

WONDERWORLD CHILDCARE & KINDER

ENROLMENT FORM

106 Templestowe Rd Bulleen Vic 3105

Ph: 03-9850-1777

Fax: 03-9850-8831

E-mail: wonderworldcc@bigpond.com

Website: wonderworldforkids.com

Child's Full Name: _____

Date of Birth: _____

FOR OFFICE USE ONLY

Confirmed Commencement Date:	
CCB Enrolment Completed:	Yes / No
Enrolment Data Input Date and Staff:	
Remarks:	

ENROLMENT FORM

DETAILS OF CHILD

First Name Surname

Usually Called Male Female (please circle)

Date of Birth Country of Birth

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

Language(s) spoken at home:.....

Is the child of Aboriginal or Torres Strait Islander decent? YES NO (please circle)

Does either parent / guardian have a disability? YES NO (please circle)

DETAILS OF MOTHER/GUARDIAN

Name

Address

.....

Telephone (home)

(work)

(mobile)

E-mail

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

Employer

Occupation

Ethnicity

Country of Birth.....

Religion

DETAILS OF FATHER/GUARDIAN

Name

Address

.....

Telephone (home)

(work)

(mobile)

E-mail

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

Employer

Occupation

Ethnicity

Country of Birth,.....

Religion.....

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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

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 the management for formulation of a Medical Condition Management / Action for your child before attending our Centre.

.....

Child’s Medicare Number:

Name of Family DoctorPhone:

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 require 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 ?

NO YES (please circle)

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.)

.....
.....
.....

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 (please circle appropriate response)

I give permission for my child to be photographed and/or video taped for Centre advertising, training, and/or publicity coverage (no children names or ages are disclosed).

YES NO (please circle appropriate response)

SUNSCREEN CONSENT

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

YES NO (please circle appropriate response)

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 (please circle appropriate response)

INFORMATION RELEASE CONSENT

I give permission to the Centre to release information in this enrolment form and/or information gathered related to your child's developmental and learning progress to students for their work placement and training purposes only.

YES NO (please circle appropriate response)

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 complete the following)

1. Bring the original court order/s for staff to see and a copy to attach to the enrolment form;
2. If these orders
 - a) change the powers of a parent/guardian to:
 - * authorise the taking of the child outside the service by a staff member of the service
 - * consent to the medical treatment of the child
 - * request or permit the administration of medication to the child
 - * collect the child AND/OR
 - b) give these powers to someone else.

Please describe these changes and provide the contact details of any person given powers:

.....

NOMINATED 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 an educator to take your child outside the 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: _____

AGREEMENT AND AUTHORISATION

I / We are 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.

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- Consent to the staff of the Centre seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the Centre.
- To leave my sick child at home or to pick up my sick child from the Centre as early as possible 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 or full payment in lieu of notice.
- 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 Centre.
- In the event that my account becomes delinquent, I/We give permission for the Centre to forward my personal details to 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 these.

Parent Name

Signature

Date

Parent Name

Signature

Date

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

.....

.....

PRIVACY NOTIFICATION

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

Child Profile & Information Form

Child's full name	
Do you have a name preference, like Nicholas to Nick	
Are both parents working full time, part time or staying home?	
Language usually spoken at home	
Any siblings? If so, 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)	
Any pets, what they are and their names	
What are your child's interests, favourite activities, singing, dancing, computer games, etc.?	
Which developmental areas of your child concern you most? Speech, physical movement, emotional, etc?	
Favourite foods: Both like and dislike....	
Does your child feed him/herself?	
Is your baby breast fed or by formula? Feeding on cow's milk or 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 sleep in the afternoon? How many times and what time?	
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: _____

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:

Food items	√ = OK X = NOT OK	Restriction Reasons (A) Allergic, Epi Pan prescribed (B) Allergic, no Epi Pan 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		
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
Sugar		Reason (circle one): A B C D
Soy, Soy bean, soy milk, 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
Trace amount of eggs (Note)		Reason (circle one): A B C D
Trace amount of nuts (Note)		Reason (circle one): A B C D
Trace amount of milk (Note)		Reason (circle one): A B C D
Trace amount of soy (Note)		Reason (circle one): A B C D

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

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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.

On-line registration can be done by the Centre after the following details are provided. ALL details 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 Centrelink office)

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

Parent Date of Birth _____

Child #1 Full Name _____

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 Directly to Centre Pay to me Quarterly/Annually

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 if i) 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.

For further queries, feel free to contact the Centrelink or FAO at 13 61 50.

For Assistance other than English: 13 12 02