

Date of Application: **Centre of Application:**

A parent who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licenced Children's Services are required to collect the child's enrolment information as stipulated in Regulation 160 – 162 of the Education and Care Services National Regulations.

Child Details

Given Name: Surname:

Home Address:

Suburb: State Postcode:

Date of Birth: Gender: Female Male Home Phone:

Languages spoken at home:

Cultural Background and Special Considerations:

Religion and Religion Special Considerations:

Child lives with:

Custody Court Orders?

(If yes, please provide details and copies)

Parenting or Parenting Plan:

(If yes, please provide details and copies)

Please Note: Parenting order means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 (Commonwealth). Parenting Plan means a parenting plan within the meaning of section 638(1) of the Family Law Act 1975 includes a registered parenting plan within the meaning of section 63C(1) of the act.

Parent Details

Parent 1 Full Name: Parent 2 Full Name:

Date of Birth: DD/MM/YYYY Date of Birth: DD/MM/YYYY

Home Address: Home Address:

Mobile: Mobile:

Home Phone: Home Phone:

Email: Email:

Cultural Background: Cultural Background:

Language Spoken: Language Spoken:

Occupation: Occupation:

Work Name: Work Name:

Work Address: Work Address:

Work Phone: Work Phone:

Work Email: Work Email:

Relationship to child: Relationship to child:

Days booked (please tick)

Start Date:

Monday Tuesday Wednesday Thursday Friday

FAO Details

Child CRN Number: Customer CRN Number:

CCB%: Eligible Hours:

Are you applying for CCB: Yes No Name of the parent registered with FAO:

CCR paid to the service? Yes No Are you entitled to JET? Yes No

Family Details (children living at home)

Name: Date of Birth: DD/MM/YYYY

Name: Date of Birth: DD/MM/YYYY

Name: Date of Birth: DD/MM/YYYY

How many of these children attend approved or registered care?

Do you wish to claim multiple CCB percentage for these children? Yes No

Can you contribute any skills to the centre or volunteer time?

Medical Practitioner

Doctor: Address:

Phone:

Medicare Number: Ambulance Fund and Identification Number:

Immunisations

To be eligible for CCB, 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 if you have an approved exemption for your child.

Has your child been immunised? Yes No Are immunisations up to date? Yes No

Please sign that you have provided a current copy of your child's immunisation:

Print Name:

Nominated Supervisor's signature to acknowledge we have sighted and received your child's immunisation:

Print Name:

Please complete the below table

Immunisation Schedule	Immunisation Type	Date
Birth	<input type="checkbox"/> HEP B	<input type="text"/>
2 Months	<input type="checkbox"/> DTPA <input type="checkbox"/> HEP B/HIB <input type="checkbox"/> OPV	<input type="text"/>
4 Months	<input type="checkbox"/> DTPA <input type="checkbox"/> HEP B/HIB <input type="checkbox"/> OPV	<input type="text"/>
6 Months	<input type="checkbox"/> DTPA <input type="checkbox"/> OPV	<input type="text"/>
12 Months	<input type="checkbox"/> MMR <input type="checkbox"/> HEP B/HIB	<input type="text"/>
18 Months	<input type="checkbox"/> MMR <input type="checkbox"/> CHICKENPOX	<input type="text"/>
4 Years	<input type="checkbox"/> DTPA <input type="checkbox"/> MMR <input type="checkbox"/> OPV	<input type="text"/>

In an effort to improve childhood immunisation rates, the Victorian Government has amended the Public Health and Wellbeing ACT 2008. The amendments, in effect from the 1st of January 2016, means that early childhood education and care services cannot confirm enrolment of a child unless the parent/carer has provided documentation that shows that the child:

- is fully vaccinated for their age, or
- is on a recognised catch up schedule if their child has fallen behind with their immunisation, or
- has a medical reason not to be vaccinated.

"Conscientious objection to vaccination is not an objection"

Allergies/Medical Condition/Health

Does your child have any allergic reactions?

Foods, medicine, grass, sunscreen etc

Does your child have any medical conditions?

Asthma, convulsions etc

Has your child been diagnosed at risk of anaphylaxis?

If so, please attach your medical plan

Does your child have a medical action plan?

If yes, please provide your medical action plan

Does your child take regular medication?

Ventolin etc

Child's present health status?

Please note: if your child has a medical action plan, you will need to make time with the Director and Educators in your child's room to sit down and develop a Risk Minimisation Plan and Communication plan prior to commencing care.

Additional Needs

Does your child have any additional needs?

If yes, please provide details

Does your child regularly visit a specialist?

If yes, please provide details

Food/Meals

Does your child have any dietary requirements?

Vegetarian, religious etc

Foods they like/dislike?

Please provide details

General Needs

Can your child participate in festivals and celebrations?

ie: Christmas. Please provide details

Does your child have any fears?

ie: Cats, Dogs, Thunder etc.

Please provide details

Does your child participate in any extra curricular activities?

Please provide details

Routine

Please provide details about your child's routine.

Include routine times including day sleeps, comforters such as teddies and dummies, daily bottles etc.

Authorised Nominees/Emergency Contacts

Please note: Authorised Nominees/Emergency Contacts must not include Parents. As stipulated in Regulation 160 3(B) of the Education and Care Services National Regulations, parents are required to nominate an Authorised Nominee. An Authorised Nominee is a person who has been given permission by a parent or family member to collect the child from the Education and Care Service. Section 170(5) of the Law. There may also be times where your child has an accident, injury, trauma or illness or requires medication or medical treatment and you as the parents cannot be contacted. To deal with these situations we will notify one of the below contacts who are authorised to collect and care for your child.

Authorised Nominee 1

Full Name: Mobile:
Home Address: Home Phone:
Work Phone:

- Is the above person authorised to collect your child from Eclipse Early Education? Yes No
- Can the above person be contacted in case of an incident trauma or illness involving your child? Yes No
- Is the above person authorised to consent to medical treatment for your child? Yes No
- Is this above person authorised to consent to administer medication to your child or be transported off the premises by an Ambulance service? Yes No
- Is the above person authorised to authorise an Educator from Eclipse Early Education to take the child outside the education and care premises? Yes No

Authorised Nominee 2

Full Name: Mobile:
Home Address: Home Phone:
Work Phone:

- Is the above person authorised to collect your child from Eclipse Early Education? Yes No
- Can the above person be contacted in case of an incident trauma or illness involving your child? Yes No
- Is the above person authorised to consent to medical treatment for your child? Yes No
- Is this above person authorised to consent to administer medication to your child or be transported off the premises by an Ambulance service? Yes No
- Is the above person authorised to authorise an Educator from Eclipse Early Education to take the child outside the education and care premises? Yes No

Authorised Nominee 3

Full Name: Mobile:
Home Address: Home Phone:
Work Phone:

- Is the above person authorised to collect your child from Eclipse Early Education? Yes No
- Can the above person be contacted in case of an incident trauma or illness involving your child? Yes No
- Is the above person authorised to consent to medical treatment for your child? Yes No
- Is this above person authorised to consent to administer medication to your child or be transported off the premises by an Ambulance service? Yes No
- Is the above person authorised to authorise an Educator from Eclipse Early Education to take the child outside the education and care premises? Yes No

Medical Emergencies/Consent to Administer Medical Treatment

The only person that can give consent for educators to authorise or administer medical treatment or medication is those with 'lawful authority' meaning the child's parents or guardians if appointed by the courts. I give consent for the educators at Eclipse Early Education to undertake first aid or seek medical assistance or treatment that my child should require from a medical practitioner, hospital or ambulance service. I also consent for the educators at Eclipse Early Education to organise transportation of my child by ambulance service if required. I understand that medical treatment and ambulance service will be at my expense. In this even every effort will be made to contact the parents/guardians immediately.

Parent/Guardian Signature

Print Name:
Date:

Permission

I give the management/educators at Eclipse Early Education the authority to:

- Use the name and/or photo of my child for centre displays, centre website and/or promotional use including media/Facebook Yes No
- To share group photos that my child is in, with families that use the service Yes No
- To apply sunscreen for outdoor play Yes No
- To be observed by educators and students for developmental purposes Yes No
- To check your child's hair if there is an outbreak of head lice Yes No
- The person listed as Parents and Contact Persons are authorised to drop off and collect my child unless otherwise specified Yes No

Parent/Guardian Signature

Print Name:

Date:

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.

Eclipse Early Education may 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 Eclipse Early Education information regarding my Child Care Benefit percentage and it's currency and/or my current residential address and phone number.
- I have read and understood Eclipse Early Education's Policies and Procedures and agree to abide by these at all times.

Parent/Guardian Signature

Print Name:

Date:

Payment Requirements

I/we understand that:

- Fees are payable one week in advance.
- If my fees are in arrears for more than two weeks and no arrangement has been made with the Centre Director, my child's place will be withdrawn.
- Fees will be charged for booked days that my child does not attend due to illness, public holidays, RDO days.
- I need to provide two weeks notice in writing 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 any outstanding fees.
- Full fees are payable until Child Care Benefit confirmation is received by the centre.
- Full fees are payable if you don't attend your first or last day of booked care.
- My Ezi Debit payment will be altered to reflect any CCB or CCR changes.

Parent/Guardian Signature

Print Name:

Date:

Confidentiality

The proprietor of Eclipse Early Education will ensure that the information in the child's enrolment record is not divulged to another person unless necessary for the care and education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education & Care Services National Regulations.

Parent/Guardian Signature

Print Name:

Date:

Lawful Authority

Parents – All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Education and Care Services National Law Act 2010 refer to those powers and responsibilities as 'lawful authority'. It is not affected by the relationship between the parents such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Enrolment Fee

To ensure your child's place is secure on our waiting list/to begin, we require a \$30.00 enrolment fee.

I have paid the \$30.00 enrolment fee

Yes No

Completion Checklist

Please ensure that each item on the below list is completed and returned to complete and confirm your child's enrolment at Eclipse Early Education.

- Parent and family details are complete in full
- The days required are correct
- You have registered with the FAO and have provided parent and child details
- Medical practitioner details are complete in full
- Copy of an up to date immunisation schedule or catch up documentation
- A copy of your child's birth certificate has been provided
- Completed allergies section in full and attached any Allergy Plans
- If your child has asthma or anaphylaxis or serious allergy they will require an Action plan from your GP prior to enrolment
- You have completed 3 emergency contact details (who are not the parent/guardian)
- All sections are completed on the enrolment form

How to complete enrolment form:

- Print, sign and fax to 03 9696 2227
- Email to info@eeeg.com.au

Any questions, please call 1300 762 911.

Eclipse Early Education Group
Lvl 1, 92 Thistlethwaite St, South Melbourne, VIC 3205 Australia
eeeg.com.au