/our fees are kept up to date by making payments on the required date via EziDebit or as otherwise agreed. I / We are aware that failure to pay due fees within fourteen (14) days may result in the cancellation of care at the Centre's option. Where an EziDebit arrangement has been entered into, I / we authorise the Centre to make withdrawals from my/our nominated account as specified in the Direct Debit Request Form, as determined by the Centre in accordance with the terms and conditions herein and in any subsequent agreement with the Centre. I / We acknowledge that such withdrawals may include amounts representing any arrears that are owed by me / us. I / We understand that any costs incurred by the Centre in collecting any arrears owed may be charged to my/our account.

### 7. Permission for Evacuations

I / We hereby give permission for my/our Child to participate in regular evacuation drills. I / We understand that my/our Child may be relocated from the Centre under the supervision of their caregivers and Centre Staff to a safety zone for evacuation purposes. (Please refer to the Centre Evacuation Plans and Procedures for further information.)

**8. Sunscreen Application**

I / We agree for the Centre Staff to apply sunscreen regularly to my/our Child for outdoor play purposes. I / We understand that the Centre may use a variety of sunscreen brands from time to time. I will apply sunscreen prior to or on arrival at the Centre. If my/our Child requires specific sunscreen, I / we agree to supply this product to the Centre, labelled for my/our child as per Centre Policy.

**9. Insect Repellant Applications**

If Insect Repellant is required, I / we agree for Centre Staff to apply a roll-on or cream Insect Repellant to my/our Child where necessary for indoor or outdoor purposes. I / We agree to supply this product to the Centre, labelled for my/our child as per Centre Policy.

**10. Child Care Benefit and Child Care Rebate**

I / We understand that it is my/our responsibility to notify the Centre of my/our Customer Reference Numbers (CRNs), regardless of whether my/our family will/will not be claiming Child Care Benefit and/or Child Care Rebate as reduced fees on a weekly basis.

**11. Parent Handbook**

I / We acknowledge that we have received and read the Centre's Parent Handbook. I have had opportunity to ask questions or discuss any concerns. I / We understand any significant changes to the Handbook will be displayed in the Centre foyer and/or rooms.

**12. Centre Policies**

I / We acknowledge that the Centre Policies are available in the Centre's foyer and classrooms at all times to view. I / We understand that any changes to these policies will be carried out where appropriate in consultation with me/us as Parent / Parents / Guardians and any significant changes to these Policies will be displayed in the Centre foyer. Parents / Carers are able to provide written feedback / research / suggestions for Centre Policies and Procedures.

**13. Cancellation of Care**

I / We understand that **two (2) week's written notification** is required in advance when cancelling care. Fees are payable for the two week notice period. To receive CCB and / or CCR entitlements, your child must attend on the last booked day, and all attendances must be signed in / out for the period of enrolment. If your child does not attend on the last enrolled day of the notice period, full fees will be paid by me/us for all days following the last day of my child's attendance at the Centre.

**14. Fees for Public Holidays**

I / We understand that Public Holidays are charged at the normal daily fee rate and that **complimentary make-up days will not be available.**

**15. Late Fees**

I / We understand that late fees will be charged if my/our Child is not collected by the advertised closing time, and that no Child Care Benefit and/or Child Care Rebate can be claimed for this fee. Late fees charged are as follows: \$1 per minute for each minute that your Child has not been collected after closing time (minimum late fee: \$20.00). This will be charged to your next payment date after being late.

**16. Priority of Access**

I / We understand that if my/our family falls under Priority Access we may be required to alter my/our days or give up my/our place in the Centre in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Centre Policy: First Priority – children at risk or serious abuse or neglect, Second Priority – children whose Parents satisfy the work, training and study guidelines specified by the Government; and Third Priority – all other children.

**17. Infectious Diseases / Clearance Certificates**

I / We understand that my/our Child will be excluded from the Centre if they contract a contagious disease or condition. I / We understand that my/our Child will not be accepted back into the Centre until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to our Centre Policies for further information. Fees are payable during this period.

**18. Non - Immunisation**

I / We understand that if my/our Child's immunisation is **NOT** up to date and in accordance to the Government requirements (refer to our immunisation details page) my/our Child will be excluded from the Centre until the infectious period of the disease or condition has passed. Centre fees are payable during this period. (Please refer to our Centre Policies for further information).

**19. Presence of Visitors and Volunteers**

I / We understand that occasionally the Centre may have visitors and/or volunteers assisting in the Centre. I / We consent to my/our Child being in the presence of visitors and/or volunteers under Centre Staff supervision.

**20. Excursions and Incursions**

I / We authorise for my/our child to participate in any incursions or Excursions the Centre may organise. For example, an incursion on fire safety presented by someone from the local fire station. Further details will be given when these events are planned, either by verbal or written notification.

**21. Anaphylaxis and Asthma medication**

I / We consent to Educators at the Centre administering Asthma Reliever medication (eg. Ventolin) and/or EpiPen injection for your child when this is considered reasonably necessary in an emergency.

**Declaration**

By signing this form I / we declare and confirm:

- I / We are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct and I will immediately inform the Service in the event of any change to this information;
- I / We have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 21 above, and any other policies and procedures advised by our Centre either directly or by making them available for perusal at our Centre;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment if he / she becomes unwell;
- Understand my child must have any required medication (including EpiPen) with them at the Service at all times or they will be unable to attend;
- Consent to Centre Staff seeking or where appropriate administering any medical treatment / first aid that is reasonably required, and that I will reimburse any expense incurred by the Centre should this happen;
- Consent to the Centre Staff administering medication if so requested by me/us or those I have nominated to do so on my/our behalf;  
I/We have read and agree with the fees, payment structure and policies of the Centre;
- Agree to update any further information relating to those individuals I have nominated to be an Authorised Nominee/s or person/s to collect the child and any contact details of any medical or dental professional nominated in the Enrolment Form;
- I/We agree to provide updated information about my child's immunisations whenever he or she is vaccinated;
- Agree that the child's place at the Centre is subject to the Priority of Access Guidelines as outlined by the Child Care Management System.
- I/We agree for my child to be observed and programmed for by students who may be employed at the Service or completing practical components of their studies at the Service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment;
- I/We agree to provide information about my child's life, family and community to support the achievement of meaningful learning outcomes;
- Understand that the Nominated Supervisor may suspend or terminate my child's place at the Service if he/she feels that the safety or wellbeing of any child or Staff member at the Service is compromised by my child or a family member.
- Declare that I understand the Centre Code of Conduct and policies, and will abide by them. These policies include the Medical Conditions, Administration of Authorised Medication, Delivery and Collection of Children, Infectious Disease, Immunisation, Behaviour Guidance (Relationships with Children) and, Privacy and Confidentiality Policies.

Name of Primary Parent/Guardian: \_\_\_\_\_

Signature of Primary Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Secondary Parent/Guardian: \_\_\_\_\_

Signature of Secondary Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICEUSEONLY** - Enrolment Application Form 2014

- |  |                              |                             |                  |                   |
|--|------------------------------|-----------------------------|------------------|-------------------|
| Enrolment Details entered:                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Transition Date: | ___ / ___ / _____ |
| EziDebit Authority Signed:                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Start Date:      | ___ / ___ / _____ |
| Enrolment Deposit Paid:                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Received Date:   | ___ / ___ / _____ |
| Child CRN Details                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                  |                   |
| Parent CRN Details:                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                  |                   |
| Immunisation History Statement / Catch Up Statement: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                  |                   |

## Privacy Notice

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the Service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through our website, social media page, Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the Early Years Learning Framework. This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, child care benefit information, Medicare number, immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences and needs, including additional needs.

We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent or we are complying with an Australian law.

We aim to keep the personal information we hold accurate, up-to-date and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency.

We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is the Approved Provider or Nominated Supervisor who may be contacted by telephone on 07 3390 8883 or email [director@montessoriearlylearning.com.au](mailto:director@montessoriearlylearning.com.au) or by mail to 10 Athlone Street, Tingalpa Qld 4173.

We will notify families of any updates to our Privacy and Confidentiality Policy on our Service Noticeboard.