

2018 Enrolment Form

Early Childhood Education & Care (ECEC)



The acronym of CEYC is used in reference to Community Early-years Childcare and ACECQA is used in reference to Australian Children's Education & Care Quality Authority in this document. This Enrolment Form meets the requirements of ACECQA, National, Victorian and NSW Regulations

Please note that this form must be completed in its entirety prior to your child's attendance
Please complete in BLACK PEN

Date of Enrolment	___ / ___ / 2018: a new enrolment form must be completed at the start of each calendar year. If information is not required or not relevant please mark as 'NA' in space allocated for details/information etc.		
Venue: Tick <input checked="" type="checkbox"/> yes each venue child will attend	Victorian Venues <input type="checkbox"/> Baranduda (4-4JDZW2A) <input type="checkbox"/> Bellbridge <input type="checkbox"/> Chiltern <input type="checkbox"/> Kergunyah <input type="checkbox"/> Kiewa/Tangambalanga <input type="checkbox"/> Mitta Mitta <input type="checkbox"/> South Street (1-5PNNTE) <input type="checkbox"/> Walwa <input type="checkbox"/> Yackandandah (1-SJTSE) New South Wales Venues <input type="checkbox"/> Henty <input type="checkbox"/> Walla Walla	Session the child is enrolling: (Please note: not all below sessions are offered at each venue) <input type="checkbox"/> Long Day Care: child under 3 years of age <input type="checkbox"/> Long Day Care: child over 3 years of age <input type="checkbox"/> 3 Year Old Session (must be 3 by April 30 th to attend) <input type="checkbox"/> Victorian Funded Kindergarten: 4 Year Old (must be 4 by April 30 th to attend) <input type="checkbox"/> NSW Pre School Program: 4 Year Old (must be 4 by July 31st to attend) Outside Hours School Care: (Bellbridge & Chiltern Only) <input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	
Declaration of Confidentiality of Enrolment Forms	<i>The Approved Provider of the Early Childhood Education and Care (ECEC) service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the education and care of the child, to manage medical treatment of the child, for mandatory reporting, and where expressly authorised by the parent or guardian, or prescribed in the ACECQA: Regulation 181 & 183 or Victorian & NSW Children Services Regulations. See Community Early-years Childcare – Confidentiality and Privacy Policy for more information: available at each venue in the Community Early-years Childcare Policy and Procedure Folder.</i>		
Information about the Child When completing This form please use: Tick <input checked="" type="checkbox"/> Yes or Cross <input checked="" type="checkbox"/> No	Family Name: _____	Date of Birth: _____ / ____ / 20__	
Given Name/s: _____			
Usually Called _____		Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Child CRN # _____	Child's Medicare No: _____		
Please provide a copy of your child's birth certificate: Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> :Non attendance			
Is child registered for care with FamilyAssistance Office/Centrelink? Yes <input type="checkbox"/> If NO: Please register			
Can all families complete this section in readiness of all services (not Kiewa) moving to Child Care Management System (CCMS) during 2018	Child is linked to: Mother <input type="checkbox"/> Father <input type="checkbox"/>		
	Which below entitlements is your family currently eligible for;		
	CC Benefit <input type="checkbox"/> CC Rebate <input type="checkbox"/> SCCB <input type="checkbox"/> AMEP <input type="checkbox"/> JET <input type="checkbox"/>		
Who is currently eligible to these entitlements: Mother <input type="checkbox"/> Father <input type="checkbox"/>			
Are you applying for JET funding? If Yes: Mother <input type="checkbox"/> or Father <input type="checkbox"/>			
Attached copy of eligible card: Yes <input type="checkbox"/> No <input type="checkbox"/> : application cannot proceed			
Please indicate if any Siblings attend Before/After School Care (not a CEYC Service) to allow the multiple child percentage applied to the account		Sibling 1: _____ Sibling 2: _____ Sibling 3: _____	
Home Address: _____			
Town: _____	VIC <input type="checkbox"/> NSW <input type="checkbox"/>	Postcode _____	
Parents or guardians email address: _____			
Do you want CEYC newsletter and information emailed to you electronically? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Language (s) spoken at home other than English: _____			
Information (if any) concerning your child's Religious or Cultural background: _____			

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Child's Immunisation Status: Up to date copy of the Immunisation History Record printout from the : http://www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register must be attached Attached: Yes <input type="checkbox"/> No: Non attendance	
Does your family have Ambulance Cover? No <input type="checkbox"/> Yes <input type="checkbox"/> Concession Card Holder <input type="checkbox"/>	
Fund Provider:	Membership #
<p><i>If an ambulance/medical treatment is required whilst my child is in the care of Community Early-years Childcare ECEC Service. I understand that I will be responsible for all cost associated with the transport/hospital/treatment of my enrolled child</i></p> <p>Lawful Authority :Parent/Guardian Signature: as per page 2 1): _____ 2): _____</p>	
Does your family have Private Health Cover? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Fund Provider:	Membership #
Is the child of Aboriginal and/or Torres Strait Islander origin?	
<input type="checkbox"/> No, not Aboriginal nor Torres Strait Islander <input type="checkbox"/> Yes , Aboriginal <input type="checkbox"/> Yes , Torres Strait Islander <input type="checkbox"/> Yes , both Aboriginal and Torres Strait Islander	
IF YES: Has this child received Early Start or Best Start Kindergarten Funding previously: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, was this as a 3 Year Old (<input type="checkbox"/> Yes) or in a DET funded 4 Year Old Program (<input type="checkbox"/> Yes) Service attended where child received funding: _____	
Person with Lawful Authority	<p>Lawful Authority: means a power, duty, responsibility or authority conferred in relation to a child at common law or under an Act (including an Act of the Commonwealth) or by an order of the court.</p> <p>Parents: All parents have powers and responsibilities in relation to their children which can only be changed by a court order.</p> <ul style="list-style-type: none"> Educational & Care Services National Act 2012 & Regulation: refer to 160 (3)- (c) & (d) Children's Services Regulation 2009 (VIC) refer to: Regulation 31 (f) Educational & Care Services National Act 2012 & Regulation: NSW Supplement <p>Refer to these powers and responsibilities as "Lawful Authority". It is not affected by the relationship between parents, such as whether or not they have lived together or been married. AS court order, such as under the Family Law Amendment (Shared Parent Responsibility) Act 2006, may take away the authority of a parent to make decisions on behalf of their child, or may give authorisation to another person.</p> <p>Guardians: A guardian of a child has Lawful Authority. A legal guardian is given Lawful Authority by a court order. The definition of 'guardian' under The Family Law Amendment (Shared Parental Responsibility) Act 2006 also covers situation where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with that has day-to-day care and control of the child</p> <p>The name, address and telephone number of the parent, guardian, authorised nominee who has lawful authority to authorise:</p> <ol style="list-style-type: none"> The taking of the child outside the premises of the service by a staff member of the service Consent to the medical treatment of the child Request or permit the administration of medication of the child Collect and drop off the child to the service And authorised to nominate others to do so
	<p>This form must be completed by a parent or guardian who has Lawful Authority in relation to the child.</p>
The person/s with Lawful Authority authorised to enrol the child is: please tick	<input type="checkbox"/> This is a joint application by mother, father or partner as child lives with both parents. Please note both parents need to sign in all the seven (7) areas shaded in red
	Parent 1: Signature: _____
	Parent 2: Signature: _____
	<input type="checkbox"/> This application by mother only, as child lives with mother Mother Signature: _____
	<input type="checkbox"/> This application by father only, as child lives with father Fathers Signature: _____
<input type="checkbox"/> This is an application by child's legal guardian Please supply the original court orders relating to the Lawful Authority of powers and responsibilities of this child Guardian Signature: _____	

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Information about the child's parents or guardian	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Guardian		<input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian	
	Family Name:		Family Name:	
	Given Name/s:		Given Name/s:	
	Any other name by which the above person has been known:		Any other name by which the above person has been known:	
	<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
	Date of Birth: / /		Date of Birth: / /	
	Identification Document Supplied: Birth Certificate <input type="checkbox"/> Passport: <input type="checkbox"/> D/Licence: <input type="checkbox"/> Other photo ID:		Identification Document Supplied: Birth Certificate <input type="checkbox"/> Passport: <input type="checkbox"/> D/Licence: <input type="checkbox"/> Other photo ID:	
	CRN Number #:		CRN Number #:	
	Does your family hold a Australian Government Concession Card: NO <input type="checkbox"/> YES <input type="checkbox"/> Copy required			
	Home Address: <input type="checkbox"/> As per child		Home Address: <input type="checkbox"/> As per child	
Home Address		Home Address		
Town:		Town:		
State		State		
Postcode		Postcode		
Postal Address		Postal Address		
Home Phone:		Home Phone:		
Mobile:		Mobile:		
Work Phone:		Work Phone:		
Occupation:		Occupation:		
Place of Employment:		Place of Employment:		
Town:		Town:		
Court Orders in relation to the enrolled child: <ul style="list-style-type: none"> • Court Orders • Parenting Plan • Parenting Order • Family Supervision Order 	Are there any court orders relating to the powers and responsibilities of the parent/s in relation to the child or access to the child?			
	<input type="checkbox"/> No	<input type="checkbox"/> Yes: If these orders: <ul style="list-style-type: none"> a) Change the powers of a parent/guardian to: <ul style="list-style-type: none"> ▪ Authorise the taking of the child outside the service by a staff member of the service ▪ Consent to the medical treatment of the child and/or ▪ Request or permit the administration of medication to the child: ▪ Collect the child; and /or b) Give these powers to someone else. 		
	<input type="checkbox"/> Yes: Please bring the original document to be copied & attached to the Enrolment form.			
	Document being supplied: <ul style="list-style-type: none"> <input type="checkbox"/> Court Orders; as per Lawful Authority on page 2 of enrolment form <input type="checkbox"/> Family Supervision Order <input type="checkbox"/> Parenting Plan: meaning section 63C(1) of the Family Law Act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of section 63c(6) of that Act <input type="checkbox"/> Parenting Order: meaning section 64B(1) of the Family Law Act 1972 of the Commonwealth 			

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Authorised Nominees – Emergency Contact	Your consent is required for other people to deliver & collect your child from the CEYC ECEC Service on your behalf. The Authorised Nominee - Emergency Contact can deliver and collect your child on your behalf as per normal CEYC ECEC Service operating days. In the event of an accident, injury, trauma or illness to your child and the parents / guardians cannot be contacted, the CEYC Children’s Service will notify Authorised Nominee - Emergency Contact (over 18 years of age) listed below to collect and care for your child on your behalf.							
	<i>Authorised Nominee: A person who has been given permission by parent/guardian to collect the enrolled child from the education and care service. e.g. – grandparents, trusted family members and friends</i>							
Other than parents, partner or guardian as listed on page 3 of enrolment form Tick <input checked="" type="checkbox"/> Yes or Cross <input checked="" type="checkbox"/> No each box: no box to be left blank Please remind all listed persons that they will need photo proof of identity to pick up the child	1) Name:							
	Relationship to child							
	Home Address							
	Town		State:		Postcode:			
	Telephone: Home			Mobile:				
	Tick <input checked="" type="checkbox"/> or Cross <input checked="" type="checkbox"/> authorisations allowed by your above nominated authorised nominee; no box to be left blank <input checked="" type="checkbox"/> Authorised Nominee - Emergency Contact <input checked="" type="checkbox"/> Authorised to deliver & collect the child as per normal operating day and in an emergency <input type="checkbox"/> Authorised to sign authorisations for the enrolled child <input type="checkbox"/> Authorised to consent to medical treatment or authorise administration of medications							
	2) Name:							
	Relationship to child							
	Home Address							
	Town		State:		Postcode:			
	Telephone: Home			Mobile:				
	Tick <input checked="" type="checkbox"/> or Cross <input checked="" type="checkbox"/> authorisations allowed by your above nominated authorised nominee; no box to be left blank <input checked="" type="checkbox"/> Authorised Nominee - Emergency Contact <input checked="" type="checkbox"/> Authorised to deliver & collect the child as per normal operating day and in an emergency <input type="checkbox"/> Authorised to sign authorisations for the enrolled child <input type="checkbox"/> Authorised to consent to medical treatment or authorise administration of medications							
	3) Name:							
	Relationship to child							
	Home Address							
Town		State:		Postcode:				
Telephone: Home			Mobile:					
Tick <input checked="" type="checkbox"/> or Cross <input checked="" type="checkbox"/> authorisations allowed by your above nominated authorised nominee; no box is to be left blank <input type="checkbox"/> Authorised Nominee - Emergency Contact <input checked="" type="checkbox"/> Authorised to deliver & collect the child as per normal operating day <input type="checkbox"/> Authorised to sign authorisations for the enrolled child <input type="checkbox"/> Authorised to consent to medical treatment or authorise administration of medications								
4) Name:								
Relationship to child								
Home Address								
Town		State:		Postcode:				
Telephone: Home			Mobile:					
Tick <input checked="" type="checkbox"/> or Cross <input checked="" type="checkbox"/> authorisations allowed by your above nominated authorised nominee; no box is to be left blank <input type="checkbox"/> Authorised Nominee - Emergency Contact <input checked="" type="checkbox"/> Authorised to deliver & collect the child as per normal operating day <input type="checkbox"/> Authorised to sign authorisations for the enrolled child <input type="checkbox"/> Authorised to consent to medical treatment or authorise administration of medications								

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<p>Additional Permissions</p> <p>Tick <input checked="" type="checkbox"/> Yes or Cross <input checked="" type="checkbox"/> No each box: no box to be left blank</p>	<p>Educators may take photographs of children participating in activities while at the CEYC ECEC Service. Do you give permission for your child to be photographed, either alone or in a group while attending CEYC? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Do you give permission when photographs are used for observations & included in the program displayed at venue. No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Authorised Officers, whilst undertaking a Quality & Assessment Rating visit (QAR) may take photographs of children participating in activities. Do you give permission for these photographs to be taken? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p><i>Photographs may be used in the displayed for media and promotional material for the Albury Wodonga Community College Limited, CEYC ECEC Service including newspaper articles, promotional flyers, PowerPoint presentations, public displays, Wodonga Children's Fair, Yackandandah Folk Festival, Henty Field Day, CEYC ECEC Newsletter (these photographs may be transmitted electronically by email, CD, USB / Memory Card).</i></p> <p>Do you give permission for photographs of your child to be included in media or promotional material for the service? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Do you give permission for photographs of your child to be included on the Albury Wodonga Community College – Community Early-years Childcare website? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Educators may take video / audio recordings of children participating in activities while at the CEYC ECEC Service. Do you give permission for your child to be recorded, either alone or in a group while attending CEYC? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Permission for digital file sharing of general type information in line with CEYC Privacy and Confidentiality Policy – “kept me”, or any others Apps that may be introduced or trialled by CEYC Management in consultation with Venue Team Leaders of each venue. No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Permission for learning tools used within the program and children’s developing interests as deemed appropriate with Venue Team Leader: YouTube, internet or educational apps. No <input type="checkbox"/> Yes <input type="checkbox"/></p>	
<p>Payment of fees at Community Early-years Childcare Mobile Venues & Kindergarten Services</p>	<p>A receipt will be issued for all fees paid. Fees are subject to change; however two weeks’ notice will be given before any fee increase. Changes to fees ordinarily occur at the beginning of each calendar year. Fees are not to go into arrears. If you are experiencing financial difficulties, please discuss with the Venue Team Leader/ or contact the Manager at CEYC Wodonga: 02 6056 4399</p>	
<p>Payment of fees via Direct Debit into AWCC Account</p> <p>Mobile Venues & Kindergarten Services Only</p>	<p>Bank Account Details: Account Name: Albury Wodonga Community College Limited Commonwealth Bank – Wodonga Branch BSB: 063 534 Account No: 1040 4669 Payment Reference Code: Mobile: 551 Surname Venue Kindergarten: Invoice No & Surname if no Invoice No: 561 Email to: pauline@awcc.edu.au and admin@ceyc.com.au details of payment to allocate to correct childcare account</p>	<p>I/We, acknowledge that fees are incurred by my child attending Community Early-years Childcare ECEC. I/We understand these fees’ are the responsibility of parent/guardian and our child’s account cannot fall into arrears. I understand that if I am having difficulty I can contact CEYC Manager at Hovell Street to discuss other payment options. All outstanding amounts will be forwarded to a collection agency and all fee’s incurred in the collection process will be at my added expense. I understand that the non-payment of fees may jeopardise my child’s participation in all services offered by CEYC in VIC & NSW. Lawful Authority :Parent/Guardian Signature: as per page 2</p>
<p>Long Day Care Services Only</p>	<p>Ezidebit Payment System:</p> <ul style="list-style-type: none"> - complete attached Ezidebit form in <u>black pen</u> - two weeks in advance payment is required prior to commencement - return completed form to administration for processing 	<p>1): _____ 2): _____</p>

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<p>Consent to share information</p> <p>A parent/guardian will complete this form in consultation with the child's Early Childhood Educator (ECE) /Venue Team Leader (VTL)</p> <p>Tick <input checked="" type="checkbox"/> Yes or Cross <input checked="" type="checkbox"/> No each box: no box to be left blank</p>	<p>The disclosure of information may be used to share information with a range of services including the maternal and child health nurse, other health and development organisations or to share information with primary schools. This consent is designed to assist services when providing information and support pertaining to the child's educational programming, strengths, potential, specialised needs, transition, and health or medical history to external organisations;</p> <p>I do not give consent to share information about my child: mark <input checked="" type="checkbox"/> (No) in each box</p> <p>I give consent to share information about my child <input checked="" type="checkbox"/> (Yes) each service you give permission to share information and <input checked="" type="checkbox"/> in services you don't give information</p> <p>Please tick Inclusion Support Agencies you are consenting to:</p> <p><input checked="" type="checkbox"/> Department of Education – in each state for statistical information only - service delivery and funding requirements</p> <p><input type="checkbox"/> Maternal and Child Health Nurse (MCHN)</p> <p><input type="checkbox"/> NDIS – Early Childhood Support Services</p> <p><input type="checkbox"/> Child Protection (Educators are mandatory reporters: see CEYC Parent Handbook – legislative requirement)</p> <p><input type="checkbox"/> Early Childhood Resource & Development Officer (ECRDO)</p> <p><input type="checkbox"/> Specialist Intervention Services – Speech, Occupational Therapists, Dieticians (complete section on page 7)</p> <p><input type="checkbox"/> Other Early Childhood Service Providers that are involved with child/family:(complete section on page 7)</p> <p><input type="checkbox"/> Early Intervention or Early Childhood Inclusion Support (ECIS)Intake</p> <p><input type="checkbox"/> Primary School (if child will transition to school in 2019)</p> <p><i>Children will participate in the Transition to School program and Educators will complete a Transition Statement to the below nominated primary school by November 2018.</i></p>	<p>The Early Childhood Educator of the Community Early year's Childcare ECEC service has discussed with me how, and why certain information about my child may need to be provided to the services indicated.</p> <p>I understand the recommendations and</p> <p><input type="checkbox"/> I do not give permission</p> <p><input type="checkbox"/> I give my permission for the information to be shared as indicated (ticked)</p> <p>Lawful Authority :Parent/Guardian Signature: as per page 2</p> <p>1): _____</p> <p>2): _____</p> <p>To ensure the parent/guardian is able to make an informed decision about the consent to the disclosure of their child's information, the Early Childhood Educator should tick (when completed)</p> <p>1. Discuss with the parent/guardian the proposed disclosure of information as indicated above <input type="checkbox"/></p> <p>2. Explain that their child's information will be released to the indicated above <input type="checkbox"/></p> <p>This information collected by: ECE/VTL</p> <p>Signature: _____</p>
<p>Emergency Evacuation Information</p>	<p>To ensure that parents / guardians are familiar with our Emergency and Evacuation Policy, a copy of this policy will be either emailed or posted with the Parent Information Book. Is required by legislation to be available/on display at all our CEYC Services. Your Venue Team Leader can direct you to where these documents are on display and available, and inform you if your venue is on the Bushfire at Risk Register (BARR). Venues on the BARR are: Chiltern, Kergunyah, Mitta Mitta, Tallangatta Valley, Tawonga, Walwa & Yackandandah</p> <p>Please familiarise yourself with the individual Emergency Management Plans as the designated evacuation points differ from venue to venue, and could be located off licenced premises in life-threatening cases.</p> <p>I have read and understand the Emergency and Evacuation Policy that is in the Parent Handbook and/or on display at the CEYC Children's Service venue:</p> <p>In the case of an emergency or practise drill, I give permission for my child to be guided to the designated evacuation points either on site, or off site, as discussed with Venue Team Leader, Kindergarten Teacher or Nominated Supervisor.</p>	<p>Lawful Authority :Parent/Guardian Signature: as per page 2</p> <p>1): _____</p> <p>2): _____</p> <p>Lawful Authority :Parent/Guardian Signature: as per page 2</p> <p>1): _____</p> <p>2): _____</p>

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Does your child have a Medical Condition?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please tick condition and complete further information required:		
	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diagnosed allergies, intolerances or sensitivities A Medical Management Action Plan is available for the above diagnosed conditions. A copy is required, current for the year of attendance, completed by your child's Doctor and provided to our Educator before your child can attend <input type="checkbox"/> Attached: Date of Plan: __/__/201__	<input type="checkbox"/> Dietary Conditions <input type="checkbox"/> Disability including intellectual/sensory <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Allergies, intolerances or sensitivities <input type="checkbox"/> Other: _____ A CEYC Medical Management Action Plan may be required to be completed in conjunction with an Educator to assist in the care of your child whilst in attendance at our service <input type="checkbox"/> Not required: <input type="checkbox"/> Attached: Date of Plan: __/__/201__	Do you give permission to display Medical Management Action Plan with a picture of the child? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Medical Practitioner Details: all details must be completed	Victorian & New South Wales Licenced Early Childhood Education & Care Services may use this form to collect children's enrolment details as required. In ACECQA Regulation 161-162 (a): non-disclosure of information is unlawful under this regulation and child will not be able to attend service until supplied.			
	Name of Medical Clinic:			
	Name of Medical Practitioner:		Telephone	
Address of Medical Clinic:				
Consent for Emergency Medical Treatment	I agree to collect or make arrangements for the collection of my child referred to in this Enrolment Form, if they become unwell while attending a CEYC ECEC Service. I further authorise an Educator of the CEYC ECEC Service, in the event of any such illness or accident where I am unable to be contacted in reasonable time; a) to obtain all necessary medical or dental assistance and treatment including any necessary surgery or transportation to hospital. b) to authorise any qualified Medical Practitioner or Dentist to administer to my child an anaesthetic or perform any x-ray or any treatment they deem necessary for the welfare of my child. c) I agree to pay all costs incurred. Consent to an Educator of the CEYC ECEC Service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the Community Early-years Childcare.		Lawful Authority : Parent/Guardian Signature: as per page 2 1): _____ 2): _____	
	Maternal Health Details			
Town of MH Clinic:			Shire:	
Name of MH Nurse:			Telephone:	
Does your child have a child health book/record? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide the record/book to the Early Childhood Educator for sighting and discussion regarding child health and milestones Has your child had their 31/2 year old assessment? No <input type="checkbox"/> Yes <input type="checkbox"/> attach copy Has your child ever had a Vision or Hearing test other than at birth? No <input type="checkbox"/> Yes <input type="checkbox"/>				

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Early Childhood Support Agencies	Is there any support agencies involved with your child?			
	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please indicate which type of service and complete further information required: <input type="checkbox"/> Paediatrician <input type="checkbox"/> Scope <input type="checkbox"/> Leap <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> ECIS <input type="checkbox"/> NDIS <input type="checkbox"/> Other: _____ Please provide details of the intervention service, name of paediatrician/case worker, contact number and address details or case number: _____ _____		
Child Protection	Is your child known to Child Protection, or has your family/child had a referral from Child Protection to a Child Protection Support Agency: NO <input type="checkbox"/> YES <input type="checkbox"/> If Yes: Child Protection: YES <input type="checkbox"/> Or referral from Child Protection to a Child Protection Support Agency <input type="checkbox"/> YES			
Sleep & Rest Consent	At Community Early-years Childcare to ensure that we are meeting the needs of your child, please identify any requirements to your child's sleep and rest routine. Please be aware that due to the risk of Sudden Infant Death Syndrome (SIDS), children under two years of age <u>will not be</u> permitted to sleep on a pillow whilst in our care			
	Does your child sleep during the day?	Yes: <input type="checkbox"/>	Please supply: 1 x fitted sheet 1 x flat sheet 1 x blanket	
			Time: duration of sleep _____ Morning: _____ Afternoon _____	
	No <input type="checkbox"/>	My Child's routine for sleeping is: _____ _____ My preferred method of settling my child is: _____ _____ _____		
	I will immediately inform CEYC Early Childhood Educator / Venue Team Leader of any changes to my child in writing by completing a new Sleep & Rest - Consent form and will read all policies and brochures supplied to me.		Parent/Guardian Signature: _____	
My child's development and interests	My child crawled at:		My child walked at:	
	My child self-feed at:		Talked in sentences:	
	Do you have any concerns about your child's development? No <input type="checkbox"/>			
	Yes: <input type="checkbox"/>			
	My child likes			
	My child is interested in			
	My child is frightened of			
	Our family hobbies are			
	Siblings	1: _____	Age _____	2: _____
3: _____		Age _____	4: _____	Age _____