Next Step Childcare

7 Bronzewing Street

Tahmoor NSW 2573

02 4601 1211 or 0439966704

Next Step Childcare

Application for Enrolment
(Confidential Information)

Childs Name: ……

Date of Birth: …… Cultural Background: …….... Sex:……..

Former Names the child has been known by: .....

Other names the child is known by : ……

Place of birth: …….. Does your child attend another centre? .....……

Language spoken at home: ……

Home Address: ……

Mother's Name ……..Date of Birth……

Former names the Mother has been known by: .....

Other names the Mother is known by: .....Cultural Background.....

Home Address: ……

Home Phone: ……Mobile Phone: ……

Occupation or course of study: .....

Place of Work or Place of education: ……..

Work Phone No. .....

Email Address: .....

Father's Name: ……..Date of Birth.……

Former names the Father has been known by: .....

Other names the Father is known by: .....Cultural Background.....

Address (if different from above) ……

Home Phone: .....Mobile Phone: .....

Occupation or course of study: .....

Place of Work or place of education ……

Work Phone No. .....

Marital Status of Parents: ……..

Email Address……

Enrolment details:
Start date: ……. Hours required ……. Start …….. Depart ……..……

Days required (please circle) Monday Tuesday Wednesday Thursday Friday

Emergency Contacts/Authority to Collect on Behalf of Parent: (Authorised Nominees)
Please list below, who you wish us to call if you cannot be contacted in an emergency and who you authorise to collect your child from the centre in the event that mother, father or guardian is unavailable to do so (must be over 18yrs old and may be requested to produce identification).

Person's Name	Relationship to child	Phone No.	Work No.	Mobile	Emergency Contact?	Authorised to Collect?
					Yes No	Yes No
	Is authorised to consent to medical treatment of, or to authorise administration of medication to, the child	Yes No	Is authorised to authorise an educator to take the child outside the education and care service premises?	Yes No	Authorised to transport/ organise transport for child?	Yes No
Home Address						

Person's Name	Relationship to child	Phone No.	Work No.	Mobile	Emergency Contact?	Authorised to Collect?
					Yes No	Yes No
	Is authorised to consent to medical treatment of, or to authorise administration of medication to, the child	Yes No	Is authorised to authorise an educator to take the child outside the education and care service premises?	Yes No	Authorised to transport/ organise transport for child?	Yes No
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Home Address						

Family Doctor/ Family Medical Service:

……Ph: ……

Address: ……

Medicare number……..

Name of Health Fund……..

Priority of Access: (Please circle)

1. Child at risk
2. Care for child of working/training parents or a single parent

Details of any Court Orders, parenting orders or parenting plans proved to the approved provider relation powers, duties, responsibilities or authorities of any person in relation to the child or access to the child (copies of court orders must be attached and discussed with the Authorised Supervisor or Licensee):

……..

Details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person

……..

Birth Certificate and immunisation record sited and photocopied: (staff to sign) _____
(ensure certificate is consistent with the details of child and family written on the enrolment form)

Please read and sign the following agreement:

1. I/We give consent for staff at Next Step Childcare to seek emergency first aid, medical treatment or dental attention, including transportation to hospital or medical centre by ambulance, for my/our child in the case of an emergency. I/We agree to be responsible for any expenses incurred in such an event.
2. Any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child (authorised nominee)
3. I/We agree to giving permission for my child to be checked for headlice if he/she is seen scratching.
4. I/We agree to my/our child being photographed in the centre for display purposes.
5. I/We agree to my/our child being observed by students at the centre.
6. I/We have read the Centre Handbook and agree to abide by its conditions.
7. I/We agree to my/our child participating in regular fire drills. This includes leaving the premises to go to our emergency evacuation point located on the Tahmoor Public school oval.
8. I/We understand that fees must be paid 2 weeks in advance at all times otherwise my child's place could be in jeopardy.
9. I/We give permission for centre staff to administer Panadol to my child in the event that he/she has a high temperature.
10. I/We are aware that fees are payable for all absences and for public holidays.
11. I/we are aware that a charge will be added to my account should fees fall more than 1 week in areas and debt collectors' fees will be added to my account if fees are 4 weeks or more in areas.
12. I/We are aware that the centre has a policy which covers late departures from the centre.
13. I/We are aware that 2 weeks notice shall be given to cancel my child's place at the centre, otherwise 2 weeks **full** fees will be charged.
14. I/We are aware that we have to apply sunscreen to my child/ren before leaving home.
15. I/We agree to give permission for any person who is authorised to authorise an educator to take the child outside the education and care service premises.
16. I/We give permission for any person who is authorised nominee; and any person who is authorised to consent to medical to medical treatment of, or authorise administration of medication to, the child.
17. I/We give permission for any person who is authorised to authorise an educator to take the child outside the education and care premises.
18. I/We give permission for any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child.
19. I/We consent to give authorisation signed by or person named in the enrolment record as authorised to consent to the medical treatment of the child, for the approved provider, a nominated supervisor or an educator to seek, medical treatment for the child from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service.

Signed: …… Date: ……

Signed: …… Date: ……..

Privacy Disclosure

In this section, 'personal information' means information about me, including about my financial circumstances, my credit worthiness, credit history, credit standing and conduct of my account with you. I agree that, subject to the Privacy Act you and your agents may do the following and this agreement continues until such future outstanding amounts owed by me are repaid:

- Obtain credit reports about me from credit reporting agencies to access this application or to collect overdue payments from me, and obtain personal information from a business that provides credit worthiness information.
- Disclose personal information to credit reporting agencies before, during or after providing the service account to me. This includes, but is not limited to:
    - Advice about payments at least 60 days overdue and which are in collection (and advice that payments are no longer due):
    - Advice that cheque(s) drawn by me, or Direct Debit requests to my financial institution account which I have authorised you to make, which are more than $100 have been dishonoured more than once:
    - Your opinion that I do not intend to meet my account obligations or that I have committed some serious credit infringement
    - That the amounts owed by me has been paid or discharged.
- Exchange personal information with service providers in a credit report issued by credit reporting agency. This is for purposes including but not limited to:
    - Assessing credit worthiness, this application;
    - Notifying other service providers of a default by me;
    - Exchanging information about my account where I am in default with other service providers;

- Your administration of my account.
- If I am in default under my account, notify and exchange personal information with collection agent.

Payment Terms
Our payment terms are weekly in advance. Outstanding fees will be subject to a late payment fee charge of $15 per week.
Ongoing non-compliance of payment terms may result in care being cancelled.
Expenses incurred by debt collectors will be added to your account.

Parent/Carer 1
Print Name: _____

Signature: _____

Date: _____

Parent/Carer 2
Print Name: _____

Signature: _____

Date: _____

About Your Child

Is your child's immunisation up to date? **Yes/No** (a copy of immunisation record must be attached) Or have provided us with an exemption for the child. (as required under section 87 (1), (2) and (3) of the Public Health Act of NSW)

Has your child been diagnosed at risk of anaphylaxis? **Yes / No** (please provide a copy of action plan from doctor/hospital)

Is your child allergic to anything? **Yes / No** (please provide a copy of action plan from doctor/ hospital)

If yes, please provide details: _____

Does your child have a diagnosis of asthma from a medical practitioner? **Yes / No** (please provide a copy of action plan from doctor/hospital)

Has your child been diagnosed with any other medical conditions / chronic illnesses: **Yes / No (please provide a copy of action plan from doctor/hospital)**

If yes, please provide details: _____

Details of any Food Intolerances

_____

Details of any Dietary restrictions

_____

Details of any current medication: _____

Any special considerations for the child, for example any cultural, religious or dietary requirements or additional needs

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Please tick/circle the following to authorise: **General:** I/We give permission for this child to:

Item		**Sign**		**Sign**
Have SPF30+ sunscreen applied prior to sun exposure (please apply sunscreen before leaving home)	YES		NO	
Have band-aids applied when necessary	YES		NO	
Have staff apply nappy cream (supplied by parents)	YES		NO	
Have staff apply teething gel (supplied by parent)	YES		NO	

Does your child have any behaviour difficulties that we should know about……

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?

……

Does your child require additional support for learning?.....

Has your child been left with anyone before …….

If so, what was their reaction ……

What do you do to comfort your child in times of distress ……..

Is your child toilet trained ……..

If your child is in the process of toilet training, would you like us to carry this through …….

Are there any words or phrases in your home language that you use at home that might be useful for us to know

……

Does your child sleep during the day …….

Does your child need a comfort toy when they sleep ……

What foods does your child dislike ……

What is your child's appetite like ……

Number of children in the family …….…… Child's position in the family ……

If there is any other information you wish the centre to know about your child, please list below

……

……

Are there any skills that you could bring to the centre such as reading to the children, helping out with morning tea, music skills?……

Were you happy with the orientation procedure when you came to the centre to enrol your child?

.....

Crn No. For child ..... Crn No. For parent applying for childcare benefit ….....

When enrolling your child, please bring with you the following:

- **Birth certificate and immunisation history (to be sighted and photocopied at the centre)**
- **$50 enrolment fees (non-refundable)**