

ENROLMENT BOOKLET

Child's Name:



Bayside Kindergarten and Childcare
29 Windemere Road
Alexandra Hills Qld 4161
Telephone: (07) 3824 5633
Fax: (07) 3824 5049

Email baysidecommunitycentre@gmail.com.au

Dear family,

Welcome to Bayside Kindergarten and Childcare.

This form is all about your child and your family. As each child is unique with different needs and routines, it's essential we have this important information. It will help us get to know your child so we can individualise their early learning and care, and support your family routines and culture.

The information requested in this form can appear repetitive, however it is important that you fill in each section as some parts of the form are kept in the centre's office in compliance with regulatory requirements, and other parts of the form are kept in your child's room for their educators to refer to on a daily basis. Please note some of the questions in the enrolment form are for Administration to complete—these are clearly marked.

Below are the items you'll need on hand to complete this enrolment form:

- Birth Certificate
- Australian Child Immunisation Register (ACIR) statement
- Customer Reference Number (CRN), if you are already registered with the Department of Human Services (Centrelink)
- Child's Medicare number
- Custody or parenting orders (if required)
- Contact information for three emergency contacts
- Child's doctor's details
- Additional needs information (if required)

Please write clearly using a pen, and return this form to your Centre Director. Please complete a separate form for each child in your family who is attending Bayside. We look forward to you joining our wonderful Bayside family.

Bayside acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the Land, and pays respect to Elders past and present.

BAYSIDE KINDERGARTEN AND CHILDCARE

Child Information

Full Name: _____ Nickname: _____
First Name Middle Name Last Name

Child CRN: _____ Child D.O.B: _____ Sex: Male/Female

Country of Birth: _____ 1st Lang: _____ 2nd Lang: _____

ATSI Descent: Aboriginal TS Islander Both Neither Other Cultural Background _____

Religion: _____

Special Considerations: Tick if applicable;

Child at Risk Details: _____
 Disabled Parent _____
 Learning Needs _____
 Communication Needs _____
 Mobility Needs _____
 Interpersonal Needs _____
 Other Needs _____

Does your child have any disabilities, which are relevant? No Yes If yes, please give details below.

Contact Details – Primary Parent/Guardian (with CRN)

Full Name: _____
Title First Name Middle Name Last Name

Preferred Name: _____ Gender: Male Female

Parent/Guardian CRN: _____ D.O.B: _____ Relation to child: _____

Email (for accounts): _____ Country of Birth: _____

Cultural Background: _____ Mobile: _____ Home Phone: (____) _____

Address: _____
Street Address

Select One: Not Working/ Working < 15 hours Occupation: _____
 Working > 15 hours Organisation: _____
 Looking for work Address: _____
 Studying/Training _____
 Disability/Disabled Carer Phone number _____

Contact Details – Partner or Secondary Parent/Guardian

Full Name: _____
Title First Name Middle Name Last Name

Preferred Name: _____ Gender: Male Female

Parent/Guardian CRN: _____ D.O.B: _____ Relation to child: _____

Email (for accounts): _____ Country of Birth: _____

Cultural Background: _____ Mobile: _____ Home Phone: (____) _____

Address: _____
Street Address

Suburb State Post Code

Select One: Not Working/ Working < 15 hours
 Working > 15 hours
 Looking for work
 Studying/Training
 Disability/Disabled Carer

Occupation: _____
Organisation: _____
Address: _____

Phone number _____

Booking Information

Proposed Start Date: / / Child's Age on First Day: _____ year's _____ months

Days Required: Monday Tuesday Wednesday Thursday Friday

Additional Authorised Contacts & Emergency Contacts (Over 18 Years)

In accordance with the National Education and Care Law and Regulations 2011, we are required to have on file, the name, address and telephone numbers of the individuals permitted to drop off and collect your child from this centre. **If someone arrives to collect your child and we have not been notified and their name is not on the list below, we cannot allow your child to leave the centre with them. No child will be released into the care of a person under the age of eighteen (18) years. Any changes to the list below must be done personally by completing an Additional Child Collection Authorization Form.**

Whilst we will do our very best to ensure the care and safety of your child at all times, there may be occasions when your child has an accident, injury, illness or trauma. All attempts will be made to contact parents first, however circumstances do not always allow.

Contact Details Person One

Authorised for: Call in Emergencies; Sign In/Out and Collect Child; Signing for medication; Excursions

Full Name: _____ Relationship to Child: _____
Title First Name Last Name

Home Phone: (____) _____ Mobile: _____ Work Phone: _____

Address: _____
Street Address Suburb State Postcode

Contact Details Person Two

Authorised for: Call in Emergencies; Sign In/Out and Collect Child; Signing for medication; Excursions

Full Name: _____ Relationship to Child: _____
Title First Name Last Name

Home Phone: (____) _____ Mobile: _____ Work Phone: _____

Address: _____
Street Address Suburb State Postcode

Contact Details Person Three

Authorised for: Call in Emergencies; Sign In/Out and Collect Child; Signing for medication; Excursions

Full Name: _____ Relationship to Child: _____
Title First Name Last Name

Home Phone: (____) _____ Mobile: _____ Work Phone: _____

Address: _____
Street Address Suburb State Postcode

Contact Details Person Four

Authorised for: Call in Emergencies; Sign In/Out and Collect Child; Signing for medication; Excursions

Full Name: _____ Relationship to Child: _____
Title First Name Last Name

Home Phone: (____) _____ Mobile: _____ Work Phone: _____

Address: _____
Street Address Suburb State Postcode

Account Details (Person Responsible for Account Payment)

Name of Person Responsible for Payment of Account: _____

By signing below as an account holder, you agree to pay fees in accordance with the guidelines in Bayside's parent handbook. Accounts must be kept current. If fees fall in arrears, your account may be referred onto our debt collector. In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs. Accounts must be maintained in advance at all times. Failure to do so will result in reduction or cancellation of care for your child / children. Please be aware that all families need to give the Centre Director two weeks notice in writing when changing or terminating care details. You also agree to abide by the policies and procedures of Bayside. Full policies are available for your viewing; they are located in the foyer area.

Name: _____ Signature: _____ Date: _____

I agree herewith to pay the required fees under the conditions set out in the Parent Handbook while my child/ren attend Bayside.

Name: _____ Signature: _____ Date: _____

I agree to give two (2) weeks notice of intention to withdraw my child from the centre or pay two weeks fees in lieu of such notice period. Fees in lieu of notice are full fees and not eligible for CCB.

Name: _____ Signature: _____ Date: _____

Where a direct debit arrangement has been entered into, I authorise Bayside to make withdrawals from my nominated account as specified in the Direct Debit Request Form. I acknowledge that such withdrawals may include amounts representing any arrears that are owed by me. I understand that any costs incurred by Bayside in collecting any arrears owed will be charged to my account.

Name: _____ Signature: _____ Date: _____

I understand that Public Holidays, Absent Days and Pupil Free Days are charged at the normal daily fee rate.

Name: _____ Signature: _____ Date: _____

I understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Benefit can be claimed for this fee. Late fees are charged as follows: \$1 per minute for each minute that your child has not been collected after closing time (minimum of \$20).

Name: _____ Signature: _____ Date: _____

Priority of Access (please select applicable category)

The Priority of Access Guidelines are primarily referred to when a service has a large waiting list and a number of parents competing for a limited number of vacant places. All parents should be made aware of the guidelines at the time of enrolling their child or children in a child care service. Please tick the category your child falls under. Working families must complete details of employment in relevant section.

- A child at risk of serious abuse or neglect.
- 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
- Any other child

Priorities within each category of priority: Within each priority mentioned above, the following children are to be given priority:

- Children in Aboriginal and Torres Strait Islander families;
- Children in families which include a person with a disability;
- Children in families which include an individual whose taxable income percentage under Clause 7 of Schedule 2 to the Family Assistance Act is 100%;
- Children in families with a non-English speaking background;
- Children in socially isolated families; and
- Children of single parents.

Where a childcare service is funded by an employer in order to provide childcare solely or primarily for the children of the employer's employees, the service may give priority to those children.

I/We understand that a Priority of Access system is applied at this centre under conditions laid down by the Federal Government whereby the children of working parents must be given priority over those of non-working parents. I/We agree to notify the centre promptly of any absence on the enrolled day.

Name: _____ Signature: _____ Date: _____

Family Details

Does your child attend any other approved child care? No Yes

If you have other children who are attending another CCB approved service, please complete the following information to ensure that you have the Multiple Child CCB Percentage applied to your account. Families need to advise us immediately of any changes to other care provided, so we can ensure the correct CCB rates are applied.

1. Child's Name _____ 3. Child's Name _____
2. Child's Name _____ 4. Child's Name _____

Child Custody Information

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access of the child?

No (go to the next section) Yes (please complete the following)

Name of the Custodial Parent: _____
Any additional information about access arrangements: _____

Signature: _____

Please supply the Centre with copies of Custody Orders or Access Arrangements that are in place for your child.

Medical Information

Your Medicare Number: _____ Expiry: _____ Number on Card: _____

Family Doctor's Name: _____ Telephone: _____

Family Doctor's Address: _____

Do you have a Health Card: Yes No Health Card #: _____ Expiry Date: _____

Preferred Hospital in Emergency: _____

1. Do you give permission for a single dose of Paracetamol if the child's temperature exceeds 37.8 degrees?
Yes No

Name: _____ Signature: _____ Date: _____

2. In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact parents/emergency contacts. Parents/Guardians are asked to sign below to give authorisation for Bayside Educators/staff to act on their behalf until they are able to be present. This includes the administration of first aid, the provision of care, and the seeking of medical attention should it be deemed necessary in the absence of the parent /guardian.

Name: _____ Signature: _____ Date: _____

3. In the event of an emergency, illness, or accident (where the Bayside is unable to contact the Parent/Guardian or the Authorised contacts), I/We give the staff permission to seek medical or hospital attention for my child. I agree to pay any expenses incurred for medical treatment and transport.

Name: _____ Signature: _____ Date: _____

4. I agree to keep my child home while he/she is suffering from any infectious or contagious illness, or when he/she is in such poor health as to be unfit for normal day care conditions. In the case of an infectious disease, I understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner, but also at the discretion of the Director who will refer to the national health publications – Staying Healthy in Childcare and guidelines from the Australian Government Department of Health.

Name: _____ Signature: _____ Date: _____

5. I agree to collect or make arrangements for the collection of my child should he/she become unwell while at Bayside. I agree that in the event of my child having a temperature over 38 degrees Celsius, Educators will phone me for verbal permission to administer Paracetamol.

Name: _____ Signature: _____ Date: _____

6. I understand that if our child is NOT immunised in accordance with the Government requirements (refer to Immunisation details page), my/our child will be excluded from the centre until the infectious period of the disease or condition has passed.

Name: _____ Signature: _____ Date: _____

7. I consent to educators at Bayside administering ventolin and/or epipen injection for my/our child when this is considered reasonably necessary in an emergency.

Name: _____ Signature: _____ Date: _____

Immunisation / Vaccination Details

To be eligible for Child Care Benefit, your children must meet the Immunisation requirements if they are under the age of seven. To meet the requirements, your child must be:

- Fully immunised or up to date according to the Australian Standard Vaccination Schedule; or
- On a Catch-up vaccination schedule; or

Has your Child been Immunised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Birth	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Months	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4 Months	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6 Months	Yes <input type="checkbox"/>	No <input type="checkbox"/>	12 Months	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18 Months	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4 Years	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please attach a copy of the Immunisation Record from the Child Health Record book or a copy of the Immunisation Record printout from local government.

Additional Enrolment Agreements & Photo Permissions

Photo Permissions

1. I give permission for my child to be photographed for the purposes of developmental observations and records by staff. Yes No

2. I give permission for my child to be photographed in group experiences, and for these photos to be used in all children's journals who are participants in the experience, and within the centre. I understand that my child will only be identified by first name and that individual developmental data will not be used in group observations.

Yes No

3. I give permission for my child's photograph to be used in daily emails to families, newsletters and other general correspondence.

Yes No

4. I give permission for my child's photograph to be used for posters and display within Bayside.

Yes No

5. I give media permission for my child to appear in and be identified in photographs or articles in the newspaper or other media.

Yes No

6. I give permission for my child's photograph to be used in advertising material developed for the promotion of Bayside.

Yes No

7. I give permission for my child to be observed and photographed by students participating at Bayside (including studying staff). I understand that any information collected will be kept strictly confidential, and be used only for the purposes of collating assignments. Children will only be identified by first name.

Yes No

8. By signing below I also express my agreement that any photographs containing children other than my own child, that come into my possession (eg journal), are to be kept strictly for private use and not displayed in any public domain, including on internet pages and social networking sites.

Yes No

Parent/Guardian 1 – Name: _____ Signature: _____

Parent/Guardian 2 – Name: _____ Signature: _____

Additional Enrolment Agreements & Photo Permissions (con't)

1. I have visited the centre and discussed the enrolment of my child with Kaitlyn (office administrator) or Meegan (Director). Yes No

2. I have received and/or read the Bayside's Parent Handbook. I understand that any changes to this Handbook will be advised to parents. I have read the Policies and Procedures in the Policy Booklet and agree to abide by them. Yes No

3. I also agree to abide by Bayside's other policies and procedures, which I have access to at any time. I understand that these will be constantly reviewed and updated and still agree to abide by them. Yes No

4. I will ensure that an adult person accompanies my child to and from the centre, that my child will be signed in and out at the appropriate locations on each day of attendance, and that the teacher/person-in-charge of the room is notified of arrivals and departures. Yes No

5. I understand that in an emergency or fire drill where evacuation is necessary that my child may need to leave the centre premises under the direction and supervision of staff. Yes No

6. I agree for the Bayside's educators and staff to apply 30+ SPF sunscreen regularly to my child for outdoor play purposes. I understand that the centre may use a variety of sunscreen brands. If my child requires special sunscreen, I agree to supply this product to the centre. Yes No

7. I understand that where we have defamed, offended, vilified and insulted the reputation of stakeholders by name or by affiliation with Bayside in any way or on any social media forum, my child's booking will be terminated immediately. I understand that where we have stated opinions about Bayside and their stakeholders by name or association, during or after my child's enrolment has ceased, then legal representation will be sought by Bayside stakeholders. Yes No

8. I understand that if I breach Bayside's Code of Conduct appropriate actions will be taken. These actions may include reporting to the regulatory body, the centre going into lockdown, police or appropriate authorities being called and termination of enrolment at the discretion of Bayside's Parent Committee. Yes No

Parent/Guardian 1 – Name: _____ Signature: _____ Date: _____

Parent/Guardian 2 – Name: _____ Signature: _____ Date: _____

Director – Name: _____ Signature: _____ Date: _____

Where did you hear about us?

Office Use Only

Enrolment Pack Given: / /

Birth Certificate received:

Immunisation record received: Yes No

Enrolment form details entered: Yes No

Details entered by: _____

Email address added to address book: Yes No

Details entered by: _____

Direct Debit authority signed: Yes No

Details entered by: _____

Parent orientation carried out: Yes No

Performed by: _____

Parent information pocket organised: Yes No

Performed by: _____

Portfolio given to families: Yes No

Performed by: _____

References

Education and Care Services National Law and Regulations 2011 Guide to the National Quality Standards
DEEWR, FAO

[Additional Information](#)

Child's Name: _____ Date of Birth: _____

Parent/Caregiver 1. _____

Parent/Caregiver 2. _____

Email Addresses for daily emails, newsletters etc: _____

Has your child been in formal care before? Yes/ No Type of Care: LDC FDC Other

How long and from what age? _____

Has your child experienced being away from you? Eg babysitting _____

Eating Habits: _____

Sleeping Habits: _____

Toilet Training Status: _____

Fears/Comfort Items: _____

Please indicate any festivals, celebrations or traditions your family celebrate: _____

What do you love about your child that you would like to share with us? _____

How can we assist your child this year? What would you most want for your child at our centre? _____

Is there any other information you would like to share with us? _____

Foods / Allergies / Medical Conditions

If you answer yes to any of the questions below, you must provide a supporting letter from your local doctor. (An action plan will be required for asthma / serious medical conditions)

Does your child have any allergies or intolerances? Yes No If yes please complete details.

Allergies to Food

(please specify which foods and the signs/symptoms to be aware of, if any): _____

Other Allergies

(please detail and specify the signs/symptoms to be aware of, if any): _____

Does your child have any dietary preferences or restrictions? Yes No

Is your child currently on any prescribed medications? Yes No

Does your child have any current medical conditions? Yes No

Does your child have any special needs, which are relevant? Yes No

Does your child have a history of illnesses or injuries? Yes No

APPLICATION FOR MEMBERSHIP

BAYSIDE COMMUNITY COLLEGE EARLY CHILDHOOD CENTRE INC.

I,
(Name in full)

of.....
(Residential address)

Hereby **wish / do not wish** to make application for membership to the Bayside
Community College Early Childhood Centre Inc. Association.

I understand that membership entitles me to speak or vote upon any motion at any
general Meeting of the Association.

Signature.....Date.....
Child/ren's Names.....

NB: A copy of the constitution is available from the centre director on request.

(Office use only)

Ratified by Management Committee: YES NO Date.....

Proposed..... Seconded.....

Written January 2020
Next review January 2021