

# OUR MISSION

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## Child details

Child's Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M / F

Child's CRN: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Private Health insurance (if any): \_\_\_\_\_

Cultural Background/Nationality: \_\_\_\_\_

First Language: \_\_\_\_\_ Second Language (if any): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

## Care Required

### Week 1

### Week 2

	Full Day	OSHC	Holiday Care	Full Day	OSHC	Holiday Care
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Session of choice      10 hour       12 hour       Start Date \_\_\_\_\_

## Primary Parent/Guardian 1 who will collect the child

Full Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to the child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home address: \_\_\_\_\_

Work address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Parent CRN: \_\_\_\_\_

Cultural Background/Nationality: \_\_\_\_\_

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### Primary Parent/Guardian 2

Full Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to the child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home address: \_\_\_\_\_

Work address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Parent CRN: \_\_\_\_\_

Cultural Background/Nationality: \_\_\_\_\_

### Nominee Authorisation

The nominee(s) below must sign where indicated and by doing so, are authorised to collect the child from the centre. The nominee(s) may also be contacted in the event of an emergency when Little Learners Early Learning has been unsuccessful making contact with the parent/guardian 1 and 2. The centre requires written notice from the parent/guardian for people NOT nominated on this form to collect the child and identification will be required.

#### Authorised Nominee 1

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signed: \_\_\_\_\_

#### Authorised Nominee 2

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signed: \_\_\_\_\_

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### Court/Restraining Orders

Are there any court orders, parenting orders or parenting plans in relation to your child including access to your child? Yes / No

If so please provide the centre with a copy of this order.

### General Needs

To assist your child in settling into the childcare environment we ask parents to supply as much detail as possible about their child's routines. The information is used by our educators to assist your child to settle into childcare by implementing as many of the home routines as possible. This provides a smoother and calmer transition into childcare for your child and you.

#### Routines:

##### Toileting:

Is your child:

In Nappies / Being Toilet Trained / Needs Reminding / Independent

What words does your child use when asking to go to the toilet?

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What else should we know about toileting for your child?

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##### Sleeping

Does your child need a sleep or rest during the day? Yes / No / Sometimes

At what time does your child sleep? \_\_\_\_\_ How long? \_\_\_\_\_ hrs \_\_\_\_\_ min

Does your child need a nappy, dummy or bottle at sleep time? \_\_\_\_\_

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At Little Learners Early Learning, our Educators prioritize their efforts to meet individual family /child's needs as much as possible. However, it is not recommended practice by child health authorities & Kidsafe to place additional items (bottles, soft toys, etc) in cots; this will be addressed individually as required. Please discuss with Educators.

Does your child have a special routine on being put to bed? \_\_\_\_\_

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Is your child walking? Yes / No

Is your child talking? Yes / No

Does your child have a special toy or object during the day (apart from sleep time)?

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Does your child have any deep fears about anything in particular? (ie: noise or darkness)

Yes / No      If yes please specify: \_\_\_\_\_

Are there any words that we need to know that has special meaning for your child? (please translate if in another language) \_\_\_\_\_

How would you describe your child's reaction to being with other children?

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Does your child become upset when left with other people?

Is there any further information which you feel may assist us in providing the best service for you and your child this year; eg.(religious beliefs, family situations, recent significant events or cultural considerations?)

Please tell us how we could help your child's development this year? (eg: what do you most want for your child at the centre?) \_\_\_\_\_

Is there any particular area that concerns you that we need to know about? \_\_\_\_\_

What information about your child's day do you consider to be important? \_\_\_\_\_

Do you have any skills you could or would like to contribute to the centre's program?

Has / Does your child experience any language or speech difficulties, physical problems or any other health related difficulties?    Yes / No

If yes, please specify

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### Health

Does your child require a Medical needs management plan?    Yes / No

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### Parental Permission

I hereby give permission for my child's Medical needs management plan to be displayed in the centre to assist all educators in meeting his/her medicals needs at all times

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child need regular medication? Yes / No

If yes please see the Centre Director for a consent to administer medication form.

Does your child have any allergies or has your child been diagnosed at risk of Anaphylaxis?

Yes / No

If yes, please provide details:

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### Immunisation Records

Has your child been immunized? Yes / No

Your child's records need to be copied, kept on file and updated whenever needed. If your child is not immunised and an outbreak occurs in the centre they will be excluded for the duration of the prescribed period as advised by the Public Health Officer. I understand that normal fees will apply and agree to pay such fees even though my child has been excluded from the centre.

Signed: \_\_\_\_\_

### Medical Consents

I/We acknowledge that if my/our child becomes ill during the day and develops a high temperature we will be contacted to collect our child. Full fees will apply even though my/our child may not be able to return until a doctor's clearance has been provided.

I give permission for my son/daughter to be given Paracetamol if their temperature reaches 38c and the parents cannot be contacted.

My child has been given Paracetamol previously with no side effects. Yes / No

Signed: \_\_\_\_\_ Witnessed: \_\_\_\_\_

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

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I agree to abide by the Health Policy of the Centre, which is explained in the Policy Booklet and which I acknowledge that I have read and understand. I understand that the Nominated Supervisor reserves the right to exclude my child if staff considers them not well enough to attend the Centre. I understand that failure to adhere to this policy can result in the loss of placement.

For the safety and care of my child I give my permission for sunscreen & insect repellent (only when required) application. Special sunscreens/repellents are to be supplied by parents.

Yes / No                      Initial \_\_\_\_\_

### Diet

Does your child have any particular dietary requirements (vegetarian, medical or religious) or restrictions?    Yes / No

If yes, please provide details: \_\_\_\_\_

Is your child allergic to any food?            Yes / No

If yes, please provide details: \_\_\_\_\_

Is there any food your child particularly likes? \_\_\_\_\_

Or dislikes? \_\_\_\_\_

We look forward to caring for your child and welcome the family into the centre. If you have any suggestions you would like to put forward, please talk to the staff. We hope that you will approach us with any concerns you may have about the service we provide.

### Authorised nominee's for drop off, pick up and for emergency treatment

Only those people listed are authorized to collect your child from the centre.

Photo identification will be required before your child is released into their care a copy is kept on record at the centre.

Only persons over the age of 18 will be permitted to collect your child from the centre unless they have been recognized under Carer Status by the Australian Government and can provide copies of the required documentation.

Emergency contact people will be called if there is an emergency and we have been unable contact parents or guardians.

Emergency contact people will be called if your child has not been collected by closing time and we have been unable contact parents or guardians.

Please note that if your child has not been collected 30 minutes past closing time and we have been unable to make contact with either the custodial parents, guardians or emergency contacts then the Duty Officer for children's services will be called to take responsibility for your child.



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I, \_\_\_\_\_ hereby give permission for the persons listed below to drop off and collect my child listed on this application. I further agree to keep the Centre updated in writing of any changes to the contacts. I understand that in keeping with the Education and Care Services National Regulations and centre policies, my child will not be released into the care of a person under the age of 18 years, any person not listed on this form as a parent, emergency contact or authorized collector. I understand that non-custodial parents (determined by a current court order only) will not be given access to the child:

1.	2.
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____

NB: authorised nominee, in relation to a child, means a person who has been given permission by a parent or family member of the child to collect the child from the education and care service. Also, to act in case of an emergency when parent is unable to be contacted.

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_

hereby authorize the Nominated Supervisor and staff of Little Learners Early Learning to have my child, named above treated by an appropriate Medical or Dental Practitioner and I consent to the transportation of my child by an Ambulance service and I agree to being liable for all expenditure in regards to this transportation should, in the professional opinion of the Nominated Supervisor and/ or staff of the said Child Care Centre, if the need arises.

I/We consent to in the event of an emergency my/our child will be taken from the centre by a member of Little Learners Early Learning staff to the closest Hospital, Medical or Dental practice even though it may not be of my/our choosing.

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

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### Photography & Media Use

At Little Learners Early Learning we are committed to the Early Years Learning Framework (EYLF). As part of this program your child will have a development portfolio detailing the activities they complete throughout the year. Part of this documentation will include the use of both photography and digital media.

I hereby consent to my child's photograph being used for publicity for the Centre, should this be required.

Yes / No                      Initial & date \_\_\_\_\_

I also give consent for my child's photograph to appear on Centre's Facebook, displays, Newsletter, my child's portfolio and Website page, should this be required.    Yes / No    Initial & date \_\_\_\_\_

### School Drop off - Pick Up

I give authorisation for my child \_\_\_\_\_ to be transported from Little Learners Early Learning to the listed school below and to collect my child from the below listed school and return them to the centre.

I am aware my child will be transported in a fully insured business vehicle with the predominate vehicle being used being a

"Toyota Tarago", Registration 1CDB162

School Name	Teacher's Name	Room	Drop Off / Pick Up Times	Parent signature

I give permission for my child to participate in local excursions from the Centre by foot, or by car mentioned above, within the local community.

Please note a risk management plan will be completed prior and will be available for parents/guardians to view.    Yes / No                      Initial & date \_\_\_\_\_

Please Note: Parents will be notified with a separate consent form before any such excursions.

How did you hear about us: \_\_\_\_\_



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In completing and signing this form, I/We understand and consent to the following arrangements:

I/We agree to pay our childcare fee WEEKLY in advance.
I/We acknowledge that the centre charges for Public holidays and for any days that my child is absent from the centre if the day is my child's usual day of attendance.
I/We acknowledge that the centre does not provide makeup days if my child is unable to attend on their registered day.
I/We agree to provide two weeks written notice via the child exit form provided by Little Learners Early Learning before I/We cancel my/our child's enrolment. I/We agree to pay the full daily fee in the event we do not supply the required notice period.  I/We acknowledge that if my/our child does not attend during the two weeks' notice period all government subsidies will be forfeited and the full daily fee will apply to my account.
I/We acknowledge that if our childcare account is not settled in full within 5 working days of my child exiting the centre a Debt collection agency is employed to collect the outstanding monies. I/We agree to pay any collection fees applicable to my/our account incurred from the debt collection agency, including court costs.
I/We are aware that there is a charge for late departures to cover overtime payments due to staff and agree to pay any costs associated if my child is not collected by closing time.
I/We are aware that there is a charge for overdue accounts and agree to pay the additional charges incurred for failing to pay my/our account within the required payment terms.
I/We acknowledge it is my/our responsibility to maintain a current family assistance office income notice for childcare benefit-rebate purposes. In the absence of such I/We acknowledge that full daily childcare fees will apply.
I/We acknowledge that in the event that my/our payment is dishonoured by my/our banking agency my child's care will be suspended until the amount is paid in full.
I/We acknowledge that if my/our child is absent from Little Learners Early Learning for 3 days in a row and I have been un-contactable the centre will suspend my child's care and any government subsidies paid will be forfeited with the full daily fee being applied to my/our account.
I/We acknowledge that failure to pay my/our account within the terms specified will result in the termination or suspension of care and my child's place will be reallocated.
I/We acknowledge it is my/our responsibility to familiarize myself/ourselves with the centre's program and to notify Little Learners Early Learning in writing if there are any activities or events we do not want our child to participate in.
I/We or an authorized representative have personally visited the centre, completed our induction and wish to proceed with the enrolment.
The centre reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the best interests of the centre or our staff. We agree to give reasonable notice to exercise this right and will refund any payments in credit.
I/We have been given ample opportunity to clarify any points that we have questions about prior to enrolling at Little Learners Early Learning.
I/We have read the terms and conditions detailed in the enrolment form and consent to progressing with the enrolment of my/our child or children.
In completing and signing this form, I/We acknowledge that the information provided is true and accurate and I/we agree to abide by the conditions of enrolment at Little Learners Early Learning.
Signed by Enrolling parent or guardian: _____ Date: _____

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## Child Profile

In order to help us start to get to know your child better and to facilitate a smooth transition from home to Little Learners early Learning, kindly fill in the details below.

My name is \_\_\_\_\_  
I was born on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in \_\_\_\_\_

My family at home and my pets are (if any)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My favourite book: \_\_\_\_\_  
My favourite toy: \_\_\_\_\_  
My favourite colour: \_\_\_\_\_

My health in general, including any allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Things I like to do / play with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My favourite foods are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Things that I am interested in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My daily sleep/rest times are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office use only  
Room \_\_\_\_\_  
Start Date \_\_\_\_\_