



## ENROLMENT FORM

### CHILD'S DETAILS

Given Name/s: ..... Last Name: ..... Sex M  / F

Other name/s or former name/s the child is known by: .....

Date of Birth: ...../...../..... Place of Birth: ..... Date to start: .....

Ethnicity: ..... Languages spoken at home: ..... Religion: .....

Child's home address: .....

Is the child of Aboriginal and/or Torres Strait Islander descent? Please tick. Yes  / No

Custody / Court Orders? Yes  / No  (if yes, please provide details and copies).....

CHILD'S CRN: .....

### Days/Times Booked

| Times           | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------------|--------|---------|-----------|----------|--------|
| Arrival Time:   |        |         |           |          |        |
| Departure Time: |        |         |           |          |        |

### PARENT/GUARDIAN DETAILS (1)

Title/First name: .....

Last Name: .....

Other names/s parent is known by: .....

D.O.B: .....

Home Address: .....

.....

Home Phone: .....

Mobile: .....

Email Address: .....

Ethnicity: .....

Languages spoken at home: .....

Marital Status: .....

Occupation: .....

Work Name: .....

Work Address: .....

.....

Work Phone: .....

Relationship to the Child: .....

Eg. Mother/Father/Guardian

Family CRN: .....

**Child's Doctor:**.....

Address:.....

Phone: .....

Ambulance Fund: Yes  / No

### PARENT/GUARDIAN DETAILS (2)

Title/First name: .....

Last Name: .....

Other name/s parent is known by: .....

D.O.B: .....

Home Address: .....

.....

Home Phone: .....

Mobile: .....

Email Address: .....

Ethnicity: .....

Languages spoken at home: .....

Marital Status: .....

Occupation: .....

Work Name: .....

Work Address: .....

.....

Work Phone: .....

Relationship to the Child: .....

Eg. Mother/Father/Guardian

Family CRN: .....

Doctor: .....

Medicare Number: .....

Health Fund: .....

**FAMILY DETAILS**

Other children living at home, names and D.O.B: .....

Can you contribute any skills to our centre’s program or have time to volunteer?  
E.g. play a musical instrument, speak other language, etc: .....

Other:  
Why did you choose Josie’s Bright Beginnings? E.g. friendly staff, cleanliness, atmosphere: .....

**Food Preferences**

Does your child have any foods which you would **not** like to be included in their meals Yes  /No

**Allergies**

Does your child have any allergic reactions? E.g. foods, medicine, sunscreen, etc. Yes  /No   
If yes, please provide details and action plan for dealing with allergic reactions: .....

**Medical Conditions**

Does your child have any medical conditions? E.g. asthma, convulsions, etc. Yes  /No   
If yes, please provide details and action plan for dealing with medical conditions: .....

Does your child take any regular medications? E.g. Ventolin, etc. Yes  /No   
If yes, please provide details: .....  
Child’s present health status: .....

**Anaphylaxis**

Has your child been diagnosed at risk of anaphylaxis? Yes /No   
Does your child have an auto injection device (eg EpiPen®)? Yes  /No   
Has the anaphylaxis medical management plan been provided to Josie’s Bright Beginnings? Yes /No   
Has a risk management plan been completed by Josie’s Bright Beginnings in consultation  
with you? Yes  /No

**Child Health Record**

Does your child have a child health record? Yes  /No

If yes, please provide to the service for sighting.  
Child health record means a record that documents a child’s health and development assessments  
and immunisations.

Name and position of person at Josie’s Bright Beginnings who has sighted the child’s health record

\_\_\_\_\_

**Immunisation:**

Are your child’s immunisations up to date?  Yes  No

\* Please provide a copy of your child’s Australian Childhood Immunisation Records (ACIR) Statement. (You can get a copy by calling 1800 653 809, by email on [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au) , from a Medicare or Centrelink office or online at [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online) ).

If your child’s immunisations are not up to date, please attach one of the following documents:

A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule

An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor

ACIR Immunisation History Statements and Exemption forms are available on the Department of Human Services website <http://www.humanservices.gov.au/> The ACIR can be contacted on 1800 653 809 or email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)

**Special Needs**

Does your child have any special needs/challenging behaviours? Yes /No

If yes, please provide details:

.....  
.....  
.....  
.....

Does your child regularly visit a specialist? E.g. speech therapist, etc. Yes /No

If yes, please provide details:

.....  
.....  
.....  
.....

**GENERAL INFORMATION**

**Medical Emergency**

In case of accident or emergency, every effort will be made to contact the parent/s immediately. In the event that my child requires medical attention, I authorise the staff at Josie’s Bright Beginnings to obtain medical assistance, and agree to pay any medical / transport costs incurred.

Parent/s Signature & Name: .....Date:  
...../...../.....

## PAYMENT AGREEMENT

I / We understand that:

- Fees are payable two weeks in advance or on the week care is received. (Depending on payment method).
- If my fees are in arrears for more than two weeks and no arrangements have been made with the Centre Manager, my child's place will be withdrawn.
- Fees will be charged for booked days that my child does not attend due to illness, holiday, public holidays, RDO days.
- I need to provide two weeks notice prior to withdrawing from the centre and will agree to pay all outstanding fees prior to my departure.
- Should I fail to pay my fees and my place is withdrawn or when I leave the centre, I will be liable for all additional costs incurred by the centre in collecting the outstanding fees.
- Full fees are payable until Child Care Benefit confirmation is received by the centre.

Parent/s Signature & Name: .....Date:

...../...../.....

Parent/s Signature & Name: .....Date:

...../...../.....

(To be signed by both parent/s or guardians where applicable)

### Information Authority

The family Assistance Office can provide your information to someone else in special circumstances, where Commonwealth Legislation allows or requires, or where you give permission.

Josie's Bright Beginnings may need to request the following information from the Family Assistance Office:

- Details regarding your Child Care Benefit percentage and it's currency;
- Your current residential address and phone number.

I give the Family Assistance Office the authority to provide Josie's Bright Beginnings information regarding my Child Care Benefit percentage and it's currency and or my current residential address and phone number.

Parent/s Signature & Name: .....Date:

...../...../.....

## GENERAL INFORMATION

### Authority to Collect / Emergency Contacts: (Do not include parent/s name/s)

I authorise the staff members of Josie's Bright Beginnings to give the following persons access to my child. Please ensure these emergency contact persons are willing and able to collect your child in the event of an emergency. At least 2 contact names must be completed before enrolment commences.

| 1. Contact / Collect.    |
|--------------------------|
| First Name: .....        |
| Last Name: .....         |
| Address: .....           |
| .....                    |
| Home Phone: .....        |
| Mobile: .....            |
| Work Phone: .....        |
| Relation to Child: ..... |

| 2. Contact / Collect     |
|--------------------------|
| First Name: .....        |
| Last Name: .....         |
| Address: .....           |
| .....                    |
| Home Phone: .....        |
| Mobile: .....            |
| Work Phone: .....        |
| Relation to Child: ..... |

| 3. Contact / Collect     |
|--------------------------|
| First Name: .....        |
| Last Name: .....         |
| Address: .....           |
| .....                    |
| Home Phone: .....        |
| Mobile: .....            |
| Work Phone: .....        |
| Relation to Child: ..... |

| Are these contacts authorised to:-   | Contact 1 | Contact 2 | Contact 3 |
|--|-----------|-----------|-----------|
| Consent to medical treatment/transportation of your child given an emergency?                | YES / NO  | YES / NO  | YES / NO  |
| Consent to medical treatment of, or to authorize administration of medication, to the child? | YES / NO  | YES / NO  | YES / NO  |
| Authorise an educator to take the child outside the education and care services premises?    | YES / NO  | YES / NO  | YES / NO  |

### Permission

I give the management / staff of Josie's Bright Beginnings the authority:

- To use the name and / or photo of my child for the centre displays;
Yes  /No
- To use the name and / or photo of my child for social media (ie. Facebook) & advertising / training purposes
Yes  /No
- To apply sunscreen to my child for outside play;
Yes  /No
- For centre personnel and students to observe my child to assist in developing programs;
Yes  /No
- To allow the people listed as Parents & Contact Persons to drop off and collect my child from the centre unless otherwise specified.
Yes  /No
- To check for head lice in my child's hair
Yes  /No
- To administer panadol to my child if he/she has a temperature
Yes  /No

Parent/s Signature & Name: .....Date:  
 ...../...../.....

## PRIVACY CONSENT FORM

In December 2000 an amendment act was passed through the Federal Parliament relating to the Privacy Act. This amendment came into effect on the 21<sup>st</sup> December 2001.

We require your consent to collect personal information about you and your child/children. Please read this form carefully, and sign where indicated below.

Josie's Bright Beginnings ABN 91 608 634 180 collects information from you for the primary purpose of providing quality child care. We require you to provide us with details so that we may properly attend to your child/ren's needs. This means we will use the information you provide in the following ways:

- Administrative purposes in running our Child Care Centre.
- Billing purposes
- Disclosure to others involved in Child Care including the Commonwealth Department of Family Services and the Department of Family and Community Services.
- Disclosure for research and quality assurance activities to improve individual and community child care practice management.
- Emergency situations whereby staff / hospitals require access to a child/ren's records for appropriate purposes.

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I have read the information above and understand the reasons why my and my child/children's information must be collected. I am also aware that Josie's Bright Beginnings ABN 91 608 634 180 has a privacy policy on handling information.

I am aware of my rights to access the information collected about my child/ren, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

I consent to the handling of my information by the Company for the purposes set out above, subject to any limitations on access or disclosure that I notify the Centre of.

Child's Name: .....  
(Please Print)

Parent's Name: .....  
(Please Print)

Signed: ..... Date: .....

**JOSIE’S BRIGHT BEGINNINGS – CHILDCARE AGREEMENT**

I have read and agree to abide by the conditions outlined in the Josie’s Bright Beginnings Parent Handbook, including:-

- That fees are payable, based on frequency in advance at all times via direct debit. The direct debit form must be returned alongside enrolment forms prior to start date.
- Payments must be scheduled weekly.
- Payments will be direct debited on a Monday.
- It is the parents /guardians responsibility to ensure there is enough money in the account to cover these charges.
- In the case of a declined payment, the full amount must be paid prior to the date of the next payment.
- If personal details need to be changed, a form can be obtained from the office and must be received the Friday prior to your next due direct debit transaction.
- Fees are payable for all booked days, including absences due to illness, holidays or public holidays.
- Late collection fee: A fee of \$2.00 per minute will apply after designated centre closure time.
- If at any stage you have financial difficulties, please speak with the centre coordinator as we may be able to provide special assistance or work out a payment plan.
- If fees lapse by 2 weeks and no special arrangements have been made, your child’s place will be considered vacant and may be offered to another child.
- That I am eligible to claim 2 weeks of holiday rates (1/2 normal rate).
- That I must give 2 full weeks’ notice of changes to or cancellation of my child’s care and that cancellation of care must be notified in writing using appropriate forms.
- That I must notify the centre of any absences
- That it is my responsibility to inform the Family Assistance Office of my child’s attendance at this centre when arranging Childcare Benefit and understand that if I do not do this I will be liable to pay the full fee for childcare.
- That my child is allowed 42 days absence from the centre each financial year July 1 – June 30 and that if my child exceeds this limit, I will be liable to pay the full fee for childcare.
- That I must not knowingly bring a contagious child to the centre and if I am unsure, I will consult my copy of the exclusion table and/or consult the centre before bringing my child
- That if my child becomes ill while at the centre, I may be asked to collect my child and must arrange collection immediately. I must also complete the centre sick certificate before returning my child to the centre.
- That it is my responsibility to inform the office of any changes to my child’s enrolment details, contact numbers, emergency contacts etc immediately.
- That I must ensure my child’s immunisations are up-to-date and that I must inform the office of the dates of additional immunisations.
- That I must direct any complaints/concerns to the Team Leader of my child’s room and/or to the office as soon as possible.
- That I am welcome at all times to speak with staff about my child and to contribute my ideas and/or time to the programmed activities.

Child’s name(s) : .....

|                  |              |
|------------------|--------------|
| Parent’s name(s) | Signature(s) |
| .....            | .....        |
| .....            | .....        |

*(Office use only)*  
 Received By: Name ..... Date .....  
 Signature .....

# Direct Debit Credit Card Authority



Please complete the detail below and return to:

Josie's Bright Beginnings  
47-49 Wattle Valley Drive,  
Hillside 3037.

Name of Child / Children:

\_\_\_\_\_

Credit Card type: Visa  MasterCard

Credit Card Number:

Expiry Date: \_\_\_\_ / \_\_\_\_

CVV: \_\_\_

I \_\_\_\_\_ hereby authorise Josie's Bright Beginning to collect payment of my future accounts for the above child / children when due, by direct debit from the above credit card.

Name appearing on Credit Card: \_\_\_\_\_

Cardholders signature \_\_\_\_\_ Date: \_\_\_\_\_

Josie's Bright Beginnings will only use your information for the express purpose described in this form