

## ENROLMENT APPLICATION

Please ensure that one Application per child is completed by the Parent or legal Guardian.

Address of this Head Start Montessori Centre	
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### 1. CHILD DETAILS

First Name		Middle Name	
Surname		Date of Birth	
Country of Birth		Gender	
Child lives with (please circle)	Mother	Father	Grandparent
		Uncle	Aunty
			Other _____
Home Address			
Language spoken at home		Do you identify as Aboriginal or Torres Strait Islander?	Yes / No
Birth Certificate	(Please attach a copy of the child's birth certificate – circle if attached) Yes / No		
Desired start date		I wish to join the waiting list (if applicable)	Yes / No

### 2. PRIMARY PARENT / GUARDIAN

**Parent / Guardian 1** - This person will be contacted first in case of an emergency

First name		Surname	
Relationship to Child		Date of Birth	
Mobile Phone		Home Phone	
Work Phone		Drivers License Number	
Email Address			
Home Address			
Postal Address			
Work Address			
Occupation		Language spoken at home	

#### Centre Confirmation Checklist – For Office Use Only

All sections are completed correctly	Y/N	Parent or Guardian signature is on the form	Y/N
All required boxes are ticked and filled in	Y/N	Director has entered new enrolment into system	Y/N



Parent / Guardian 2			
First name		Surname	
Relationship to Child		Date of Birth	
Mobile Phone		Home Phone	
Work Phone		Drivers License Number	
Email Address			
Home Address			
Postal Address			
Work Address			
Occupation		Language spoken at home	

### 3. NOMINATED PARTIES AUTHORISED TO COLLECT

Authorised Nominee 1			
First name		Surname	
Relationship to Child		Date of Birth	
Mobile Phone		Home Phone	
Work Phone		Drivers License Number	
Email Address			
Home Address			
I authorise this person to: (please tick)	<input type="checkbox"/> Collect my child if all attempts to contact me fail or in case of accident or emergency <input type="checkbox"/> Collect my child from the centre should my child become ill whilst in care <input type="checkbox"/> Collect my child on any occasion (with my prior notification)		
Signature			

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<b>Authorised Nominee 2</b>			
First name		Surname	
Relationship to Child		Date of Birth	
Mobile Phone		Home Phone	
Work Phone		Drivers License Number	
Email Address			
Home Address			
I authorise this person to: (please tick)	<input type="checkbox"/> Collect my child if all attempts to contact me fail or in case of accident or emergency <input type="checkbox"/> Collect my child from the centre should my child become ill whilst in care <input type="checkbox"/> Collect my child on any occasion (with my prior notification)		
Signature			
<b>Authorised Nominee 3</b>			
First name		Surname	
Relationship to Child		Date of Birth	
Mobile Phone		Home Phone	
Work Phone		Drivers License Number	
Email Address			
Home Address			
I authorise this person to: (please tick)	<input type="checkbox"/> Collect my child if all attempts to contact me fail or in case of accident or emergency <input type="checkbox"/> Collect my child from the centre should my child become ill whilst in care <input type="checkbox"/> Collect my child on any occasion (with my prior notification)		
Signature			

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#### 4. YOUR CHILDS HEALTH

The more we know about your child's health the better equipped we will be in case of emergency  
Please list details below

Does your child have any disabilities, medical conditions or any other special needs?

Does your child have any known allergies or illnesses?

Has your child had any prior serious injuries or illnesses?

Does your child have any dietary requirement or restrictions?

Is your child on any medication (Long or Short Term)?

If you answered **YES** to any of the questions above you may need to fill in a Risk Minimisation Plan and Medication Authorisation form. Please discuss with the Centre Director

Family Doctors Name and Number

Family Dentists Name and Number

Health care or Concession Card Number

Expiry Date

Please ensure you have the original Government health care or concession card for the Director to photocopy

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## 5. ANAPHYLAXIS

The more we know about your child's health the better equipped we will be in case of emergency  
Please list details below

Has your child been diagnosed as being at risk of Anaphylaxis?

Does your child have an auto injection device? I.e. EpiPen

Have you provided the Centre with an Anaphylaxis Medical Management Plan?

In the case of Anaphylaxis you will be provided with a copy of the Centre's Allergy Management Policy. You will be required to provide the Centre with an individual Medical Conditions Management Plan for your child signed by the medical practitioner treating your child. This will be made available to all staff in the Centre and kept in your child's file.

## 6. PERMISSION FOR STAFF TO ACT IN CASE OF EMERGENCY OR ACCIDENT

In case of an accident or illness requiring emergency treatment, the team member in charge will call an ambulance if required. Every effort will then be made to contact the parents and those listed as authorised nominees to inform them of the situation. Parents are asked to complete the following:

- I / we authorise the staff of the centre to seek or provide urgent medical, dental, hospital treatment or ambulance service for my child should this be considered necessary. Furthermore I have read and understood the centre's Policies and Procedures around accident and injury and accept those conditions as enrolment at the Centre imposes.

Signature

## 7. IMMUNISATION

Has your child been immunised? (please circle)

Yes / No

In Queensland, to be eligible for Child Care Benefits 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
- On a catch up Vaccination schedule, or
- Have an approved exemption

Please provide the Centre Director with a copy of your child's immunisation record.

**NOTE:** It is your responsibility to notify Centrelink and the Centre if your immunisation schedule changes as it may affect the amount of your childcare benefit. It is the responsibility of the Parent/Guardian to read the Centre's Policies and Procedures in regards to immunisations and exclusions.

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### 8. CENTRELINK INFORMATION – MUST BE COMPLETED ON EVERY APPLICATION

<b>Registering Parents Name</b> (your child is registered to one parent at Centrelink)					
<b>Registering Parents Date of Birth</b> (essential for enrolment & CCB purposes)					
<b>Registering Parents CRN</b> (essential for enrolment & CCB purposes)					
<b>Childs CRN</b> (essential for enrolment and CCB purposes)					
Days of Attendance (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Are you eligible for other Child Care Benefits? (I.e. JET, AMEP etc)		Yes / NO			
Does your child attend another registered childcare service? (please circle)			Yes / No		
If yes, which service and for how many days per week?					
Does your child have siblings attending another childcare service? (please circle)			Yes / No		
If yes, which service?					
Name of siblings?					
Will you be claiming multiple percentages at this centre?		YES/ NO If Yes, please provide number of percentages: _____			
<p>1. It is your responsibility to register your child with Centrelink prior to enrolment in order to claim the CCB.</p> <p>2. It is your responsibility to notify the Centre if your childcare arrangements change as it will affect the amount of CCB applied to the Family Assistance Office.</p> <p>You can get up to 50 hours of CCB each week for each child in approved registered care if you;</p> <p>3. Work (includes paid full time, part time or casual work, self employment, paid leave, unpaid sick leave, paid of unpaid parental leave and setting up a business).</p> <p>4. Are actively looking for paid work, or volunteer work for 15 hours or more per week, or study or training (includes voluntary or unpaid work to improve your skills).</p> <p>5. Are a person with a disability, or care for a child or adult with a disability, or are an eligible grandparent who has the primary responsibility for raising and caring for your grandchild (applies to approved care only).</p>					

### 9. COURT ORDERS

Are there any Court Orders, Parenting Plans or Parenting Orders pertaining to your child? (please circle)	Yes / No
If YES, please provide a copy of this order to the Centre for your child's file. The centre MUST have a copy of the COURT ORDER to verify custody in the child's file. All staff will be made aware of this order. This order must relate to power, duties, responsibilities or authority of any person in relation to the child, access to the child or residence of the child.	

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## 10. MAINTAINING FEES

I agree to abide by the Centre's Policy of maintaining fees two (2) weeks in advance. I also understand fees are to be paid for all days my child is absent or sick and public holidays. If I am late collecting my child additional fees may be charged to my account. If fees fall behind the two weeks in advance policy, my child's place at the Centre may be jeopardised or cancelled and my overdue account sent to a debt collection agency.

Signature	
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## 11. POLICY AND APPLICATION INFORMATION CONFIRMATION

I have read the Centre's Policies, discussed these with the Director and agree to abide by them. I am also aware that the Policies may change from time to time due to review by the Centre staff and by the licensee. I understand that the Centre will keep me informed of any changes. I also acknowledge that I have read and understood the contents of the Parent's Handbook and agree to abide by the conditions and Policies stated therein. I declare that the information I have provided in this enrolment form is true and correct.

Parent/Guardian Name		Witness Name	
Signature		Signature	
Date		Date	

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