



ENROLMENT FORM

BRIGHT MINDS EARLY LEARNING ENROLMENT FORM

Please note: Prior to your child’s position commencing it is essential that the following information is complete and kept up to date. This information must be completed by each known parent who has lawful authority in relation to the child. Please notify the service of any changes to details kept on this form as soon as possible.

CHILD’S DETAILS

Child’s surname: _____

Child’s first name: _____ **Preferred name/s:** _____

Child’s home address: _____

Postcode: _____ **Child’s sex: Male / Female** _____

Child’s date of birth: / / _____

Child’s CRN for CCB/CCR _____

Language spoken by child: _____ **Nationality:** _____

Language used in child’s home: _____

Is your child Aboriginal and/or Torres Strait Island descent? (please tick)

- No, not Aboriginal or Torres Strait Islander Yes Aboriginal
 Yes, Aboriginal and Torres Strait Islander Yes Torres Strait Islander

Name & age of siblings:

Does your child have a developmental delay or disability including intellectual, sensory or physical impairment (please specify):

ENROLMENT DETAILS

Commencement date: _____

Days of attendance (please circle) MON TUES WED THURS FRI

Eligible hours advised by family assistance officer (FAO) _____
 (back page for further information on eligible hours)

Approximate hours of attendance: _____ am to _____ pm

**CONSIDERATIONS FOR THE CHILD
CULTURAL CONSIDERATIONS**

Please outline the child's cultural background and if relevant any cultural practices you would like followed:

RELIGIOUS CONSIDERATIONS

Please outline the child's religious background and if relevant any religious practices you would like followed:

SPECIAL/ADDITIONAL NEEDS CONSIDERATIONS

Please outline any special/additional needs the child may have:

PARENT 1

Relationship to child:

Surname:

First name:

Date of birth: / /

Parent CRN number:

Home address:

Postcode:

Home phone:

Mobile:

Email address:

Country of birth:

Language spoken:

Occupations:

Name and address of workplace:

Work phone:

PARENT 2

Relationship to child: _____

Surname: _____

First name: _____

Date of birth: / /

Parent CRN number: _____

Home address: _____

Postcode: _____

Home phone: _____

Mobile: _____

Email address: _____

Country of birth: _____

Language spoken: _____

Occupations: _____

Name and address of workplace: _____

Work phone: _____

Please note that most of the time, a child is linked to one parent only and so only one parent will have a CRN number.

COURT ORDERS RELATING TO THE CHILD

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

(Please circle)

YES

NO

If yes, please provide all relevant documentation and paperwork.

Are there any other court orders relating to the child's residence or the child's contact with a parent or person?

(Please circle)

YES

NO

If yes, please provide all relevant documentation

Please note that without this documentation we cannot legally enforce the order/s.

EMERGENCY CONTACT PERSON 1

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service.

Education and care services national regulations - part 4, 7, Regulation 161

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to consent to medical treatment of, or authorise administration of medication to the child. Collect and care for the child. This person must provide identification when collecting the child.

Can this person be contacted to give consent for medical treatment to the child in the event that you cannot be contacted?

Yes / No (please circle).

Name: _____ **Relationship to child:** _____

Address: _____

Home phone: _____ **Mobile:** _____

Work phone: _____

DECLARATION OF CONSENT FOR BEING AN EMERGENCY CONTACT PERSON FOR THE CHILD

Print full name

Agree to be an emergency contact person for the child and agree to be contacted in the case of an emergency and medical treatment involving this child.

Signature of emergency contact person _____ **Date:** _____

EMERGENCY CONTACT PERSON 2

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service.

Education and care services national regulations - part 4, 7, Regulation 161

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to consent to medical treatment of, or authorise administration of medication to the child. Collect and care for the child. This person must provide identification when collecting the child.

Can this person be contacted to give consent for medical treatment to the child in the event that you cannot be contacted?

Yes / No (please circle).

Name: _____ **Relationship to child:** _____

Address: _____

Home phone: _____ **Mobile:** _____

Work phone: _____

DECLARATION OF CONSENT FOR BEING AN EMERGENCY CONTACT PERSON FOR THE CHILD

Print full name

Agree to be an emergency contact person for the child and agree to be contacted in the case of an emergency and medical treatment involving this child.

Signature of emergency contact person _____ **Date:** _____

DETAILS OF OTHER PEOPLE WHO CAN COLLECT THE CHILD

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service.

Education and care services national regulations - part 4, 7, Regulation 161

In the event that you or your nominated emergency contact cannot collect the child, educator will use this list to arrange someone to collect the child. This list may be added to throughout the year. Individuals must be able to produce identification when collecting the child.

PERSON 1

Name: _____

Relationship to child: _____

Address: _____

Home telephone: _____

Mobile: _____

Work telephone: _____

PERSON 2

Name: _____

Relationship to child: _____

Address: _____

Home telephone: _____

Mobile: _____

Work telephone: _____

PERSON 3

Name: _____

Relationship to child: _____

Address: _____

Home telephone: _____

Mobile: _____

Work telephone: _____

MEDICAL REQUIREMENTS

Child's registered medical practitioner or service details:

Practitioner's name: _____ **Telephone:** _____

Address: _____

Specialist name: _____ **Telephone:** _____

Address: _____

Family dentist: _____ **Telephone:** _____

Address: _____

Child's Medicare number: _____ **Expiry date:** _____

Ambulance cover: YES / NO

Private health cover: YES / NO

Health card: YES / NO

Private health fund:

Is your child on any regular medication? YES / NO

If yes please attached relevant details.

Does your child have any food allergies or intolerances? YES / NO

If yes please attached relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan.

Has the child been diagnosed as someone at risk of anaphylaxis? YES / NO

If yes please attach relevant details. This includes a management plan, anaphylaxis medical management plan or risk minimisation plan

Parents must supply doctor's phone number in case of an emergency: _____

Does your child have any special dietary requirements? YES / NO

EG vegetarian, please specify

Does your child require medication to be administered on the occasion of an allergic reaction?

YES / NO

(EG Zyrtec) if yes, please attach a relevant action plan

Does your child suffer from Asthma:

YES / NO

If yes please attach relevant management plans

Does your child suffer from high temperatures or febrile convulsions?

YES / NO

If yes please attach relevant management plans

Please be advised that if the child is diagnosed with asthma or anaphylaxis and an emergency occurs the educators may administer first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible - Education and Care Services National Regulations, Part 4.2, Regulation 94.

Does your child have any medical conditions or needs which the service should be aware of, if yes please specify and attach a relevant management plan.

Please provide the immunisation status of the child. Please provide a copy of the child's health record so that it can be sighted by the nominated supervisor or educational leader.

KINDERGARTEN CHILDREN:

Does your child still require a sleep in the afternoon? YES / NO

YOUR CHILD'S ROUTINE

How many sleeps does your child require? _____ **What times?** _____

Does your child settle on their stomach, back or side? _____

How do you settle your child at home when going to sleep? _____

Does your child need a comforter to sleep? YES / NO
If yes, please provide details _____

Is your child breast fed? YES / NO
Is your child on formula? YES / NO
Does your child drink cow's milk? YES / NO
Does your child drink soy milk? YES / NO

Number of feeds and approximate times per day: _____
(Children under 12 months)

Drinking utensils
(please circle) _____ bottle _____ cup _____ straw _____ spout

Does your child require their food to be (please circle if appropriate)
pureed _____ mashed _____ finger food _____

what foods have been tried, tolerated and liked?

Has your child been introduced to egg? YES / NO
If yes was this tolerated? YES / NO
If no what was the reaction? _____

Can your child have dairy products? YES / NO
If yes please specify _____

Is your child toilet trained? YES / NO
If yes are they independent? YES / NO
Do they still require help? YES / NO
Has your child begun toilet training? YES / NO

Has your child had any experience in childcare prior to coming to our service?
(Family day care, occasional care, nanny, please specify: _____

Does your child get upset when left with other people?

Does anything frighten your child?

What are your child's favourite play experiences, toys and interests?

Is there any further information that may help us to understand your child better?

If you would like to participate and support your child's educator in any of our programs please let us know:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> music | <input type="checkbox"/> cooking |
| <input type="checkbox"/> Excursions | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Cultural activities | <input type="checkbox"/> other _____ |

GENERAL FIRST AID PRODUCTS

I give permission for the service to administer general first aid products as per the manufacturer's recommendations (eg. paw paw cream or nappy creams, band aids, sunscreen or bonjela)

Parent 1 signature:

Date:

Parent 2 signature:

Date:

MEDICATION AUTHORISATION: PARENTS

Do you authorise for the staff at the service to seek medical treatment from a registered medical practitioner, hospital or transportation of the child by ambulance service?

In case of an accident or illness requiring emergency treatment, every effort will be made to contact the parents and those listed as emergency contact persons before such treatment is sought.

Parents are responsible for any additional costs incurred as a result of an ambulance being called. Parents are asked to complete and sign the following:

Parent 1 signature:

Date:

Parent 2 signature:

Date:

ADMINISTRATION OF MEDICATION

Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child whom the medication is to be administered, and before the expiry or used by date. The medication must be administered in accordance with any written instructions provided by a registered medical practitioner - Education and Care Services National Regulations. Part 4.2, Regulation 95.

Parent 1 signature: _____ **Date:** _____

Parent 2 signature: _____ **Date:** _____

In the event of an emergency I agree to collect my child as soon as possible.

Parent 1 signature: _____ **Date:** _____

Parent 2 signature: _____ **Date:** _____

PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE DISPLAYED AT BRIGHT MINDS

I consent to my child being photographed during their time at Bright Minds. These photos may be displayed at the service and used throughout the enrolled children's portfolio documentation. No outside agency or individual will be allowed to photograph the children without parental consent.

If the child has a specific medical, dietary/allergy requirement the child's photo will be displayed on a sheet that details how to respond to the child's medical, dietary/allergy requirements. This will be displayed in the child's room and the service's kitchen. Please consent to your child's photo being displayed for this purpose.

Parent 1 signature: _____ **Date:** _____

Parent 2 signature: _____ **Date:** _____

Permission for your child's photograph to be shared with other families and social media

I give permission for my child to be photographed and videoed and for these to be shared with other families, used as teaching resources and to publicise the service through social media and advertisements.

(if you do not consent to this please confirm this decision with the Director)

Parent 1 signature: _____ **Date:** _____

Parent 2 signature: _____ **Date:** _____

OBSERVATION OF CHILDREN

I give permission for my child to be observed by the educators of the service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.

Parent 1 signature: _____ **Date:** _____

Parent 2 signature: _____ **Date:** _____

MAINTAINING FEES

I agree to abide by the service policy of maintaining fees 1 week in advance. I also understand that fees are to be paid for all days the child is absent or sick, all public holidays and if fees fall behind the 1 week in advance, my child's place at the service may be under review and at risk of care being cancelled.

Parent 1 signature:

Date:

Parent 2 signature:

Date:

DECLARATION PARENTS

I

As a person who has lawful authority of the child referred to in this enrolment form for Bright Minds:
Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the service in the event of any change to this information.

Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.

Consent to the educators at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.
Declare that I have read and understood the policies of Bright Minds and will abide by these policies.

ENROLMENT RECORD ADDENDUM FOR CHILDREN'S SERVICES

Child's name: _____

Child's date of birth: / / _____

A parent or guardian 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. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35.

Health information

Does your child have any special needs

YES / NO

If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.

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 the service

YES / NO

Has a risk management plan been completed by the service

YES / NO

in consultation with you?

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information can be found at www.education.vic.gov.au/anaphylaxis

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 the children's service who has sighted the child's health record:

Confidentiality of enrolment records

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's services Regulations 2009 (regulation 35(1) (d-e))

The amount of Child Care Benefit you can get approved child care will depend on:

- The number of hours of care you use
- Your Child Care Benefit percentage
- Whether your child is a school child or a non-school child

Eligibility requirements for up to 24 hours

All families using approved care are eligible for a minimum of 24 hours of Child Care Benefit per child per week

Eligibility requirements for up to 50 hours

Families using approved care may be eligible to receive up to the maximum rate of Child Care Benefit up to 50 hours per child per week if either parents (or the lone parent) are working or looking for work, training, studying or have an exemption from this requirement.

Eligibility requirements for more than 50 hours

Families may be eligible to receive more than 50 hours of Child Care Benefit per child per week of both parents (of the lone parent) are not available to care for this child for more than 50 hours a week because of work, study or training commitments (including travel to and from work) or if the family is experiencing exceptional circumstances.

PRIVACY DISCLAIMER

Bright Minds acknowledges and respects the privacy of its clients. The information that is being collected by Bright Minds is to process your enrolment at the service and assist us to provide the best possible level of care for your child.

The intended recipient of this information bright Minds, its authorised educators and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the services' Confidentiality Po.

BRIGHT MINDS PRIVACY POLICY COLLECTION STATEMENT

We have put in place a Privacy Policy which illustrates how we will collect, use, disclose, manage and transfer personal information including health information.

Purpose for which information is collected

Personal information and health information collected in relation to:

- Children and parents/guardians
- Management
- Job applicants, employees, contractors, volunteers and students

Primary purpose for which information will be used

- To enable us to provide for the education and care of the child attending the service and to enable us to manage and administer the service as we are required
- For the management of the service by the nominated supervisor and educational leader.
- To asses and to engage the employees, contractors, volunteers or students. To administer the individuals employment, contracts or placement of students and volunteers.

You should be aware that under relevant privacy legislation, other uses and disclosures of personal information are permitted, as set out in that legislation. We may disclose some personal information, including health information, held about an individual to:

- Government departments or agencies as part of our legal and funding obligations
- Local government in relation to enrolment details for planning purposes
- Organisations providing services related to employee entitlements and employment
- Anyone to whom the individual authorises us to disclose information

Laws that require us to collect specific information

Education and Care Services National Regulations
under the
Education and Care Services National Law
Current Version

- Consent to the educators administering medication if so by me or those I have nominated to do so on my behalf
- Have read and agree with the fees, payment structure and policies of Bright Minds and agree to pay the fees one week in advance
- I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the child and any contact details of any medical or dental professional nominated in the enrolment form.
- I agree that the child’s place at the services in subject to the priority of access scheme as outlined by the Child Care Management System
- I agree that I will assist with my child’s leaning and the service’s documentation methods by completing family input documentation

Parent 1 signature: _____ **Date:** _____

Parent 2 signature: _____ **Date:** _____

I _____ **(name)** _____

declare as the person with lawful authority of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the children’s service in the event of any change to this information

Parent’s signature: _____ **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 Children’s Services Regulations 2009 refer to these powers and responsibilities as “lawful authority”. it is not affected by the relationship between the parents, such as whether 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.

Guardians

A guardian of a child also has lawful throaty. A legal guardian is given lawful authority by a court order. The definition of a “guardian” under the Children’s Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.