

ENROLMENT FORM

INFORMATION ABOUT YOUR CHILD			
Name of Child		CRN	
Date of Birth	/ /	Gender	Male Female
Home Address			
		Postcode	
INFORMATION ABOUT THE PARENT(S)			
PARENT 1 (Linked to Centrelink Payments)		PARENT 2	
CRN		CRN	
Name		Name	
DOB		DOB	
Home Address		Home Address	
Phone(H)		Phone(H)	
Mobile(H)		Mobile(H)	
Languages Spoken		Languages Spoken	
Language at Home		Language at Home	
Cultural background		Cultural background	
Occupation		Occupation	
EMPLOYER or PLACE OF STUDY		EMPLOYER or PLACE OF STUDY	
Employer		Employer	
Address		Address	
Phone(W)		Phone(W)	
Mobile(W)		Mobile(W)	
e-mail (for billing & QKeLYM)	@		

CONTRACT OF CARE

INFORMATION ABOUT YOUR CHILD'S DOCTOR			
Name		Phone	
Address			
ADDITIONAL INFORMATION			
Do you receive Childcare Assistance from the Government?			Yes No
Are there CURRENT custody papers?			Yes No
Are there any Care and Protection Orders or Parent Agreements regarding the child?			Yes No
EMERGENCY CONTACTS (Other than parents on previous page)			
These people are authorised to collect the child in the event of an emergency and parents/guardians not being able to be contacted.			
Name		Name	
Address			
Relationship		Relationship	
Phone(H)		Phone(H)	
Phone(W)		Phone(W)	
Phone(M)		Phone(M)	
SPECIAL INSTRUCTIONS RELATING TO THE CHILD			
Medical History			
Disabilities/ Additional Needs			
Allergies or Health Problems			
Cultural Background			
Signed		Date	/ /

CONTRACT OF CARE	
Name of Child:	Please Circle for Each
<p>Payment of Accounts</p> <p>I hereby agree that it is my responsibility to maintain my/our account and keep payments up to date in accordance with Section 8.1 – <i>Fees and Payment Method</i> and Section 8.3 – <i>Account in Arrears</i> of the Baringa Policy and Procedure Manual</p>	<p>Yes</p> <p>No</p>
<p>First Aid Treatment</p> <p>I hereby give permission for the staff of Baringa Childcare Centre to give basic First Aid treatment to my child, in the event of any minor injury to my child in accordance with Section 5.6 – <i>Infection Control</i> of the Baringa Policy and Procedure Manual (see Annex F – <i>Rendering First Aid</i>).</p>	<p>Yes</p> <p>No</p>
<p>Medical Attention</p> <p>In the event of an accident involving, or a serious illness affecting my child, Baringa Childcare Centre may seek medical attention or arrange ambulance transport to hospital, if considered necessary for the welfare and safety of my child. I understand that I will be required to pay for any cost associated with transport and any medical treatment given to my child (see Section 5.5 – <i>Sick Children</i> of the Baringa Policy and Procedure Manual).</p>	<p>Yes</p> <p>No</p>
<p>Completion of Medical Forms</p> <p>I understand that I will fill out a medication form when required to allow my child to be given medication while at the Baringa Childcare Centre.</p>	<p>Yes</p> <p>No</p>
<p>Administration of Panadol (or other as specified)</p> <p>I hereby give permission for Panadol (or other as specified) to be administered to my child according to directions on the bottle (or packaging), if my child develops a high temperature. I understand I will be notified as soon as possible.</p>	<p>Yes</p> <p>No</p>
<p>Immunisation</p> <p>I am aware that if the child has not been immunised against measles, or in the absence of proof of earlier contact with the disease, the child will be excluded from the Centre if there is an outbreak of measles. I understand that the Centre will accept the child for further care after receipt of medical advice that the infectious period has passed (see Section 5.6 – <i>Infection Control</i> of the Baringa Policy and Procedure Manual). I agree that I will provide current immunisation records for my child/ren or provide a letter from the child's Medical Practitioner stating that the child cannot receive the particular Immunisation required.</p>	<p>Yes</p> <p>No</p>
<p>Exclusion due to Sickness</p> <p>I hereby agree to abide by the guidelines outlined in Sections 5.5 – <i>Sick Children</i> and 5.6 – <i>Infection Control</i> of the Baringa Policy and Procedure Manual, including sickness exclusion times (see Annex G – <i>Exclusion Policy</i>).</p>	<p>Yes</p> <p>No</p>

Observation by Student Educators			
I hereby give permission for my child to be the subject of observations as part of the Centre programming and when students come to the Centre for placements from the Canberra Institute of Technology, University or other schools.		Yes	No
Program Participation			
I hereby permit my child to participate in the program at Baringa Childcare Centre QikKids Early Years Learning Management (QKeYLM). This program enhances parent/guardian access to the educational aspects of this Centre will be able to view their child's documented development online at any time using a secure login. This program also includes regular walks away from the Centre but will remain within the local area (see Section 3.1 – <i>Programming</i> of the Baringa Policy and Procedure Manual).		Yes	No
Excursion Participation			
Excursions are part of the daily program at Baringa and I understand that I will be required to fill out a detailed excursion form when required (see Section 3.2 – <i>Excursions</i> of the Baringa Policy and Procedure Manual).		Yes	No
Emergency Evacuation			
I hereby give permission for the staff to remove my child from the Centre in case of fire and for fire drill practice (see Section 6.1 – <i>Emergency Evacuation</i> of the Baringa Policy and Procedure Manual).		Yes	No
Accompaniment to/from Mount Rogers Preschool			
If my child is enrolled at Mount Rogers Preschool in Spence, I hereby give permission for a Baringa staff member to accompany my child to and from school on the days they are attending Baringa Childcare Centre.		Yes	No
Publicity			
I hereby give permission for my child's given name, photograph and suburb being used for publicity for the Baringa Childcare Centre, should this be required.		Yes	No
Baringa Policies & Procedures			
I acknowledge that a copy of the Baringa Policies & Procedures is available on the web site or a hard copy is available from the Office and it is my responsibility to familiarise myself with them.			
Signature:		Date:	/ /