



Dear Parent/Guardian,

To assist us in providing the best possible care for you and your child, please complete the following form fully and accurately. We understand that paperwork can be time consuming, however this information will help us to provide individualised care that meets the specific needs of your child.

Please ensure you have read the accompanying documentation carefully prior to signing the enrolment agreement. This agreement is a binding contract and outlines your commitment with regards to:

- Providing current and accurate information about your child
- Notifying our Service of any changes that may impact on your child's needs or our provision of care
- Ensuring your contact details remain current at all times
- Payment of fees

We ask that you pay particular attention to each section that requires a signature as enrolment cannot proceed until all sections are signed. Do not hesitate to ask for assistance when completing the enrolment form. We are more than happy to help.

**Your enrolment package consists of the following documents that must be completed and returned:**

- ENR.002 Enrolment form
- ENR.012 Parent, Visitor and Adult Occupant Code of Conduct
- WHS.064 Permission to Dispense Paracetamol/Ibuprofen

**The following documentation must be provided to the Service with your completed enrolment form:**

- Immunisation History Statement
- Birth Certificate
- Health Plans (*Anaphylaxis, Asthma or General Health Management Plan*)
- Documents relating to additional needs or diagnosed disability (*medical records, specialist support services referral*)
- Documents relating to any Parenting Order/Plan, Domestic Violence Orders or other legal documents relating to the child

**Please ensure that all sections that have a green 'flag':**



**are signed or initialled.**

**Office use only:**

Educator Name	<input type="text"/>	Welcome Pack sent	<input type="checkbox"/>
Start Date	<input type="text"/>	Enrolment Fee Paid	<input type="checkbox"/>
		CCS Enrolment confirmed	<input type="checkbox"/>

## Information About Your Child

Full Name

Other name(s) your child is known by

FAO Customer Reference Number (CRN)

Date of Birth

Age at enrolment

Gender

M

F

Country of birth

Home address

Cultural background

Identify as Aboriginal

Other:

Identify as Torres Strait Islander

Language(s) used at home

Religion

Medicare Number

Expires

Medical Practice

Name of Medical Practitioner

Contact number

Address

## Care Arrangements and Legal Orders

In order to comply with Section 160 (4) of the Education and Care Services National Regulations the Service must be provided with copies of any Court appointed documents relating to the child, this may include but is not limited to:

**Parenting Order** means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth;  
**Parenting plan** means a parenting plan within the meaning of 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.

### Legal/Court Appointed Documents

Should your child be named in any legal document, such as a Restraining Order that legally denies a person/persons access to the child, **a copy of these documents will need to be provided to the Service.**

Is there a Parenting Order or Parenting Plan in place that relates to your child?

Yes

No

Is there a Protection Order in place in which your child is named?

Yes

No

Is there anyone legally denied access to the child?

Yes

No

## Information About Your Child's Health and Wellbeing

A general health plan must be used to manage conditions that require ongoing monitoring or pose a particular risk such as epilepsy or children prone to febrile convulsions. All Health Management Plans must be signed by a medical practitioner and a copy provided to the Service upon enrolment. After completing the checklist below please provide details of all medical conditions, dietary restrictions and all conditions that require a management plan.

Is your child at risk of Anaphylaxis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have an Anaphylaxis Plan in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have an Asthma Plan in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child take medication regularly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a medical condition that may impact on their time in care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a General Health Plan in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child's immunisation up to date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a medical exemption for immunisation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any dietary restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child accessing any specialist support services or Allied Health professional	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child present with any additional needs or have a diagnosed disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support with interpersonal relationships	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support with self care skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support with mobility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any support communicating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any learning support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any additional support needs not mentioned above	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide details of all medical conditions including treatment and medications. If your child takes medication on a regular basis you will be required to complete a Medication Authorisation form (WHS.009)

Please provide details of all dietary restrictions

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Please provide details of any specialist support services, such as Paediatrician, Occupational Therapy, Speech Pathology or other Allied Health professional your child sees

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Please provide details of any disability your child has been diagnosed with or is currently being assessed for

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Please provide details of any additional needs your child may have in terms of communication, interpersonal relationships and additional learning support they may need

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## Cultural Connections and Family Traditions

Please tell us about your family:

Are there any religious or cultural practices that your family observes?

Are there any family traditions or celebrations that are significant to your child?

## What are your expectations for your child's time at our Service

Providing quality care and educational environments for your child is our goal. How can we best support your child whilst in our care?

## Family Participation

Please indicate any areas a family member may be able to offer any assistance or wish to participate in. Your family members may have a particular skill you can share with the children or find time to participate in experiences and activities offered by the Educator.

# Parent/Guardian Information

## 1st Parent/Guardian Full Name

(Parent/Guardian who will be claiming CCS)

FAO Customer Reference Number (CRN)

Relationship to child

Date of Birth

Do you reside with the child

Yes  No

If 'No' please enter your address below

Home Address

Home Phone

Work Phone

Mobile Phone

Email Address

Cultural background

Identify as Aboriginal  Other:

Identify as Torres Strait Islander

Language(s) spoken at home

Religion

Workplace and Occupation

## 2nd Parent/Guardian Full Name

Relationship to child

Date of Birth

Do you reside with the child

Yes  No

If 'No' please enter your address below

Home Address

Home Phone

Work Phone

Mobile Phone

Email Address

Cultural background

Identify as Aboriginal  Other:

Identify as Torres Strait Islander

Language(s) spoken at home

Religion

Workplace and Occupation

In accordance with 170(5) of the Education and Care Services National Law and sections 160, 161, 102 & 99 of the Regulations, a Parent/Guardian is required to nominate Emergency Contacts and Authorised Nominees authorised to carry out the following responsibilities for their child.

**Emergency Contact:** a person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted;

**Authorised nominee [collection]:** a person who has been given permission by a parent or family member to collect the child from the education and care service

**Authorised nominee [medical]:** a person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child

**Authorised nominee [excursion]:** a person who is authorised to authorise an educator to take the child outside the education and care service premises

### Emergency Contact/Authorised Nominee 1.

Emergency Contact  Yes  No Full Name

Authorised Nominee [collection]  Yes  No Email

Authorised Nominee [medical]  Yes  No Contact Number

Authorised Nominee [excursion]  Yes  No Street # and name

Relationship to child: Suburb and postcode

### Emergency Contact/Authorised Nominee 2.

Emergency Contact  Yes  No Full Name

Authorised Nominee [collection]  Yes  No Email

Authorised Nominee [medical]  Yes  No Contact Number

Authorised Nominee [excursion]  Yes  No Street # and name

Relationship to child: Suburb and postcode

### Emergency Contact/Authorised Nominee 3.

Emergency Contact  Yes  No Full Name

Authorised Nominee [collection]  Yes  No Email

Authorised Nominee [medical]  Yes  No Contact Number

Authorised Nominee [excursion]  Yes  No Street # and name

Relationship to child: Suburb and postcode

### Emergency Contact/Authorised Nominee 4.

Emergency Contact  Yes  No Full Name

Authorised Nominee [collection]  Yes  No Email

Authorised Nominee [medical]  Yes  No Contact Number

Authorised Nominee [excursion]  Yes  No Street # and name

Relationship to child: Suburb and postcode

# Permissions

## Medical Consent

I/We authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency. I/We give permission for staff to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and transportation of the child by an ambulance service.

In the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment. I/We understand that every effort will be made to contact me/us in the event of any illness or accident. (Reg. 161).

1st Parent/Guardian Initial

Initial Here

2nd Parent/Guardian Initial

Initial Here

## Permission to photograph and record video footage of child.

I give permission for the following:

Permission is limited to photographs displayed within the service building

Yes  No

Photographs can be used in the Service newsletter

Yes  No

Photographs can be used in QLECS newsletters (distributed to staff and families in Lutheran communities)

Yes  No

Photographs and video can be displayed on the Educator's business Facebook page and other social media platforms (such as Instagram) which may be accessible by the general public

Yes  No

Photographs and video can be displayed on the Service Facebook page and other social media platforms (such as Instagram which may be accessible by the general public)

Yes  No

Photographs and video can be displayed on the QLECS website; a website accessible by the general public

Yes  No

1st Parent/Guardian Initial

Initial Here

2nd Parent/Guardian Initial

Initial Here

## Permission to apply Sunscreen and Insect Repellent

Prior to outdoor play children are required to have Sunscreen and where necessary Insect Repellent applied. Sunscreen and Insect Repellent is supplied by the Service and details of the product(s) used will be displayed at the Service on a WHS.027 Sunscreen Display Poster and/or WHS.059 Insect Repellent Display Poster for your information. Should your child have allergies that prevent the use of either product or the particular brand, you may supply a suitable alternative and complete a Long Term Medication form (WHS.009b)

I give permission for my child to apply/have Insect Repellent applied for them as, supplied by the Service and/ or Educator

Yes  No

I give permission for my child to apply/have Sunscreen applied for them, as supplied by the Service and/ or Educator

Yes  No

1st Parent/Guardian Initial

Initial Here

2nd Parent/Guardian Initial

Initial Here

## Relative Care Declaration

Under the Child Care Subsidy Minister's Rules, it is a condition for continued service approval that the Service Provider ensures that less than 50% of the children to whom any family day care educator is providing care within any CCS fortnight at the service are related to the family day care educator.

I am currently registered as a Family Day Care Educator (1st Parent/Guardian)

Yes  No

I am currently registered as a Family Day Care Educator (2nd Parent/Guardian)

Yes  No

My child is related to the Educator/Educator's partner (biologically, through marriage, adoption, fostering)

Yes  No

If 'Yes' please provide details:

# Booking Agreement

**Agreement Between**  
(Insert Parent/Guardian Names)

*And*

## Booking Preferences

Please check the box for each day your child will attend on a routine basis and write booked times for all attendances underneath. Care offered under this Agreement is 'casual care' if specific days your child will attend are not selected.

Please refer to the Service Handbook for details.

Please note that care offered under this Agreement is 'routine care' there is no flexibility for changing agreed days

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Service Standard Operational Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Booked Arrival Time

Booked Departure Time

Paragraph 85BA(1)(b) of the Family Assistance Act provides that an individual is eligible for CCS where, among other requirements, the individual has incurred a liability to pay for a session of care under a complying written arrangement. Such an arrangement must clearly establish a liability to pay for sessions of care in order for an individual to be eligible for CCS for a session of care.

1st Parent/Guardian  
signature

Date

Sign Here

2nd Parent/Guardian  
signature

Date

Sign Here



# Complying Written Agreement and Enrolment Agreement

In consideration of enrolling my child at the Service I the undersigned do hereby agree that:

1. I understand that in the case of sudden illness or accident the Service Leader/ Manager shall have the discretionary power to take all reasonable steps to provide appropriate medical attention for my child; that the parents/guardians will be contacted as soon as possible; and that any costs incurred will be borne by the parents/guardians.
2. I agree to keep my child at home when suffering from a heavy cold or other infectious illness likely to affect the health of the other children or the Educator
3. I agree to notify the Educator promptly of the reasons for any absences or if I am delayed at any time.
4. I will ensure that the child is brought to and collected from the Educator's home or approved venue by a parent/guardian or authorised nominee. Should I be late collecting the child I agree to pay the Late Collection Fee. I will make every effort to inform the Educator of changes in arrival and departure times.
5. I understand that my child must be signed in upon arrival (PIN) and out before departure (PIN) by the parent/guardian/ authorised person or the Educator. I understand that I need to keep my PIN confidential and it is not to be given to the Educator.
6. I understand that the Educator will not allow my child to leave the Educator's home/approved venue with any person who is not an Authorised Nominee (as identified on page 6 of this Enrolment Form) unless written permission (text message or email) is given by me to the Educator prior to collection. This person must also provide photo ID for verification by the Educator.
7. I understand that the Educator may not release my child to any person who appears to be under the influence of alcohol/ drugs and who may in the reasonable opinion of the Educator pose a risk to my child.
8. I understand and accept that fees must be paid in accordance with the individual Educator's fee schedule and am aware of the process for collection of unpaid debts. I understand that fees will be payable at all times including absence of my child for sickness and holidays. I understand that if fees are not paid my children's continued enrolment with the Educator may be terminated.
9. I agree on termination of my child's enrolment, to give notice as per the Educator's Fee Schedule. I am aware that if my child does not attend on the last day of care CCS cannot be claimed and I will be required to pay full fees.
10. I agree to notify the Service and the Educator of any change in my address/contact information or the address/contact information of any emergency contact/authorised nominee.
11. I understand that if my child is not immunised, they will be bound by the following conditions:
  - a) Upon confirmation of an outbreak of a vaccine preventable disease, non - immunised children will be excluded from care during the incubation and recommended exclusion periods. This applies where it can reasonably be assumed that the child has been or will be exposed
  - b) During the exclusion period, fees will be charged and must be paid in accordance with the Educator's fee schedule
12. I understand that where we have defamed, offended, vilified or insulted the reputation of the Service, its employees, QLECS, the Lutheran Church its employees and officers, in any way on any social media or other publication that my child's booking will terminated immediately, and I agree to delete any public comments made immediately. I also acknowledge that the Service may seek legal representation in relation to any comments made by me on social media or any other publication either during or after my child's attendance at the service.
13. I have read the Parent Handbook about the Service and agree to co-operate in all things to the best of my ability. I have visited the Service and/or the Educators home and discussed the enrolment of my child. I understand the importance of family co-operation and agree to participate when possible in the activities of the Service. I agree to be bound by the constitution/Rules and/or any by-laws of the Service/Association.

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1st Parent/Guardian signature

Date

Sign Here

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2nd Parent/Guardian signature

Date

Sign Here