



Bowen Hills Early Learning Centre

Units 3-5, 31 Thompson Road, Bowen Hills QLD 4006

P: (07) 3852 1448 E: info@bowenhillselc.com.au

www.bowenhillsearlylearning.com.au

Enrolment Form

CHILD DETAILS			
Given names		Surname	
Preferred name		Any former names	
Child's sex		Home phone	
Date of Birth		Place of birth	
Home address			
Preferred days	M T W TH F	Preferred start date	
Cultural background		Languages spoken	
Are there any special cultural or religious considerations for the child?			
PARENT / GUARDIAN 1			
First name		Surname	
Previous names		Relationship to child	
Date of birth		Mobile phone	
Home phone		Work phone	
License No		Occupation	
Home address			
Email			
Cultural background		Languages spoken	
PARENT / GUARDIAN 2			
First name		Surname	
Previous names		Relationship to child	
Date of birth		Mobile phone	
Home phone		Work phone	
License No		Occupation	
Home address			
Email			
Cultural background		Languages spoken	
CHILD CARE SUBSIDY (CCS)			
Have you been assessed for CCS?		Yes / No	
Child CRN		Parent CRN	
Parent Name		Parent Date of Birth	
Do you have other child/ren attending another approved Child Care Centre or OOSH?		Yes / No	
What is the total number of children you have attending an 'Approved Service'? We must be informed if this number changes.			
It is your responsibility to register your child for CCS at Centrelink prior to enrolment (136 150).			

Authorised nominees are authorised to collect & drop off your child. They will only be contacted in emergency situations in instances where all attempts to contact the parent / guardians have failed.
 Please ensure these contacts are willing and able to collect your child/ren in the event of an emergency. ID will be requested at the time of pick up. Both contact names must be completed before enrolment commences.

AUTHORISED NOMINEE 1			
First name		Surname	
Previous names		Relationship to child	
Date of birth		Mobile phone	
Home phone		Work phone	
Home address			
Email			
<input type="checkbox"/> I authorise Authorised Nominee 1 to consent to medical treatment of my child and authorise administration of medication to my child. <input type="checkbox"/> I authorise Authorised Nominee 1 to consent to authorise transportation of my child by an ambulance service medical treatment or the administration of medication to my child during times of illness or emergency. <input type="checkbox"/> I authorise Authorised Nominee 1 to collect my child from the centre and authorise an educator to take the child outside the centre.			
Parent/Guardian signature			

AUTHORISED NOMINEE 2			
First name		Surname	
Previous names		Relationship to child	
Date of birth		Mobile phone	
Home phone		Work phone	
Home address			
Email			
<input type="checkbox"/> I authorise Authorised Nominee 2 to consent to medical treatment of my child and authorise administration of medication to my child. <input type="checkbox"/> I authorise Authorised Nominee 2 to consent to authorise transportation of my child by an ambulance service medical treatment or the administration of medication to my child during times of illness or emergency. <input type="checkbox"/> I authorise Authorised Nominee 2 to collect my child from the centre and authorise an educator to take the child outside the centre.			
Parent/Guardian signature			

CHILD'S HEALTH			
Does your child have any additional needs?			
Does your child see a specialist or other health professional on a regular basis?			
Does your child have any medical conditions, additional needs or illnesses that we should be aware of?			
Does your child have any known allergies?			
Has your child been diagnosed as at risk of anaphylaxis?			
Does your child have any dietary requirements or restrictions?			
If you answered yes to any of the above questions, please provide a copy of your child's medical management plan, anaphylaxis medical management plan or risk minimisation plan.			
Are you a member of the ambulance service?		Yes/No	
Ambulance Member No		Medicare Number	
Health Fund Name		Health Fund No	
Doctor's name		Doctor's phone	
Doctor's address			
Dentist's name		Dentist's phone	
Dentist's address			
IMMUNISATION			
To be eligible for Child Care Subsidy your child must meet the immunization requirements if they are under the age of seven. To meet the requirements your child must:			
<ul style="list-style-type: none"> • Be fully vaccinated for their age, or; • Have a medical reason not to be vaccinated, or; • Have a parent / guardian who has a conscientious objection to vaccination or; • Be on a recognised catch-up schedule if their child has fallen behind with their vaccinations 			
Has your child been immunised?		Yes/No	
Please provide a copy of your child's Australian Childhood Immunisation Register (ACIR) documents. Other records such as the NSW Personal Health Record (Blue Book), a GP letter or an overseas immunisation record will <u>not</u> be accepted.			

BIRTH CERTIFICATE	
Provide a copy of the child's birth certificate	Yes / No

COURT ORDERS	
Are there any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child, access to the child, the child's residence or the child's contact with a parent or other person? If yes, copies must be provided before enrolment begins.	Yes / No

FEES & BOND	
I understand and agree to adhere to the centre's policy of maintaining fees on a weekly basis. I understand that there is a fee bond of \$200 payable upon enrolment to confirm my child's place. This amount is refundable upon exiting the centre. I also understand fees are to be paid for all days the child is absent or sick and public holidays. If I am late collecting my child a late fee of \$10 for the first 10 minutes will be charged and \$1 per minute thereafter. If fees fall behind, my child's place at the centre may be jeopardised.	Yes / No

BOND	
<p>Please nominate the bond payment method you prefer. Circle 'Internet Transfer' to debit the bond directly into our account. Circle 'Direct Debit' if you would like us to debit your account.</p> <p>Account Name: Bowen Hills ELC BSB: 062-116 Account No: 1041-2491 Reference: [SURNAME] BOND</p>	<p>Please circle one:</p> <p>Internet Transfer</p> <p>Direct Debit</p>

AUTHORISATIONS

I understand and give permission for staff of Bowen Hills Early Learning Centre to act according to the authorisations outlined below:

I have read and understood the Centre Philosophy.	Yes/No
I have read and understood the Centre's Child Protection Policy.	Yes/No
I have read and understood the Centre's Guiding Children's Behaviour Policy.	Yes/No
I have read and understood the Centre's Complaints and Grievances Procedure.	Yes/No
I have read and understood the Centre's Exclusion Policy for Children and Staff.	Yes/No
I understand that this centre reserves the right to withdraw or reduce the number of days my child attends, if a child with a higher priority needs a vacant place.	Yes/No
<p>I understand that when Bowen Hills Early Learning Centre fills vacant positions, they must follow three levels of priority set by the Australian Government. These are:</p> <p>Priority 1- A child at risk of serious abuse or neglect.</p> <p>Priority 2- a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the Family Assistance Act 1999.</p> <p>Priority 3- any other child. Within these main categories priority is also given to the following children: Children in Aboriginal and Torres Strait Islander families, children in families which include a person with a disability, children on lower incomes, children in families with a non-English speaking background, children in socially isolated families, children of single parents.</p>	Yes/No
I understand that fees need to be paid for public holidays or if my child is absent.	Yes/No
I authorise staff to administer medication that is prescribed by a doctor or with written authorisation from a healthcare professional.	Yes/No
I authorise the staff to seek urgent medical, dental or hospital treatment or Ambulance service and consent to the carrying out of appropriate treatment for my child in the case of an accident emergency. I understand that all fees incurred will be at the responsibility of the parent.	Yes/No
I also authorise staff to administer paracetamol syrup to my child for pain, fever or if the temperature is 38.5 degrees celsius or higher.	Yes/No
I authorise the service to consent to the medical treatment of my child from a registered medical practitioner, hospital or ambulance service and consent to the transportation of my child by an ambulance service.	Yes/No
I give permission for photos and videos to be taken of my child for their portfolio, centre application, daily diary emails, e-newsletters (distributed by email to families), posters displayed in the centre only, Facebook and our website.	Yes/No
I give permission for information of my child to be written and displayed on the rooms <i>eat and sleep</i> chart in my child's room.	Yes/No
I give my permission to the staff to take my child for walks to local parks, excursions or outside the Centre with prior consent.	Yes/No
I understand fees must be paid from the starting date below until the child leaves the centre.	Yes/No
I will give two weeks' notice in writing before I withdraw my child from the centre or reduce the number of days attending or I will pay the full fees for two weeks in lieu of the notice.	Yes/No
I declare that I have read the Centre's Information Book and accept all responsibility to ensure all rules including fees are met.	Yes/No
I, the Parent/Guardian signed below agree to pay all outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses including agent fees, court costs, and legal fees incurred by Bowen Hills Early Learning Centre. I also understand that the information on this enrolment form may be forwarded to debt recovery agents for legal recovery action and or listed on the National Default Registry for a period of six (6) years and thirty (30) days or until paid, by which also might be accessed by other childcare providers.	Yes/No
My child has no allergies to sunscreen. I give permission for staff to apply sunscreen (SPF 30+) to my child twice a day	Yes/No

Parent/Guardian signature	Date
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OFFICE USE ONLY

Start Date:		Days enrolled?	M	T	W	TH	F
Orientation dates?		Communication to staff form provided?					
\$200 fee bond received?		Room assigned to:					
Birth certificate provided?		Immunisation records /exemption provided?					
Medical management plan?		Child health record sighted?					
Court orders/ parenting orders/ parenting plans sighted?		Anaphylaxis management plan?					