

## ENROLMENT FORM AND CHILD CARE SERVICE AGREEMENT

### Child Details (One form to be completed for each child)

Surname	
Given Names	
Preferred/Former Name	
DOB & Place of Birth	
Sex	M / F
Ethnic Background / Primary Language spoken	
Child's Address	
Birth Certificate copy	Y / N

### Parent Details

#### Mother

#### Father

Full Name (or other/former name)		
Parent CRN Number		
DOB		
Residential Address		
Postal Address		
Phone Numbers	H) M) W)	H) M) W)
Workplace Address		
Email Address		
Primary language Spoken		

**Parent Details cont.**

Custodial Parent ( please circle)	Mother	Father
<b>Access of the Parent: (A copy of the family court order or injunctive order detailing access arrangements must be attached.)</b>		

**CCB & CCMS Information**

To ensure that you are linked to our centre through the Child Care Management System (CCMS) and to have Child Care Benefit (CCB) applied to your child care fees, you must contact Centrelink to confirm that they have the correct name and date of birth for both the parent & child who are registered for CCB.

Please complete the following information accurately to ensure that your CRN is linked to our centre and to enable you to receive CCB. Fee Payments will be deducted from the first payment cycle following your child's first attendance at Shadforth Cottage, notwithstanding whether CRN numbers have been provided or not.

**Parent Registered for CCB with Centrelink (details must be EXACTLY as per Centrelink records)**

Full Name			
Date of Birth		CRN	

**Child Registered for CCB with Centrelink (details must be EXACTLY as per Centrelink records)**

Full Name			
Date of Birth		CRN	

Has this child attended another child care centre this financial year?      Yes      No

Is the child currently attending multiple child care centres?      Yes      No

**Verification of Details held by Centrelink**

I confirm that:

- That the information I have provided above is true and correct and that I have provided Centrelink with the same information.
- I am responsible for communicating this information to Centrelink.
- I understand that I am responsible for all fees charged by the centre in relation to this enrolment.
- I understand that if any details are incomplete then full child care fees are payable by me directly to the centre until the details are corrected with Centrelink.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Days of care required (Please tick):**

**Commencement Date:**

Monday	Tuesday	Wednesday	Thursday	Friday

**Cottage you would like your child to attend (please tick):**

Blossoms (0-2yrs)	Gumnuts (2-3yrs)	Jacarandas (3-4yrs)	Shadforth Preschool (4-6yrs)
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**Emergency Contact Person(s) Guardian:**

In the event of an emergency and neither parent is contactable, persons listed below will be contacted:

Person 1

Person 2

Full Name		
Relation to the child		
Postal Address		
Home Phone Number:		
Work Phone Number:		
Mobile:		

**Emergency Contact Details**

Doctor's Name	
Doctor's Telephone Number	
Doctor's Address	
Dentist Name:	
Dentist's Telephone Number	
Dentist's Address	
Medicare Card No:	
Private Insurance No. & Fund:	

Religious Requirements in Case of Emergency (Please specify where applicable):

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## Illness, incident and emergency treatment authorisation

<p>In the event of an emergency, illness or incident concerning my child and the staff of Shadforth Cottage Long Day Care Centre being unable to contact me or other persons authorised by me, I hereby consent to Shadforth Cottage to seek and authorise the carrying out, on my behalf, any medical, dental, hospital or ambulance attention for my child and I accept liability for any and all expenses as may be incurred.</p> <p><b>Parent Authority for Emergency Hospital, Ambulance, Medical and Dental Treatment</b></p>	<p>Parent 1 ( signature):</p> 
	<p>Parent 2 ( signature):</p> 

## Authorised Person(s) Guardian to Collect:

I understand to collect my child personally and, if I should be unable to do so, only those persons listed below are allowed to collect my child. I understand that those nominated must have a photo I.D to show staff when collecting my child.

Person 1

Person 2

Full Name		
Relation to the child		
Postal Address		
Residential Address		
Home Phone Number:		
Work Phone Number:		
Mobile Number:		

## Child's Immunisation Records

*Please supply evidence of immunisation (Blue Book or letter from your doctor)*

For the vaccinations your child has received please fill in the dates accordingly:

		1st	2nd	3rd	4th
1a.	Diphtheria, Tetanus & Whooping Cough (DTP)	___/___/___	___/___/___	___/___/___	___/___/___ (Booster at 18mths)
1b.	Diphtheria & Tetanus (CDT)	___/___/___	___/___/___	___/___/___	___/___/___ (Booster at 18mths)
2.	Poliomyelitis. (Sabion Vaccine)	___/___/___	___/___/___	___/___/___	
3.	Measles, Mumps, Rubella (12mths)	___/___/___			
4.	Booster 5 years Diphtheria, Tetanus (CDT)	___/___/___			
5.	Booster 5 years Poliomyelitis	___/___/___			

**Child's Immunisation Records cont'**

6. Hepatitis B (Hep B) \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_
7. Haemophilus Influenza  
(Hib) (B) \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Any others:
- Name of Vaccine and Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Name of Vaccine and Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Health of the Child**

1. Does your child require: REGULAR MEDICAL ATTENTION OR MEDICATION:	YES: _____ NO: _____ If Yes, please specify:
2. Does your child suffer from: ASTHMA OR RECURRENT CHEST INFECTIONS: FITS:	YES: _____ NO: _____ If Yes, please specify:
3. Does your child have a disability:	YES: _____ NO: _____ If Yes, please specify:
4. Does your child have a special need (e.g. dietary requirements, religious customs' requirements etc. )	YES: _____ NO: _____ If Yes, please specify:
4. If your child has Asthma, an Asthma Record Card must be filled out and attached to this enrolment form.	YES: _____ NO: _____ If Yes, please specify:
5. Does your child have or had any hearing, speech or sight problems?	YES: _____ NO: _____ If Yes, please specify:
6. Does your child require any specialist medical care?	YES: _____ NO: _____ If Yes, please specify:
7. Is your child allergic to any particular foods, plants etc?	YES: _____ NO: _____ If Yes, please specify:
8. Has your child had any of the following: Measles: Mumps: German Measles: Chicken Pox: Ear Infection: Throat Infection: Hepatitis:	YES: _____ NO: _____ If Yes, please specify:
9. Please specify any product that has caused an adverse reaction when applied to your child:	

## Authorisation for Application of First Aid & Other Health Products

**Child's Name:**

**DOB:**

**Date:**

The following first aid products are contained in the Centre's first aid kit and in other areas of the Centre. Please cross out and initial any product/s that you will **not** allow to be applied to your child by Centre staff.

BASIC FIRST AID PRODUCTS		ADDITIONAL PRODUCTS	
<i>As detailed by St John Ambulance 2002</i>			
	Strips – Elasto Plastics 50s		Savlon Antiseptic Cream
	Tape – Leuko Porous 2.5m x 5m		Stingose
	Bandage – 5 cm conforming		UV Sun Block SPF 30
	Bandage – 10cm conforming		Dettol Antiseptic
	Bandage – Triangular 110cm		Vaseline
	Emergency Shock Blanket		Adhesive Plastic Dressing Strips
	Gloves – Latex Medium 2s		Ventolin
	Gloves – Latex Medium 10s		Lucas Paw Paw Ointment
	Eye pad		Bepanthen
	Melolite 7.5cm x 7.5cm		Children's Panadol
	Wound dressing No. 15		
	Scissors 12.5cm		
	Medi Prep		
	Saline Amp. 10ml (check use by date)		

I agree that the above products, other than those crossed out, may be applied to my child as basic first aid treatment.

Parent Name.....

Parents signature.....

Date.....

### Information about your child

(ROUTINES AT HOME)

Does your child use the bathroom and toilet facilities independently?	
Day sleep (approx. time from- to..& duration):	
What does your child take to bed (if anything):	
Does your child require a nappy at rest time?	Yes:_____ No:_____
Any special bedtime routines:	
Place of child in the family: No. of brothers:                      Ages: No. of sisters:                      Ages: No. of other adults living with the family:	

### Information about the parent

Do you have any interests or hobbies which you would like to share with the children at the Centre as part of our Development Programme?	
Are there any family traditions or cultural celebrations which should be respected?	
Languages spoken at home? Would you like any information translated into your home language?	
What particular goals do you have for your child whilst at Shadforth Cottage?	
What is the best way for us to communicate with you about your child? (e.g. email, written notes )	

### Parent /Guardian Authorities

**Attendance:** I agree fees are paid for the days my child is booked into the centre, including times when my child is absent due to illness or whilst on holidays including public holidays.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Handbook:** I confirm the centre has provided me with a Parent Handbook, which I have read and understand.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Exclusion:** If my child is not fully immunised, I agree to withdraw my child from Shadforth Cottage Child Care Centre if there is an outbreak of a notifiable infectious disease for the duration of the outbreak and that fees will be paid during this time.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication:** In the event that my child suffers from a temperature over 37.5°C, I give permission for the staff to administer Panadol using the prescribed dosage on the bottle. I understand that I will still be notified and required to collect my child from the Centre within the hour.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Students:** I agree to my child being observed at the Centre by students from recognised training institutions for the purpose of their academic studies. This permission does not include my child's participation in any research project.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photographs:** Photographs are a wonderful way of observing and recording children's special moments. Accordingly, I agree for photographs being taken of my child for record and observation purposes for displays in the Centre, newsletters and other communication with parents.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sunscreens:** Shadforth Cottage Long Day Care Centre is conscious of the need to protect children's skin from the harmful effects of the sun. Children must bring a hat each day. I agree to the staff applying sunscreen to my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for your child to be walked under supervision between 129 Avenue Road and 87-89 Shadforth Street Centres:** I give permission for Shadforth Cottage staff to walk my child between Shadforth Cottage (87-89 Shadforth St) and the Preschool (129A Avenue Rd Mosman) for special events.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Fees

**Payment of fees:** Childcare fees are payable fortnightly in advance.

**Direct Debits:** Method of payment is only by direct debit. A Direct Debit Authority Form is enclosed and must be completed and provided with this enrolment form.

Childcare fees will be deducted from the nominated account on the first Tuesday of each fortnight.

**Bonds:** An eight week bond payment is required to secure your child's place and needs to be attached to this enrolment form by way of a cheque made out to "Shadforth Cottage", based on the number of days of attendance per week multiplied by the prevailing daily fee applicable for your child.

Where the number of days of attendance changes and subject to the Termination Care Agreement below; either a) the Bond amount for any additional days will need to be paid before the additional days can be secured for your child, or b) where days are reduced, the pro-rata bond amount will be refunded to you, subject to your fee account being up to date and after reconciling any CCB and/or CCR settlements from Centrelink.



## Shadforth Cottage Long Day Care Centre

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**Refund of Bonds:** In accordance with the Termination of Care Agreement below and subject to all fees being paid and up to date and after reconciling any CCB and/or CCR settlements with Centrelink, the bond will be refunded to you in full.

**Late Pick-up Fee:** A late pick up fee will be charged to your account at the rate of \$3.50 per minute for every minute after 6:00 pm which your child is signed out.

I hereby agree to the above terms relating to Fees.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Termination of Care:

**Withdrawal or Reduction in Days Notices:** If parents wish to terminate child care or wish to reduce days of care, parents are required to provide eight weeks (excluding the Christmas break) written notice to the Director to 87-89 Shadforth Street, Mosman NSW 2088 or by email to [info@shadforthcottage.com.au](mailto:info@shadforthcottage.com.au) advising of such withdrawal or reduction in days of care.

**Termination of care by Shadforth Cottage:** In extreme circumstances where a person's behaviour may seriously affect another person's health or wellbeing, Shadforth Cottage will have the right to terminate care.

The enrolment of your child may be terminated by Shadforth Cottage where fees remain outstanding for more than thirty days.

I hereby agree to the Termination of Care terms above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Declaration:

I hereby declare that all the information submitted in this Enrolment Form is a true, accurate and complete reflection of the relevant facts relating to my child.

I further agree to be bound by the policies of Shadforth Cottage.

I further agree that I am responsible for advising Shadforth Cottage in writing of any relevant changes to this enrolment form.

I confirm that I have understood and agree to the above terms of enrolment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_