

## Sturt Street Early Learning Enrolment Form

Date of Application: DD/MM/YYY	YY		
A parent who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licenced Children's Services are required to collect the child's enrolment information as stipulated in Regulation 160 – 162 of the Education and Care Services National Regulations.			
Child Details			
Given Name:	Surname:		
Home Address:			
Suburb:	State Postcode:		
Date of Birth: Gender: Female	Male Home Phone:		
Languages spoken at home:			
Cultural Background:			
Special Considerations / Cultural or Religious Requirements:			
Is your child of Aboriginal or Torres Strait Islander origin?:	Yes: No: Both:		
Custody Court Orders?  (If yes, please provide details and copies)			
Parenting Order or Parenting Plan: (If yes, please provide details and copies)			
Please Note: Parenting order means a parenting order within the meaning of section 6			
plan within the meaning of section 638(1) of the Family Law Act 1975 includes a regist	ered parenting plan within the meaning of section 63C(1) of the act.		
Parent / Guardian Details			
Parent 1 Full Name:	Parent 2 Full Name:		
Date of Birth: DD/MM/YYYY	Date of Birth: DD/MM/YYYY		
Home Address:	Home Address:		
Mobile:	Mobile:		
Home Phone:	Home Phone:		
Email:	Email:		
Cultural Background:	Cultural Background:		
Language Spoken:	Language Spoken:		
Occupation:	Occupation:		
Work Name:	Work Name:		
Work Address:	Work Address:		
Work Phone:	Work Phone:		
Work Email:	Work Email:		
Relationship to child:	Relationship to child:		
Days booked (please tick)			
Start Date: DD/MM/YYYY DD/MM/YYYY	Ionday 🗌 Tuesday 🗋 Wednesday 🗍 Thursday 📗 Friday		
Please Note: A parent includes a guardian of the child and a person with parental resp	onsibility for the child under a decision or court order.		

Family Details (	siblings / children	living at l	nome)			
Name:				Date of Birth:		DD/MM/YYYY
Name:				Date of Birth:		DD/MM/YYYY
Name:				Date of Birth:		DD/MM/YYYY
Child's Medical	Practitioner	-	-	_		
Doctor:				Address:		
Phone:						
Medicare Number:				Ambulance Fund a	nd Identification Number:	
Additional Need	ds	_	_	_		
	e any additional needs?					
If yes, please provide de	etails					
Does your child reg	ularly visit a specialist? etails					
Immunisations						
	your children must meet the inised or up to date accordin				age of seven. To meet the requi	rements your
Has your child been	immunised?	Yes	No	Are immunisations	up to date?	Yes No
Please sign that you					isor's / Responsible Person	's signature
current copy of your status certificate:	r child's immunisation				have sighted and received as certificate and the Healt	
Parent/Guardian Si	gnature			Development Reco		3
Print Name:				Print Name:		
	e the below table	_	_			
Immunisation Sche	edule	Immunisatio	on Type		Date	
Birth	(	HEP B				DD/MM/YYYY
2 Months		DTPA (	HEP B	/HIB OPV		DD/MM/YYYY
4 Months		DTPA (	HEP B	/HIB OPV		DD/MM/YYYY
6 Months		DTPA (	OPV			DD/MM/YYYY
12 Months		MMR (	HEP B	/HIB		DD/MM/YYYY
18 Months		MMR (	СНІСІ	KENPOX		DD/MM/YYYY
4 Years	(	DTPA (	MMR	OPV		DD/MM/YYYY

Please note: To improve vaccination rates and reduce the spread of vaccine preventable diseases, the Victorian state Government introduced the 'No Jab, No Play' legislation on the 1st of January 2016. This legislation requires confirmation of vaccination status when enrolling in all early childhood education and care services including childcare and kindergarten. Immunisation History statements provided by the Australian Immunisation Register (AIR) are now the only accepted proof of immunisation when enrolling in early childhood education and care services. Previous forms of documentation (eg GP letter or local council statement) are no longer accepted.

Allergies/Medical Condition/Health
Does your child have any allergies? Foods, medicine, grass, sunscreen etc
Does your child have any diagnosed health care needs or medical conditions?  Convulsions etc
Has your child been diagnosed with: Anaphylaxis? Asthma? Diabetes? Epilepsy? If so, please attach your medical plan
Does your child have a medical action plan?  If yes, please provide your medical action plan
Does your child take regular medication?  Ventolin etc
Child's present health status?
Please note: if your child has a medical action plan, you will need to make time with the Director and Educators in your child's room to sit down and develop a Risk Minimisation Plan and Communication plan prior to commencing care.
Food/Meals
Does your child have any dietary requirements? Vegetarian, religious etc
Foods they like/dislike?  Please provide details
General Needs
Can your child participate in festivals and celebrations?  ie: Christmas. Please provide details
Does your child have any fears: ie: Cats, Dogs, Thunder etc. Please provide details
Does your child participate in any extra curricular activities?  Please provide details
Routine
Please provide details about your child's routine.  Include routine times including day sleeps, comforters such as teddies and dummies, daily bottles etc.

## Authorised Nominees/Emergency Contacts

Please note: Authorised Nominees/Emergency Contacts must not include Parents. As stipulated in Regulation 160 3(B) of the Education and Care Services National Regulations, parents are required to nominate an Authorised Nominee. An Authorised Nominee is a person who has been given permission by a parent or family member to collect the child from the Education and Care Service. Section 170(5) of the Law. There may also be times where your child has an accident, injury, trauma or illness or requires medication or medical treatment and you as the parents cannot be contacted. To deal with these situations we will notify one of the below contacts who are authorised to collect and care for your child.

Authorised Non	ninee 1			
Full Name:		Mobile:		
Home Address:		Home Phone:		
		Work Phone:		
Can the above person Is the above person be transported off th Is the above person	authorised to collect your child from Sturt on be contacted in case of an incident traus authorised to consent to medical treatment authorised to consent to administer medical ne premises by an Ambulance service? authorised to authorise an Educator from side the education and care premises?	na or illness involving at for your child? cation to your child or	g your child?	Yes No Yes No Yes No Yes No Yes No
Authorised Non	ninee 2			
Full Name:		Mobile:		
Home Address:		Home Phone:		
		Work Phone:		
Can the above person be contacted in case of an incident trauma or illness involving your child?  Is the above person authorised to consent to medical treatment for your child?  Is this above person authorised to consent to administer medication to your child or  be transported off the premises by an Ambulance service?  Is the above person authorised to authorise an Educator from Sturt Street Early Learning  to take the child outside the education and care premises?				Yes No
Medical Emergencies/Consent to Administer Medical Treatment  The only person that can give consent for educators to authorise or administer medical treatment or medication is those with 'lawful authority' meaning the child's parents or guardians if appointed by the courts. I give consent for the educators at Sturt Street Early Learning to undertake first aid or seek medical assistance or treatment that my child should require from a medical practitioner, hospital or ambulance service. I also consent for the educators at Sturt Street Early Learning to organise transportation of my child by ambulance service if required. I understand that medical treatment and ambulance service will be at my expense. In this even every effort will be made to contact the parents/guardians immediately.				
Parent/Guardian Sig	gnature	)		
		Print Name:		DD /2424 /3737377
		Date:		DD/MM/YYYY
Confidentiality		_	_	
divulged to another	curt Street Early Learning will ensure that person unless necessary for the care and sly authorised by the parent or prescribed	education of the child	, to manage medical treatn	nent of the
Parent/Guardian Si				
		Print Name:		
		Date:		DD/MM/YYYY

Permission			
I give the management/educators at Sturt Street Early Learnin	ng the authority to:		
• Use the name and/or photo of my child for centre displays, centre website and/or promotional use including media/Facebook			
• To share group photos that my child is in, with families that use the service			Yes No
• To apply sunscreen for outdoor play			Yes No
• To be observed by educators and students for developmental purposed			Yes No
• To check your child's hair if there is an outbreak of head lice			Yes No
• The person listed as Parents and Contact Persons are authorisand collect my child unless otherwise specified			Yes No
• To administer paracetamol to my child in the event of a fever	or present medical co	ondition	
Parent/Guardian Signature			
	Print Name:		
	Date:		DD/MM/YYYY
Payment Requirements			
<ul> <li>I/we understand that:</li> <li>Fees are payable one week in advance.</li> <li>If my fees are in arrears for more than two weeks and no arrangement has been made with the Centre Director, my child's place will be withdrawn.</li> <li>Fees will be charged for booked days that my child does not attend due to illness, public holidays, RDO days.</li> <li>I need to provide two weeks notice in writing prior to withdrawing from the centre and will agree to pay all</li> </ul>	<ul> <li>Should I fail to pay my fees and my place is withdrawn or when I leave the centre, I will be liable for all additional cost incurred by the centre in collecting any outstanding fees.</li> <li>Full fees are payable until Child Care Subsidy confirmation is received by the centre.</li> <li>Full fees are payable if you don't attend your first or last day of booked care.</li> <li>My Ezi Debit payment will be altered to reflect any CCS changes.</li> </ul>		
outstanding fees prior to my departure.  Parent/Guardian Signature			
ratenty duardian digitature	Print Name:		
	Date:		DD/MM/YYYY
Lawful Authority			
Parents – All parents have powers and responsibilities in relation. The Education and Care Services National Law Act 2010 refer to affected by the relationship between the parents such as whether such as under the Family Law Act, may take away the authority.	o those powers and re er or not they have live	sponsibilities as 'lawful aut' ed together or are married.	hority'. It is not A court order,
Enrolment Fee			
To ensure your child's place is secure on our waiting list/to beg	gin, we require a \$50.0	oo enrolment fee.	
I have paid the \$50.00 enrolment fee			Yes No
Child Care Subsidy (CCS)			
Child Care Subsidy (CCS) will be paid directly to Sturt Street E families must meet eligibility requirements.	arly Learning to redu	ce fees families pay. To clai	im CCS
	Customer's CRN Num	ber:	

## Confirmation of Policy & Enrolment Information

- I am aware that it is my responsibility to familiarise myself with the centre's Policies and Procedures. I am aware that these are available to me at the centre and copies may be provided on request.
- I acknowledge that I have read and understand the contents of the Parent Handbook and agree to abide by the conditions and policies stated here.
- I am aware that it is my responsibility to ensure that the information contained in this enrolment form is up to date and current at all times.

Parent/Guardian Signature		
	Print Name:	
	Date:	DD/MM/YYYY
Witness Signature		
	Print Name:	
	Date:	DD/MM/YYYY

## How to complete enrolment form:

• Print, sign and email to enquiries@sturtstreetearlylearning.com.au

Any questions, please call (03) 5334 3676.

Sturt Street Early Learning 1853-1857 Sturt Street, Alfredton, VIC, 3350 sturtstreetearlylearning.com.au SUBMIT

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