

# Maher St Cottage Child Care Centre



## Enrolment form

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*52 Weeks / Year*

*7:30am – 6:00pm*

*6 Weeks – 6 Years*

*33 Maher St, Hurstville, NSW, 2220*

*Phone: 02 9594 4909*

[\*admin@maherstcottage.com.au\*](mailto:admin@maherstcottage.com.au)

[\*www.maherstcottage.com.au\*](http://www.maherstcottage.com.au)

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The information requested by Management on this form may constitute personal and health information under the Privacy and Personal Information Protection ACT 1998 and the Health Records and Information Privacy Act 2002. Management will only collect personal and health information specifically for the purpose of providing a quality childcare services and in accordance with the Regulatory framework of operating a children's service.

Given Name(s):			
Middle Name:		Surname:	
Preferred Name:			

Date of Birth:		Sex (Please circle):	Male / Female
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Centrelink Reference Number (CRN) <i>Please note: parent and child have their own individual CRN number</i>	
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Child's home address:	
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Child's Birth Certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied:	Yes / No
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Days of attendance (Please circle)	Mon	Tue	Wed	Thur	Fri
Child Start Date					

**Maher St Cottage Child Care Centre provides 2 days, 3 days, 4 days or 5 days program only. Parents will need to choose from the either program with at least one Monday or Friday involved on consecutive attendance booking days.**



## CCS Enrolment Agreement

As part of your enrolment, you are required to confirm acceptance of the following items in order to receive government funding, if available. Acceptance of these and other information in the enrolment form can be used as a Complying Written Arrangement.

- I confirm that care may be provided on a casual or flexible basis at my request.
- I confirm I understand the usual fees associated with the care and that these may vary from time to time.
- I confirm that another written arrangement may be required where session hours are exceeded.

I have read and I confirm the CCS Enrolment Agreement

Sign:

Financial Information	NA	Yes	No
Have you created a MyGov account to confirm your child's booking?			
Have you had your eligibility to receive CCS assessed?			
Do you agree to confirm your child's weekly attendance via the MyGov account?			

Where a family may have their child attend another childcare centre, or Family Day Care, the family must inform and supply both Centres with the necessary information. If your child attends another Centre, please complete the information below:

Name of other centre/s your child attends:	
Number of hours to be allocated to this centre:	



## **Primary Parent**

*Education and Care Services national Regulations – Regulation 160 (3b)*

Parent Name:	
Parent Surname:	
Phone Number/s:	(H) (M) (W)
Address:	
Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	
Parent Centrelink Reference Number (CRN):	
Please provide any relevant cultural background details:	
Occupation:	
Employer:	
Place of employment:	
Aboriginal or Torres Strait Islander Descent?	
Concession/Health Care card holder?	



## **Second Parent**

*Education and Care Services national Regulations – Regulation 160 (3b)*

Parent Name:	
Parent Surname:	
Phone Number/s:	(H) (M) (W)
Address:	
Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	
Parent Centrelink Reference Number (CRN):	
Please provide any relevant cultural background details:	
Occupation:	
Employer:	
Place of employment:	
Aboriginal or Torres Strait Islander Descent?	
Concession/Health Care card holder?	

## Court Order

*Education and Care Services National Regulations – Regulation 160 (3c, d). Please note that without this documentation we cannot legally enforce the Order/s.*

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?	Yes / No	Attached
	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 other person?	Yes / No	Attached
	If yes, please provide all relevant documentation and paperwork.	

## First Emergency Contact

*Education and Care Services National Regulations – Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b).*

There may be times or situations where your child has had an accident, injury, trauma, illness or other circumstance out of your control and parent/s cannot be reached. To deal with these situations the service will notify the following person/s to collect and care for the child.

This person/s have to provide identification when collecting the child.

Please obtain the person's consent before listing them as an emergency contact.

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)		
	(M)		
	(W)		
Email Address:			
Can this person be contacted to give consent for medical treatment or to authorize for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes / No	Parent Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes / No	Parent Signature:	



Collect my child from the centre	Yes / No	Parent Signature:	
Can this person Give permission for excursions out of the service	Yes / No	Parent Signature:	

## **Second Emergency Contact**

*Education and Care Services National Regulations – Regulation 160 (3b, ii, iii, iv, v) 161 (1a, 1, ii, 1b).*

There may be times or situations where your child has had an accident, injury, trauma, illness or other circumstance out of your control and parent/s cannot be reached. To deal with these situations the service will notify the following person/s to collect and care for the child.

This person/s have to provide identification when collecting the child.

Please obtain the person's consent before listing them as an emergency contact.

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)		
	(M)		
	(W)		
Email Address:			
Can this person be contacted to give consent for medical treatment or to authorize for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes / No	Parent Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes / No	Parent Signature:	
Collect my child from the centre	Yes / No	Parent Signature:	
Can this person Give permission for excursions out of the service	Yes / No	Parent Signature:	



## **Cultural Consideration**

*Education and Care Services National Regulations- Regulation 160 (f, g, h)*

Language spoken at home:	
Ethnicity:	
Religion:	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please circle)	Yes / No
Please outline any cultural practices you would like followed:	
Please outline the Child's religious background and if relevant any religious practices you would like followed:	
Religious celebrations:	
Are there any religious or cultural practices relating to your child's upbringing that we should honor in our care and education of your child?	Yes / No If Yes, please provide details: _____ _____ _____ _____

## **Medical Details:**

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	
Please outline any dietary restrictions or considerations e.g. like and dislikes. (Details of allergies etc. will be requested in the Medical Section of the form):			





**Child's Registered Medical Practitioner of Service Details:**

Service Name:	
Practitioner's Name:	
Contact Number:	

**Child's Registered Dental Practitioner or Service Details:**

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Private Health Cover (Please Circle):	Yes / No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes / No
Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? (Please Circle)	Yes / No If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include: <input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan <input type="checkbox"/> When the Plan should be reviewed.
Is your child on regular medications?	Yes / No If yes, give details: _____ _____ _____
Is your child asthmatic?	Yes / No (If yes please provide copy of Asthma Management Plan)



<p>Is your child allergic to anything?</p>	<p>Yes / No                  (If yes please provide copy of action plan from doctor/hospital)                  If yes, give details: _____                  _____                  _____</p>	
<p>Is there any other information you wish us to know about your child?</p>	<p>Yes / No                  If yes, give details: _____                  _____                  _____</p>	
<p>Has your child had any of the following ?</p>	<p>Yes / No</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Measles</li> <li><input type="checkbox"/> Mumps</li> <li><input type="checkbox"/> Convulsions</li> <li><input type="checkbox"/> Rubella (German Measles)</li> <li><input type="checkbox"/> Child Pox</li> <li><input type="checkbox"/> Epilepsy</li> <li><input type="checkbox"/> Severe Nose Bleed</li> <li><input type="checkbox"/> Re-curing Ear Infection</li> <li><input type="checkbox"/> Hepatitis</li> <li><input type="checkbox"/> Diabetes</li> </ul>	
<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> <li>● The label must contain the child's name and</li> <li>● Parents must provide written instructions that provided by the medical practitioner.</li> </ul> <p><i>Education and Care Services National Regulations 95.</i></p>	<p>Parent Signature:</p>	<p>_____</p>



Do you authorize the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes / No	Parent signature:	
Do you authorize the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes / No	Parent signature:	
Do you authorize the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (please Circle)	Yes / No	Parent signature:	
Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations – 94.</i>	Yes / No	Parent signature:	

## Immunization Details

Is your child's immunization up to date:	Yes / No
<p>Under the NSW Public Health Act 2010, an immunization record must be provided in order to enroll your child as follows:</p> <ul style="list-style-type: none"> <li>● An immunization History Statement showing you child's immunizations are up to date (if your child has a medical contraindication for a specific vaccine(s) a Medical Contraindication Form will also be required), or</li> <li>● A Medical Contraindication Form if your child is unable to be immunized with any vaccines due to the medical reasons, or</li> <li>● A conscientious Objection Form (or certified ACIR letter) if your child is unable to be immunized due to religious or philosophical reasons, or</li> <li>● An immunization History Form where an immunization provider has certified that your child is catching up their immunizations.</li> </ul> <p>Other immunization records, such as the Blue Book, as GP Letter or an overseas immunization record are not acceptable.</p>	



**Family Details**

Please Tick	<input type="checkbox"/> One Parent Home <input type="checkbox"/> Two Parent Home
Are there any other adults living in the home?	Yes / No If yes, relationship to the child: _____ _____

**Details of other children living in the home:**

Name	Relationship to Child	Date of Birth

Language Spoken between parents: \_\_\_\_\_

Language Spoken to the Child: \_\_\_\_\_

Type of Home: (please tick)	<input type="checkbox"/> House <input type="checkbox"/> Town House <input type="checkbox"/> Unit <input type="checkbox"/> Other (please specify) _____
Have there been any changes to your family recently?	Yes / No <input type="checkbox"/> Moved House <input type="checkbox"/> Parent ill <input type="checkbox"/> Birth of a Child <input type="checkbox"/> Parent unemployed <input type="checkbox"/> Death of a person close to the child <input type="checkbox"/> Separation from parent <input type="checkbox"/> Other (please specify): _____
Has this affected your child in any ways?	Yes / No If yes, please provide details: _____ _____ _____



## **Enrolment Agreement**

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

### **Medical**

If your child has a medical plan do you give authorisation for your child's plan and photo to be displayed within the classroom?

Parent 1 - Yes / No      Signature \_\_\_\_\_

Parent 2 - Yes / No      Signature \_\_\_\_\_

If a parent or nominated contact person cannot be reached, I consent to my child being given an age appropriate dose of Panadol in the event of their temperature reaching 38.5°C or above. Dosage will be the lowest recommendation (according to the dispensing bottle) for the child's age. I understand that an ambulance will be called if my child's temperature exceeds 40°C.

I agree to collect my child from the Centre according to the timeframe requested by the Nominated Supervisor or any other educator.

Parent 1 - Yes / No      Signature \_\_\_\_\_

Parent 2 - Yes / No      Signature \_\_\_\_\_

### **Authorisation for Excursions/Incursions**

Do you authorise for the Nominated Supervisor or other educators at the service to take your child outside the services premises for excursions such as: visiting nearby ovals and local schools. Please note that further details will be given when such events are planned, either written or verbal.

Parent 1 - Yes / No      Signature \_\_\_\_\_

Parent 2 - Yes / No      Signature \_\_\_\_\_

I consent to my child being involved with Maher St Cottage CCC evacuation procedure. Practice evacuation procedures are required every three months in compliance with Children's Services Regulation.

Parent 1 - Yes / No      Signature \_\_\_\_\_

Parent 2 - Yes / No      Signature \_\_\_\_\_



## Photographs

During your children's attendance at the centre, educators would like to take photographs and videos of the children participating in general learning experiences or special events. These photographs and video footage will be used to display within the centre, used to document their learning, used for the creation of a quality improvement plan to submit to our regulatory authority as part of assessment and rating, and used for our centre website. Images of children engaging and learning together of your child may require that images including your child may appear in other children's portfolios. Do you give permission for your child's photo/video to be used for the above purposes?

Parent 1 - Yes / No      Signature \_\_\_\_\_

Parent 2 - Yes / No      Signature \_\_\_\_\_

## Water play

Embracing our natural environment, we would like to utilise our yards water features with the children, as well as provide other water play experiences for the children. Please confirm your agreement to this style of play. (Sunscreen will be applied liberally for outdoor play).

Parent 1 - Yes / No      Signature \_\_\_\_\_

Parent 2 - Yes / No      Signature \_\_\_\_\_

## Products used at Maher St Cottage CCC

Staff may apply creams or use the various health products throughout the day in relation to our Sun Care Policy, nappy changing procedures and in caring for superficial wounds. Please indicate if your child is able to use the listed products, if not, please list an alternative which you will be supplying.

Lucas' Papaw Ointment	YES / NO	Alternative -
Sudocream for Nappy Rash	YES / NO	Alternative -
Sunscreen (Cancer Councils)	YES / NO	Alternative -
Band-aid or Plaster strips	YES / NO	Alternative -
Normal Saline (Sterile Rinsing Solution)	YES / NO	Alternative -
Ventolin (only in case of an emergency for an asthmatic child)	YES / NO	Alternative -
Antiseptic wipes	YES / NO	Alternative -
Other generic first aid materials including bandages	YES / NO	Alternative -
Teething Gel (Bonjela)	YES / NO	Alternative -



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**Please tick box to confirm you have read each point:**

- I declare that the information in this enrolment form is true and correct and endeavor to immediately inform the Service in the event of any changes to the above information.
- I agree to collect or make arrangements for the collection of my child referred to in this enrolment form if he/she becomes unwell.
- I understand that there will be a \$50 non-refundable enrolment fee when I enrol my child at Maher St Cottage CCC.
- I understand that my/our child' enrolment at the centre depends on my/our acceptance of the conditions as outlined in the Maher St Cottage CCC Fee Policy. I/We have read the Fee Policy and I/We understand and agree to abide by the Centre's Policies and procedures.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I'm unable to collect my child by closing time I will organize for one of the people listed as authorized contacts to collect my child prior to closing time. I'm aware that if my child has not been collected by closing time, and if I'm unable to be contacted, those persons nominated as authorized contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$15.00 per 10-minutes block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child. We will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to give 2 weeks written notice to withdraw my child or reduce booked days. In lieu of notice, I agree to pay 2 weeks' fees respectively. I agree that full fees will be charged for non-attendance on booked days after 2 weeks' notice of cancellation has been given.
- I agree to be charged full fees until the centre receives confirmation of my CCS entitlements.
- I authorize the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organize someone to collect my child and have exhausted every other option. Please note that this does not mean you child can stay at the Service, they still need to be collected.



- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorization on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorize the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.
- 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 organized by practicum students under the supervision of an Educator. I'm aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I agree that I will assist with my child's learning and the service's documentation methods by completing Family Input documentation
- I 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.
- I understand that my child will be excluded from the service if they contract a contagious condition. I understand that my child will not be accepted back until a clearance certificate is issued from a Medical Practitioner.
- I have read the parent Handbook and am familiar with the Services Policy Manual located in Service Foyer and Office. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.
- I agree Service Policy is that each minor accident is recorded and families are informed when collecting the child. At this time the minor accident register is signed by a parent as an indication that they have been informed of the minor accident. An incident/injury form is completed for all injuries. Parents are contacted for all injuries other than a minor accident.

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Office Use Only**

Certifying Written Agreement Accepted		Yes	No
Immunization Record Sighted: Yes / No	Copy Provided: Yes / No		Staff initial
Birth Certificate Sighted: Yes / No	Copy Provided: Yes / No		Staff initial
Medical Action Plan (if applicable): Yes / No	Copy Provided: Yes / No		Staff initial
Enrolment form Signed and all areas checked	Date: ____ / ____ / ____		
Direct Debit form received	Date: ____ / ____ / ____	Staff Initial	
Enrolment entered on QIKKIDS	Date: ____ / ____ / ____	Staff Initial	
Enrolment fee charged	Date: ____ / ____ / ____	Staff Initial	

**Note:**

Password for the front entrance (4 digital with # at the end):

