

MINGENEW EDUCATION AND CARE ENROLMENT FORM

Dear Parents, Guardians & Care Givers,

DAY CARE ENROLMENTS OPEN

Enrolments for the Mingeneew Education and Care Centre are now open. Enclosed with this letter is a copy of the enrolment form, ONE enrolment form must be completed for EACH child, if you require more than one enrolment form, please contact the CRC on 08 9928 1264.

Registrations for enrolment must be accompanied by a registration fee of \$20 per family.

HOURS OF OPERATION

Monday to Thursday 8am – 5pm

At this stage the Centre will be open for 48 weeks of the year from approx. January 15th to December 20th. Further confirmation of this will be forthcoming.

COSTS & CCB

Full Day Casual Fee	\$99
Full Day Permanent Booking	\$84
Half Day	\$61
After School	\$40

You may be eligible for the CCB (Child Care Benefit), which is based on family income and offers a reduction in Child care fees. If you are eligible for this payment you will also be entitled to CCR (Child Care Rebate), a further reduction in fees. If you need help with applying or have any questions please call in to the CRC. **Please ensure you have included ALL CRN Numbers where applicable and correct date of births. This information is needed so the database can link with Centrelink.**

If you have any further questions, or require assistance in completing the enrolment form, please call into or contact the Mingeneew Community Resource Centre on 08 9928 1264 or mingtel@wn.com.au

Kind regards

Mingenew Education & Care & Mingeneew Community Resource Centre



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ENROLMENT FORM – Parent/Guardian Details

PARENT / GAURDIAN DETAILS 1		
SURNAME		
GIVEN NAMES		
DATE OF BIRTH	/	RELATIONSHIP TO CHILD
CRN		
RESIDENTIAL ADDRESS	POSTCODE	
POSTAL ADDRESS	POSTCODE	
EMAIL ADDRESS:		
PHONE:	WORK:	MOBILE:
COUNTRY OF BIRTH	LANGUAGES SPOKEN	
PLACE OF WORK/STUDY		
PLACE OF WORK /STUDY ADDRESS	POSTCODE	
PARENT / GAURDIAN DETAILS 2		
SURNAME		
GIVEN NAMES		
DATE OF BIRTH	/	RELATIONSHIP TO CHILD
CRN		
RESIDENTIAL ADDRESS	POSTCODE	
POSTAL ADDRESS	POSTCODE	
EMAIL ADDRESS		
PHONE	WORK	MOBILE
COUNTRY OF BIRTH	LANGUAGES SPOKEN	
PLACE OF WORK/STUDY		
PLACE OF WORK /STUDY ADDRESS	POSTCODE	



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ENROLMENT FORM – Childs Details

CHILDS DETAILS	
NAME _____	
DATE OF BIRTH * / /	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
RESIDENTIAL ADDRESS _____	POSTCODE _____
POSTAL ADDRESS _____	POSTCODE _____
CHILDS CRN *	
REASON FOR CARE _____	
<p>Please note: Under Regulation 67(4) of the Child Care Regulations all parents who enrol a child at the Centre must produce the original of the child's birth certificate and provide a copy for Centre's records.</p> <p>* In order to receive CCR/CCB we MUST have your childs CRN and Your CRN</p>	
Birth Certificate Sighted <input type="checkbox"/> Yes <input type="checkbox"/> No	

ENROLMENT FORM – Immunisation

MY/OUR CHILD'S IMMUNISATIONS ARE UP TO DATE FOR THEIR AGE.

Please circle option **YES** **NO**

I/WE HAVE PROVIDED A CURRENT COPY OF MY CHILD'S IMMUNISATION RECORDS FOR THE CENTRE TO ADD TO THEIR RECORDS

Please circle option **YES** **NO**

I/WE HAVE CHOSEN FOR MY CHILD NOT TO BE IMMUNISED. I HAVE PROVIDED A FORM WHICH INFORMS THE CENTRE OF MY OBJECTION AGAINST IMMUNISATION. I AM AWARE THAT IF AN OUTBREAK OF AN ILLNESS WHICH IS PREVENTABLE BY THE GIVING OF IMMUNISATION IS PRESENT AT THE CENTRE THAT MY CHILD WILL BE EXCLUDED UNTIL THE ILLNESS PASSES

Please circle option **YES** **NO**

Parent/Guardian 1 Signature

Parent Guardian 2 Signature



ENROLMENT FORM – Medical Information

CHILDS MEDICAL INFORMATION

Does your child have any allergies? ☐ YES ☐ NO

If yes, please provide

details _____

Does your child have medical Conditions? ☐ YES ☐ NO

If yes, please provide

details _____

Does your child take any regular prescription medication? ☐ YES ☐ NO

If yes, please provide details _____

I/We understand that a Medical/Health Needs Support Plan will need to be completed if my child has any Medical/Health needs. I/we understand the need to discuss with the Mingeneu Long Day Care Staff a care plan for my child.

Parent/Guardian 1 Signature

Parent Guardian 2 Signature

FAMILY DOCTOR DETAILS

DOCTORS NAME

ADDRESS

POSTCODE

MEDICARE #

AMBULANCE NUMBER

PRIVATE HEALTH FUND

NUMBER



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ENROLMENT FORM – Authorised People

AUTHORISED PERSON/EMERGENCY CONTACTS/DROP OFF-PICK UP PERMISSIONS

This is a list of people whom are further persons that may be contacted to collect your child from the Centre in the event of an emergency and/or where you are unable to collect the child. These people can also be called upon to drop the child off at the Centre and collect them after care. Please note these people must be of good health, easily contactable and within close proximity to the Centre and capable of dealing with emergencies. Please choose people other than parents/guardians already mentioned.

AUTHORISED PERSON 1				
NAME				
HOME PHONE		WORK PHONE		MOBILE
ADDRESS				POSTCODE
DAYS USUALLY AVAILABLE	Monday am / pm	<input type="checkbox"/>	Tuesday am / pm	<input type="checkbox"/>
			Wednesday am / pm	<input type="checkbox"/>
			Thursday am / pm	<input type="checkbox"/>
RELATIONSHIP TO CHILD				
AUTHORIZED TO		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Drop off / Pick up Child
AUTHORISED PERSON 2				
NAME				
HOME PHONE		WORK PHONE		MOBILE
ADDRESS				POSTCODE
DAYS USUALLY AVAILABLE	Monday am / pm	<input type="checkbox"/>	Tuesday am / pm	<input type="checkbox"/>
			Wednesday am / pm	<input type="checkbox"/>
			Thursday am / pm	<input type="checkbox"/>
RELATIONSHIP TO CHILD				
AUTHORIZED TO		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Drop off / Pick up Child
AUTHORISED PERSON 3				
NAME				
HOME PHONE		WORK PHONE		MOBILE
ADDRESS				POSTCODE
DAYS USUALLY AVAILABLE	Monday am / pm	<input type="checkbox"/>	Tuesday am / pm	<input type="checkbox"/>
			Wednesday am / pm	<input type="checkbox"/>
			Thursday am / pm	<input type="checkbox"/>
RELATIONSHIP TO CHILD				
AUTHORIZED TO		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Drop off / Pick up Child



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ENROLMENT FORM – Day & Time Requirements

CHILD'S INFORMATION

CHILD'S FULL NAME _____

PREFERRED CHRISTIAN NAME: _____ DATE OF BIRTH _____

DAY CARE REQUIRED

Please mark

☐ Monday

☐ Half Day

☐ Full Day

Drop off Time

Pick up Time

☐ Tuesday

☐ Half Day

☐ Full Day

☐ Wednesday

☐ Half Day

☐ Full Day

☐ Thursday

☐ Half Day

☐ Full Day

CUSTODY ISSUES CONCERNING THE CHILD

Are there any disputes regarding the custody of the child? YES NO

If YES please provide details: _____

Are there any court orders in place regarding the child? YES NO

If YES please provide details _____

It is the legal responsibility of Mingenev Long Day Care staff to uphold current, signed and certified court orders which have been presented to the Centre. Centre Staff are not legally obligated to uphold verbal orders or parenting plans. Please see our policy on the Collection and Custody of Children for more details.



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ENROLMENT FORM – Routine Information

Please complete the following information relating to your child

QUESTION	NO	YES	DETAILS
Does your child sleep during the day?			What times? _____
Does your child have a favorite item to sleep with?			How long for? _____
Does your child sleep in a bed or cot?			(eg. Toy, Blanket) _____
Does your child require a bottle?			What Times _____
How does your child communicate their need for food/drink?			_____ _____
Is your child toilet trained?			_____ _____
How does your child communicate their need to go to the toilet?			_____ _____
Is there a special word/s for toilet (e.g. "Wee, Loo")			_____
Are there any special considerations relating to cultural, religious, medical, fears & anxieties or behavioural issues or any other special needs we need to know about your child?			_____ _____
Does your child know basic shapes, numbers & ABC's?			_____ _____
Does your child have any hearing, speech or visual problems?			_____ _____
Do you have any concerns about your child's development?			_____ _____
Are there any areas that you think your child needs help to develop?			_____ _____
How does your child show his/her feelings: When Afraid When Happy When Angry When Intolerant			_____ _____ _____ _____
Is your child familiar with being left with another care giver (apart from immediate family)?			_____ _____
How does he/she react when being left by you?			_____ _____
Is there anything else we need to know about your child?			_____ _____



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ENROLMENT FORM – Permission Requests

PARENTAL PERMISSIONS	YES	NO
<u>Medical Attention</u> I/We give consent for staff of Mingenev Long Day Care to seek medical attention in the event of an illness or accident where I/We or authorized contacts cannot be contacted to collect my/our child from the Centre. I also give permission for Mingenev Long Day Care staff to seek urgent medical attention in the event of a medical emergency. I/we understand that I/We will be liable to pay for all expenses incurred for medical treatment and transport		
I/We give permission for Mingenev Long Day Care staff to administer Panadol (Paracetamol) to my child in the event of a high temperature. I understand that staff will contact myself to gain verbal permission first		
I/We give permission for Mingenev Long Day Care staff to administer medication via an EPIPEN if my/our child is having an anaphylactic episode and that I/We will be contacted if this occurs. I /We also understand that the staff are trained to recognize and respond to an anaphylactic episode and that my/our child will be conveyed to hospital for treatment after receiving medication via an EPIPEN as recommended by Health Authorities		
<u>Programming</u> I/We give permission for my child to participate in all activities offered at Mingenev Long Day Care. I/We agree that it is my/our responsibility to familiarize myself/ourselves with the program and to advise the Centre, in writing, if I/We do not wish my/our child to participate in a particular activity		
I/We give permission for staff to take observations of my/our child which will be used during centre programming. This will allow staff to be able to prepare developmentally appropriate activities for my child.		
<u>Children's Photographs</u> I/we give permission for my/our child's photograph to be taken or recorded at the centre for use within the centre only		
I/We give permission for my/our child's photograph, name and age to be published in local papers or publicity materials in regard to publicity for the Centre. I/We understand that I/we will be informed when this is going to occur		
<u>Emergency Evacuation Practices</u> I/We give permission for Mingenev Long Daycare staff to involve my/our child in an emergency evacuation practice. I/we understand that the 'safe point' for this evacuation is the fenced area at the back of the centre, which is outside the centre premises. In the event of a real evacuation, I/We also give our permission for my/our child to leave the centre premises to get to the 'safe point'.		
<u>Sunscreen</u> I/We give permission for Mingenev Long Day Care staff to apply sunscreen cream on my child as required. It is my/our responsibility to familiarize myself with the sunscreen cream used from time to time and if I/We feel this is not suitable for my/our child, then it is my/our responsibility to provide appropriate sunscreen cream to be applied to my/our child		
<u>Communication with Health Professionals</u> I/We give permission for Mingenev Long Day Care staff to discuss my child's development with the Occupational Therapist and/or Speech Therapist should it be necessary. I/We understand that only information relevant to my child's development and Mingenev Long Day Care will be discussed with them and that they will visit the centre periodically		

SIGNED



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The following is information that we are required to give CCMS (Child Care Management System) for their statistics

Is your child of Aboriginal or Torres Strait Islander origin?

Please indicate one of the following

- ☐ NO ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander

Does your child have any special needs? (please indicate any of the following that apply)

- ☐ Child at risk ☐ Disabled Parents ☐ Learning Needs ☐ Communication Needs
☐ Mobility Needs ☐ Interpersonal Needs
☐ Other _____

To help you complete this question CCMS define special needs as children from the following groups:

- Children from culturally and linguistically diverse backgrounds
- Children with refugee background who have been subjected to trauma
- Indigenous children
- The child's place has been sought by a state or territory child protection worker
- The child is in the care of the state, or other forms of home care

Does your child have a diagnosed disability?

- ☐ YES ☐ NO

Disability Description (this question is not compulsory)

I would like to receive newsletters, surveys, general correspondence and other information regarding the centre via

- ☐ Post ☐ Email ☐ Put in child's bag

OFFICE USE ONLY

Tour of Centre	
Parent Handbook Understood	
Parent Agreement signed & Understood	
Enrolment Forms Complete & Correct	
Childs CRN Number	
Mothers CRN Number	
Fathers CRN Number	
DOB Correct for all	
Doctors/Medicare Info	
Birth Certificate viewed and Copied	
Immunisation viewed and copied	

Family Registration Fee paid (\$20)	
Ezidebit Form Complete & Correct	
Enrolment created in Quikkids	
Date: _____	
Name: _____	
Ezidebit Account created	
Date: _____	
Name: _____	

Updated May 2016