

PLEASE PRINT IN BLOCK LETTERS

ENROLMENT FORM



Wonderland Childcare & Kinder
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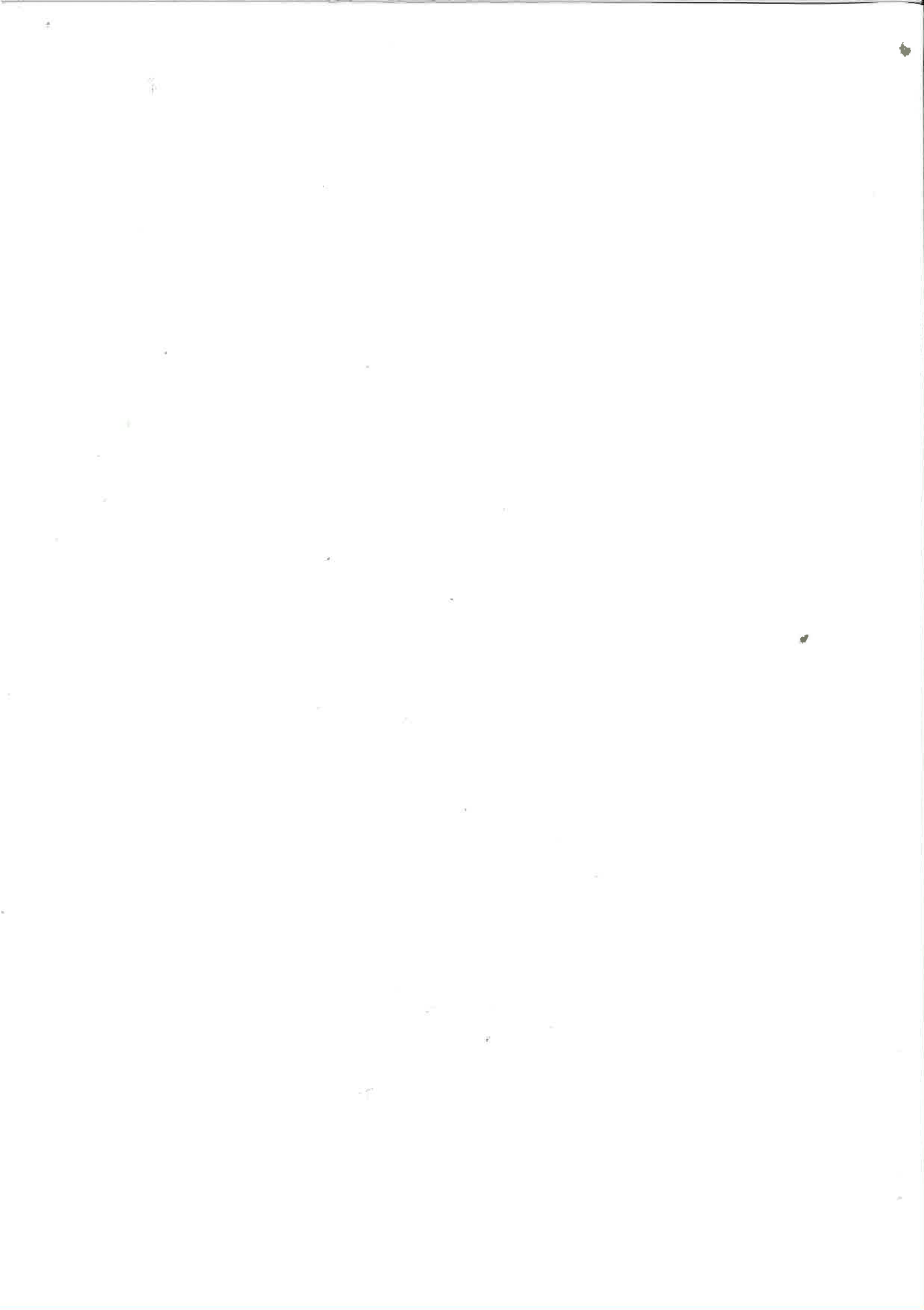


Child's Full Name: _____

Date of Birth: _____

FOR OFFICE USE ONLY

Confirmed Commencement Date:	
Immunisation Record Attached	Yes / No
Child with Medical Condition	Yes / No
CCB Enrolment Completed:	Yes / No
Remarks:	



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DETAILS OF CHILD

First Name Surname.....

Usually Called Male Female

Date of Birth Country of Birth

Has child been in other care before, if so, where and when:.....

Is the child of Aboriginal or Torres Strait Islander decent? YES NO

DETAILS OF MOTHER/GUARDIAN

DETAILS OF FATHER/GUARDIAN

Name..... Name.....

Address..... Address.....

Telephone (home)..... Telephone (home).....

(work).....(mobile)..... (work).....(mobile).....

E-mail E-mail

Does the child live with the mother/guardian YES / NO Does the child live with the father/guardian YES / NO

Employer..... Employer.....

Occupation..... Occupation.....

Ethnicity Ethnicity

Country of Birth..... Country of Birth.....

Religion Religion.....

Family mobile number to receive Centre SMS Texts communication:

Family e-mail address to receive Centre statements, newsletters and notices:

Information about children services needed:

Expected or Requested Care Commencement Date:

Booked days required: Full Time, 5 days a week Part-time day(s) per week

Monday Tuesday Wednesday Thursday Friday

Normal drop off time for child: am/pm Normal pick-up time for child: am/pm

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CHILD HEALTH AND MEDICAL CONDITIONS INFORMATION

Note: All parents are advised to review our Medical Conditions Policy which requires all children suffering from a medical condition to complete a medical condition action / management plan before attending the Centre.

How would you describe your child's health?

.....
Is he/she under any medical treatment or condition, special diet, medical treatment, recent accident, additional needs? If so, please specify

- Asthma: Yes No Diabetes: Yes No
Anaphylaxis: Yes No Severe Allergy: Yes No
Fit / Seizure / Epilepsy: Yes No Other Medical Condition: Yes No

More Details:.....
.....

If your child suffers or is believed to suffer from a medical condition or allergy, a meeting is required between you and management for the formulation of a Medical Condition Action Plan for your child before attending our Centre.

.....

Child's Medicare Number:
Name of Family Doctor Phone:
Address.....

CHILD WITH ADDITIONAL NEEDS

Government funding and support are available to children with additional needs for providing suitable resources and additional caring services.

If you believe your child requires additional needs in the areas of language and communications, physical and learning abilities, existing medical conditions and/or any other special caring services, please provide details and attach any relevant documentations.

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IMMUNISATION RECORD

Has your child been immunised according to National Immunisation Program ?

YES NO

Please provide your child's updated copy of immunisation records.

OTHER INFORMATION

Is there anything else that we should know about your child? (eg. Excessive fears, favourite activities, early intervention services etc.)

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PHOTOGRAPHIC CONSENT

I give permission for my child to be photographed and/or video taped by staff members. I understand that these photos are for Centre use only.

YES NO

I give permission for my child to be photographed and/or video taped for Centre training, and/or Centre Facebook page.

YES NO

SUNSCREEN CONSENT

I give permission for my child to have a SPF 30+ sunscreen applied as per the Centre's Sunsmart Policy

YES NO

FIRE / EMERGENCY DRILL CONSENT

I give permission for my child to participate in Fire/Emergency Drills held regularly at the Centre. I understand that he/she may be required to leave the Centre premises to assemble in the designated area adjacent to the Centre.

YES NO

INFORMATION RELEASE CONSENT

I give permission to the Centre to release, communicate and share information about my child to other related parties including all Centre staff, students and/or other parents for the purpose of your child's caring, learning and development.

YES NO

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LAWFUL AUTHORITY

Parents

All parents have powers and responsibilities in relation to their children that can only be challenged by a court order. Lawful authority is not affected by the relationship between the parents, such as whether or not they have lived together or are divorced. A court order, such as under the Family Law Act, may take away the authority of a parent to do something or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. In these cases the guardian is the person the child lives with who has day to day care and control of the child.

COURT ORDERS RELATING TO THE CHILD

Are there any court orders regarding the powers and responsibilities of the parents in relation to the child or access to the child?

- NO (go to next section)**
- YES (please bring the original court order/s and attach a copy to the enrolment form)**

NORMINATED PERSONS AUTHORISED TO

- I. Collect child from Centre (only persons authorised below can collect your child);
- II. Consent to receive medical treatment or medication on my behalf;
- III. Be the emergency contact persons;
- IV. Authorised to authorise and educator to take your child outside service premises.

1) Full Name: _____ Relationship: _____
Phone Numbers Work: _____ Home: _____ Mobile: _____
Address: _____

2) Full Name: _____ Relationship: _____
Phone Numbers Work: _____ Home: _____ Mobile: _____
Address: _____

3) Full Name: _____ Relationship: _____
Phone Numbers Work: _____ Home: _____ Mobile: _____
Address: _____

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AGREEMENT AND AUTHORISATION

I / We, as parents/ guardians with lawful authority of the child referred to in this enrolment form, agree and undertake to the following:

- The information in this enrolment form is true and correct and undertake to immediately inform this Centre in the event of any change to this information.
- Consent to the staff of the Centre seeking medical treatment by a medical practitioner, hospital or ambulance service, or allowing ambulance service to transport my child for medical treatment, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the Centre.
- To keep my sick child at home or to pick up my sick child from the Centre as early as possible for the wellbeing of my child and to prevent spreading of infectious diseases.
- To give a minimum of two weeks notice period for all changes in booking, holiday leave, or termination of enrolment; otherwise, full payment in lieu of notice will be incurred.
- All absences due to sickness, public holiday or other personal reason are still chargeable as normal days and no make-up days will be available unless with prior approval from the Centre.
- In the event that my account becomes delinquent, I/We give permission for the Centre to forward my personal details to a debt collection agency to recover the debt owing. I/We understand that an additional 30% in collection commissions and charges will be levied on top of the outstanding account balance.
- Read the Parent Handbook and understand and accept the policies, procedures and conditions set down by the Centre and agree to abide by it.

Mother/ Guardian Name

Signature

Date

Father /Guardian Name

Signature

Date

Do you, your partner and/or other family members have any skills, talents, hobbies or spare time and would be prepared to contribute from time to time or as volunteers in the Centre?

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PRIVACY NOTIFICATION

All personal information contained in this enrolment form will be used solely for the purpose of education and care of your child. The information may be shared with funding agencies, regulatory authorities and/or other parties as required by the relevant laws and regulations only. You are able to amend or correct information on request by contacting the Centre.

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CHILD PROFILE & FAMILY INFORMATION

Child's full name	
Are both parents working full time, part time or staying home?	
What other languages your child can understand or speak?	
What language you would speak at home to your child?	
If our staff can speak your home language, do you prefer our staff to speak your home language to your child rather than English?	
Any siblings? If yes, name and age	
Other than parents, is the child being looked after by grandparents, baby-sitter, and friends?	
Other people living at home (grandparents, aunt, uncle)	
What are your child's interests, favourite activities, singing, dancing or computer games, etc?	
Do you know what your child's strength, interests, objects or activities that will draw his/her most attention?	
Any special consideration of your family cultural and religious background?	
Any particular child bearing practices or precautions we need to be aware of ?	
Which developmental areas of your child concern you most? Speech, physical movement, communication and cognitive, etc.	
Favourite foods: Both likes and dislikes....	
Is your baby breast fed or by formula	
Is your child toilet trained? If no, when would you like to start?	
What are the family's favourite activities on the weekend?	
Does your child have a special toy or comforter? eg. Dummy, teddy bear, blanket, etc.	
Other information	

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CHILD'S ROUTINE
(For child under the age of 3 only)

6 - 9 am: _____

9 - 11 am: _____

11 - 1pm: _____

1 - 3pm: _____

3 - 6 pm: _____

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CHILD DIETARY RESTRICTION FORM

Child's Full Name _____ Date of Birth _____ Today's Date _____

Please list **ACCURATELY** and **CLEARLY** any dietary restrictions for your child while attending our Centre:

Please indicate in **EACH** food items whether your child is restricted in his/her daily diet in our Centre:

	√ = OK X=NOT OK, PLS SPECIFY REASON	Restriction Reasons (A) Allergic, Epi Pen prescribed (B) Allergic, no Epi Pen prescribed (C) Intolerance / Sensitive (D) Religious / Parent Preference
Eggs		Reason (circle one): A B C D
Peanuts, nuts of any kind		Reason (circle one): A B C D
All dairy products, cow's milk, cheese, yogurt, butter, etc		Reason (circle one): A B C D
Wheat, gluten, or breads, etc		Reason (circle one): A B C D
Fish		Reason (circle one): A B C D
Shellfish, seafood, etc		Reason (circle one): A B C D
Pork or Ham		Reason (circle one): A B C D
Beef		Reason (circle one): A B C D
Chicken		Reason (circle one): A B C D
Soy, Soybean, Soymilk, etc		Reason (circle one): A B C D
Pls. specify other food items:		
		Reason (circle one): A B C D
		Reason (circle one): A B C D
		Reason (circle one): A B C D
		Reason (circle one): A B C D

Centre food will NOT be given to your child if you put X on any of the following food item and child food must be provided from parents in order to avoid potential allergic reactions from trace amount of allergens.

Trace amount of eggs		Reason (circle one): A B C D
Trace amount of nuts		Reason (circle one): A B C D
Trace amount of milk		Reason (circle one): A B C D
Trace amount of soy		Reason (circle one): A B C D

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CHILDCARE BENEFIT(CCB) & CHILDCARE REBATE(CCR) REGISTRATION FORM

If you have never registered your child for CCB or CCR, it is essential for you to call up the Family Assistance Office (FAO) for registering your child for CCB and CCR.

ALL details below must be provided in order for us to claim the CCB and CCR on your behalf.

Parent's Full Name _____

(Parent, usually mother, must be the registered parent in the Family Assistance Office)

Parent Centrelink Ref (CRN) _____ (9 digits + 1 letter)

Parent Date of Birth _____

Child #1 Full Name _____

Child Centrelink Ref (CRN) _____ (9 digits + 1 letter)

CCB eligible hours (if known): 24 hrs 50 hrs

CCB percentage assessed (if known): _____%

50% Childcare Rebate: Pay to Centre Pay to me Don't Know

Are you eligible for JET: NO YES (Please provide letter)

Notes:

- All parents are reminded that full fees will be charged to your account in case your Childcare Benefit and/or Rebate payment are cancelled or suspended.
- Childcare Benefit / Rebate may be cancelled or suspended due to
 - i) child is not immunised,
 - ii) family estimated income not reported,
 - iii) family tax return not filed.
- Childcare Benefit / Rebate will not be claimable
 - i) if your child has too many absent days,
 - ii) for days AFTER your child's last day of attendance in the Centre,
 - iii) for days BEFORE your child first day of attendance in the Centre.

More information can be obtained from calling Centrelink or FAO at 13 61 50.
For Assistance other than English: 13 12 02