



Registration:

\$75 per child, per calendar year

Bond:

2 weeks fees for a permanent position is required to start.

Daily rate:

\$105 (8:00am – 5:00pm)

CCB Approved Centre

JUBILEE CHILDCARE 'OCCYS PLACE' ENROLMENT FORM

2b – 2c BOUNDARY ROAD, MORTDALE

- ❖ Approved centre-based early education and care service.
- ❖ Qualified Educators
- ❖ High Quality Care provided
- ❖ Brand new purpose built Facility
- ❖ High-tech security



**Licensed for 28 positions per day
6 weeks – 5 years old**

Hours of Operation 8.00am-5.00pm
Monday – Friday
Closed Public Holidays

**For more details please call the Director on 9580 1414
Email: occys@jubileecs.org.au**

JUBILEE CHILD CARE ENROLMENT FORM

Please note: Prior to your child’s position beginning at Jubilee Child Care it is essential that the following information is complete and kept up to date. This information must be completed by each known parent/guardian who has lawful authority in relation to the child. Please notify the service of any changes to details on this form as soon as possible. We thank you for your understanding and cooperation.

CHILD’S DETAILS

Child’s Given Name(s):	
Child’s Surname:	
Preferred Name:	
Child’s CRN for CCB (if applicable):	
Child’s Home Address:	
Child’s Date of Birth: ____ / ____ / ____	
Child’s Gender (Please Circle): Male / Female	
Language(s) used in the Child’s home:	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please Circle)	Yes / No
Please provide a certified photocopy of the Child’s birth certificate or equivalent.	Yes/No

DAYS OF ATTENDANCE

Monday	Tuesday	Wednesday	Thursday	Friday

Start Date:

Eligible hours are: 24 hours or 50 hours. Where a family may have their child attend another childcare centre, or Family Day Care, the family must firstly inform and supply both centres with the necessary information. If your child attends another centre please complete the information below:

Name of other centre/s your child attends: _____

Number of hours to be allocated to the centre: _____

IMMUNISATION DETAILS

Is your child’s immunisations up to date? YES/NO

Please supply evidence of immunisation, either your blue book or a copy of your exemption letter from you GP if applicable.

MEDICAL INFORMATION

Child's Registered Medical Practitioner;

Service Name: _____

Practitioner's Name: _____

Contact Numbers: _____

Address: _____

Child's Registered Dental Practitioner;

Service Name: _____

Practitioner's Name: _____

Contact Numbers: _____

Address: _____

Medicare Number :

Private Health Cover (Please Circle):

Yes / No

Private Health Fund:

Ambulance Cover (Please Circle):

Yes / No

Does your child have any specific health care needs or conditions, including allergies, asthma or anaphylaxis? (Please Circle) Yes/No

If yes, please provide a medical management plan/asthma action plan which has been prepared by the child's medical practitioner. The Plan should include:

- a photo of the child
- if relevant, state what triggers the medical condition, allergy or anaphylaxis
- first aid needed
- contact details of the doctor who signed the plan

When the Plan should be reviewed: _____

Please ensure if your child has any of the above, the correct medication needs to be provided and kept in the service.

Does the child have any dietary restrictions? (Please Circle)

Yes/No
If yes, please attach relevant details.

Has your child had any of the following? Yes/No

Please List: _____

- | | |
|--------------------------|-------------------|
| Measles | Hepatitis |
| Rubella (German Measles) | Anaphylaxis |
| Re-curing Ear Infection | Chicken Pox |
| Mumps | Epilepsy |
| Chicken Pox | Diabetes |
| Convulsions | Severe Nose Bleed |

Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:

- the label must contain the child’s name and dosage requirements
- Parents must provide any verbal or written instructions provided by the medical practitioner.

Education and Care Services National Regulations Regulation 95

Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our “Administration of Authorised Medication” form.

Education and Care Services National Regulations Regulation 93

Paracetamol

I agree that if my child has a temperature higher than 38.5 degrees Celsius that an Educator may administer a single dose of paracetamol after natural methods have been used to reduce the temperature. The service will attempt to contact me before the administration of medication and I will arrange for my child to be collected immediately

Parent/Guardian 1 Signature:

Parent/Guardian 2 Signature:

Yes/no

Parent/Guardian 1 Signature:

Parent/Guardian 2 Signature:

ADDITIONAL NEEDS

Does your child have any Additional Needs/ongoing disabilities? Yes/No

If your child has been assessed, please provide detailed documentation in relation to the assessment to assist the centre and educators to cater for your child’s individual needs.

Please list if your child has any of the below Additional Needs: _____

- Physical Condition
- A.D.D/ A.D.H.D
- Behavioural Condition
- Speech
- Emotional Condition
- Hearing
- Gifted/Talented
- Autism
- Learning

Please provide details of your child’s Additional Needs:

I give permission for the centre to access suitable agencies to assist my child’s Additional Needs: **Yes/No**

PARENT/GUARDIAN 1

Full Name:

Preferred name:

Relationship to Child:

Parent 1's CRN for CCB:

Date of Birth

____/____/____

Gender (please circle): Male/Female

Country of Birth:

Please provide any relevant cultural background details:

Home Address:

Telephone:

(H)

(W)

(M)

Email

Does the child live with you? (Please Circle)

Yes/ No

Employment Status (Please circle): F/T, P/T, Not Employed, Studying

Occupation & Place of Employment:

PARENT/GUARDIAN 2

Full Name:

Preferred name:

Relationship to Child:

Parent 2's CRN for CCB:

Date of Birth:

Gender (please circle): Male/Female

Country of Birth:

Please provide any relevant cultural background details:

Home Address:

Telephone:	(H) (W) (M)
Does the Child live with you? (Please Circle)	Yes/ No
Email:	
Employment Status (Please circle): F/T, P/T, Not Employed, Studying	
Occupation & Place of Employment:	

MEDICAL AUTHORISATION

Do you authorise the Nominated Supervisor or another educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No Parent/Guardian 1 Signature: _____ Parent/Guardian 2 Signature: _____
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Do you authorise the Nominated Supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No Parent/Guardian 1 Signature: _____ Parent/Guardian 2 Signature: _____
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Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle)	Yes/No Parent/Guardian 1 Signature: _____ Parent/Guardian 2 Signature: _____
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Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations Regulation 94.</i>	Parent/Guardian 1 Signature: _____ Parent/Guardian 2 Signature: _____
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FAMILY STATUS

Please tick: Married Separated Divorced De facto Single

Who is responsible for fees? Parent/Guardian 1 Parent/Guardian 2 Shared care Other

Families with children attending LDC, OSHC or Occasional Care services may be eligible for CCB. Please contact the Family Assistance Office on 13 61 50 for further information. In order to provide a record of your child's attendance to the Family Assistance Office you are required to provide the service with the Customer Reference Number (CRN) and date of birth of at least one claimant.

Court Orders Relating to the Child

- 1) Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

(Please Circle) No Yes

If yes, please provide all relevant documentation and paperwork

- 2) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

(Please Circle) No Yes

If yes, please provide all relevant documentation and paperwork.

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

FIRST EMERGENCY CONTACT

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or family day care service. Education and Care Services National Regulations Regulation 160

There may be times or situations where your child has had an accident, injury, trauma or illness and Parents/Guardians cannot be reached or are unable to collect their child. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child. **Please obtain the person's consent before listing them as an emergency contact.**

Full Name:

Relationship to Child:

Address:

Telephone:

(H)

(M)

This person has the authority to (please select):

- Collect your child or authorise another to collect your child from the service (Authorised Nominee)
- Authorise an educator to take your child on excursions and regular outings from the service premises in the event that you cannot be contacted?
- Consent to medical treatment by a medical Practitioner, hospital or ambulance service and/or transportation by ambulance service for your child
- Consent to medication being given to your child
- Be notified of an emergency involving your child if you cannot be contacted (emergency contact)

Parent/Guardian 1: Yes/No

Parent/Guardian 2: Yes/No

Signature:

Signature:

SECOND EMERGENCY CONTACT

Name of Individual:

Relationship to Child:

Address:

Telephone:

(H)

(M)

This person has the authority to (please select):

- Collect your child or authorise another to collect your child from the service (Authorised Nominee)
- Authorise an educator to take your child on excursions and regular outings from the service premises in the event that you cannot be contacted?
- Consent to medical treatment by a medical Practitioner, hospital or ambulance service and/or transportation by ambulance service for your child
- Consent to medication being given to your child
- Be notified of an emergency involving your child if you cannot be contacted (emergency contact)

Parent/Guardian 1: Yes/No

Parent/Guardian 2: Yes/No

Signature:

Signature:

THIRD EMERGENCY CONTACT

Full Name:

Relationship to Child:

Address:

Telephone:

(H)

(M)

This person has the authority to (please select):

- Collect your child or authorise another to collect your child from the service (Authorised Nominee)
- Authorise an educator to take your child on excursions and regular outings from the service premises in the event That you cannot be contacted?
- Consent to medical treatment by a medical Practitioner, hospital or ambulance service and/or transportation by ambulance service for your child
- Consent to medication being given to your child
- Be notified of an emergency involving your child if you cannot be contacted (emergency contact)

Parent/Guardian 1: Yes/No

Parent/Guardian 2: Yes/No

Signature:

Signature:

PARENT/GUARDIAN AUTHORISATIONS

Photographs/videos:

I consent to my child being photographed by educators for educational or promotional purposes or to support their medical documentation. I also consent for my child’s photo to be used for the services advertising e.g. website, social media etc. (please note your child’s face will not be exposed within these images). No outside agency or individual will be allowed to photograph the children without parental consent. You may advise us in writing that you withdraw your consent at any time.

Yes/No

Parent/Guardian 1

Parent/Guardian 2

Signature:

Signature:

Sunscreen:

I agree for the service to use SPF30+ broad-spectrum, water-resistant sunscreen on my child’s face and exposed limbs. Where my child is allergic to this sunscreen, I/we will provide a hypoallergenic sunscreen of equal sun protection.

Yes/No

Parent/Guardian 1

Parent/Guardian 2

Signature:

Signature:

Regular outings:

I agree that educators at the service may take my child on regular outings e.g. walk to nearby library or park. Authorisation for such outings will be obtained every 12 months.

Yes/No

Parent/Guardian 1

Parent/Guardian 2

Signature:

Signature:

PRIVACY DISCLAIMER

Jubilee Child care acknowledges and respects the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by Jubilee Child care, its educators/staff members 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 our Privacy and Confidentiality Policy.

DECLARATION

As a person who has lawful authority of the child referred to in this enrolment form for Jubilee Child care I:

- declare that the information in this enrolment form is true and correct and will immediately inform the service in the event of any change 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.
- declare that I have read and understood the policies of Jubilee Child care and will abide by those policies
- have read and agree with the fees, payment structure and policies of Jubilee Child care and agree to pay fees up to date
- Agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or other emergency contact and any contact details of any medical or dental professional nominated in the Enrolment Form.
- Agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy.
- agree for my child to be observed and programmed for by students and educators 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.
- Agree that I will assist with my child's learning by completing Family Input documentation to the best of my abilities.
- A staff member with appropriate training &/or first aid certificate will administer emergency asthma or anaphylaxis medication. I understand that in this circumstance the service will contact me and emergency services as soon as possible.
- My child will not attend the service when suffering from infectious and contagious illnesses.
- I/we are liable for all fees associated with my/our child's enrolment at this service and understand that I/we are responsible for updating Child Care Benefit information (if applicable) whilst my child is in care and, where no longer eligible, will be required to pay the full fee.
- I/we will give the required written notice (service operating days) when withdrawing my child and understand that the holding deposit (bond) may be withheld if the required notice is not given
- Failure to pay fees, non-attendance without explanation, unwillingness to comply with the service's policies and procedures or other reasons determined unsatisfactory by the service will result in termination of my child's enrolment.
- Any information provided on this form may be used for the purpose of meeting legislative requirements and provision of the approved service. I/we understand that the information may be accessed by Jubilee Community Services (Approved Provider) and any authorised officers under relevant Law. I/we may access my/our personal and sensitive information kept by the service. A copy of the Privacy Policy can be provided.

Signature Parent/Guardian 1

Date

Signature Parent/Guardian 2

Date

FURTHER INFORMATION ABOUT CHILD

Does your child/ren have any siblings? If so, please provide their names and ages.

Does your child/ren have any other close relations attending the centre? E.g. cousins. If so, please provide their names and ages.

Please provide us with any other information we should know about your child/ren (For example, favourite activities, fears, routines, special words (please translate if applicable), toileting and sleeping practices etc.)

Child's Cultural and Religious Considerations:

Please outline the Child's cultural/religious background and if relevant any cultural practices you would like followed:

Sleep:

What time does your child go to sleep at night? _____

What time does your child wake up in the morning? _____

How long does your child sleep during the day? _____

Does your child take a special toy to bed? _____

Does your child have any special routine on being put to bed? YES NO

If YES, please give details :

Food:

Does your child have a bottle? Yes/No If YES, what time? _____

What food does your child dislike?

Does your child feed him/herself at home? Yes/No With Help

Does your child eat breakfast? Yes/No

Can your child use a spoon? Yes/No

Can your child use a fork? Yes/No

Can your child use a cup? Yes/No

Other Comments:

Babies:

Does your child sleep in a cot at home? Yes/No

Does your child settle themselves to sleep? Yes/No

What times does your child sleep during the day? _____

Does your child have a dummy? Yes/No

If YES, please provide details? _____

Does your child have a bottle? Yes/No

If YES, please provide details

Breastmilk Formula Cow's Milk Soy Milk

Does your child require pureed food? Yes/No

Parents of babies are requested to provide a written copy of their daily home routine.

This enables educators to create consistency between home and centre ensuring your child will feel secure.

Additional Information you would like to share with educators about your child:

ACCEPTANCE OF ENROLMENT- DIRECTOR TO COMPLETE

Director Name: _____

Signature: _____

Date: _____

Last Day of attendance: _____

This enrolment record is to be kept until the end of 3 years after the child's last attendance.