Dear Parent/Guardian,

Welcome and thank you for choosing to enrol your child at Little Scholars School of Early Learning.

To assist you in the enrolment process, please find enclosed the following information in your Enrolment Pack:

* **Parent Handbook** – which will assist you in familiarising yourself with how we work together with you in developing your child.
* **Enrolment Form and Complying Written Agreement** – you will need to complete this so that we have all the necessary legal enrolment details on file. To be able to claim the Child Care Subsidy (CCS) and complete enrolment, please ensure you fill in every section of this form including the registered parent’s date of birth and register on MyGov.
* **A Little Bit About You Form** – you will need to complete this as it helps us get to know a little bit more about your child so that we can make sure they settle in more easily.
* **Belonging to our centre** – you will need to complete this as it helps us to understand your families cultural or religious needs.
* **EZI DEBIT Application Form** – For your convenience we offer DIRECT DEBIT. It is a policy of the centre that your child care fees are paid two weeks in advance. It is a requirement for enrolment that fees are also paid via Direct Debit. It’s an easy and convenient method of paying your account, with no cost incurred by you for this service. Please make sure you fill in the application form and return this with your other enrolment forms and return to the Centre Director for processing.

If you have any questions regarding the information in this pack, then please do not hesitate to contact the Centre Director.

Please also be reminded that you will need to register your child with MyGov and be linked to our service to receive the Childcare Subsidy. Please contact the Centrelink office on 136 150 or visit https://www.education.gov.au/child-care-subsidy-1

**We look forward to providing care for your child through our community based child care service.**

**Child Enrolment Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Child Details | | |  | | |
| Child’s given names |  | | | Child’s Surname |  |
| Preferred name |  | | | Any former names |  |
| Child’s Gender |  | | | Home Telephone |  |
| Date of Birth |  | | | Place of Birth |  |
| Home address |  | | | PO Box address |  |
| Cultural Background/ Nationality | |  | | | |
| Language spoken at home | |  | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2. Primary Parent /Guardian to Collect – MyGov registered | | | | |  | | |
| **Parent / Guardian 1** | | | | | | | |
| First name & Surname |  | | | Other/Former Name | | |  |
| Relationship to Child |  | | | Date of Birth | | |  |
| Work Phone |  | | | Home Phone | | |  |
| Mobile Phone |  | | | Email | | |  |
| Home & PO Box Address |  | | | | | | |
| Work Address |  | | Occupation | | |  | |
| Cultural Background/ Nationality: | |  | | | | | |
| Language spoken at home: | |  | | | | | |
| **Parent / Guardian 2** | | | | | | | |
| First name & Surname |  | | | Other/Former Name | | |  |
| Relationship to Child |  | | | Date of Birth | | |  |
| Work Phone |  | | | Home Phone | | |  |
| Mobile Phone |  | | | Email | | |  |
| Home & PO Box Address |  | | | | | | |
| Work Address |  | | Occupation | | |  | |
| Cultural Background/ Nationality: | |  | | | | | |
| Language spoken at home: | |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2.1 Nominee Authorisation | | | |  | | |
| **The nominees below will only be contacted in emergency situations in instances where all attempts to contact the parent/ legal guardians have failed, or when prior written notice has been provided by the parent/ legal guardian. Specific authorisation information is provided for each Nominee** | | | | | | |
| **Authorised Nominee 1** | | | | | | |
| First name & Surname | |  | Other/Former Name | | |  |
| Relationship to Child | |  | Date of Birth | | |  |
| Work Phone | |  | Home Phone | | |  |
| Mobile Phone | |  | Email | | |  |
| Home & PO Box Address | |  | | | | |
| Work Address | |  | | | | |
| **I authorise this Nominee to:**   * To be notified in the case of emergency involving my child if I cannot be contacted * To collect my child from the service * To consent to medical treatment of or to authorise administration of medication to my child during times of illness or emergency * To authorise an educator to take my child outside the education and care premises | | | | | **Signed:** | |
|  | |
| **Authorised Nominee 2** | | | | | | |
| First name & Surname | |  | Other/Former Name | | |  |
| Relationship to Child | |  | Date of Birth | | |  |
| Work Phone | |  | Home Phone | | |  |
| Mobile Phone | |  | Email | | |  |
| Home & PO Box Address | |  | | | | |
| Work Address | |  | | | | |
| **I authorise this Nominee to:**   * To be notified in the case of emergency involving my child if I cannot be contacted * To collect my child from the service * To consent to medical treatment of or to authorise administration of medication to my child during times of illness or emergency * To authorise an educator to take my child outside the education and care premises | | | | | **Signed:** | |
|  | |
|  | |
| **Authorised Nominee 3** | | | | | | |
| First name & Surname | |  | Other/Former Name | | |  |
| Relationship to Child |  | | Date of Birth | | |  |
| Work Phone |  | | Home Phone | | |  |
| Mobile Phone |  | | Email | | |  |
| Home Address |  | | | | | |
| Work Address |  | | | | | |
| **I authorise this Nominee to:**   * To be notified in the case of emergency involving my child if I cannot be contacted * To collect my child from the service * To consent to medical treatment of or to authorise administration of medication to my child during times of illness or emergency * To authorise an educator to take my child outside the education and care premises | | | | | **Signed:** | |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Authorised Nominee 4** | | | | | |
| First name & Surname | |  | Other/Former Name | |  |
| Relationship to Child |  | | Date of Birth | |  |
| Work Phone |  | | Home Phone | |  |
| Mobile Phone |  | | Email | |  |
| Home Address |  | | | | |
| Work Address |  | | | | |
| **I authorise this Nominee to:**   * To be notified in the case of emergency involving my child if I cannot be contacted * To collect my child from the service * To consent to medical treatment of or to authorise administration of medication to my child during times of illness or emergency * To authorise an educator to take my child outside the education and care premises | | | | **Signed:** | |
|  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. Your Child’s Health | | | |  | | | | | | |
| Has a copy of the Immunisation History Statement been obtained? | | | | | **Yes/No** | Nominated supervisor signature: | | |  | |
| Does your child have any disabilities, medical conditions/ long term medications or any other specific health care needs? | | | | |  | | | | | |
| Does your child have any known allergies or illnesses that we should be aware of? If anaphylactic please go to **section 3.1 below** | | | | |  | | | | | |
| Please list any previous serious injuries or illnesses related to your child that may affect their time at the centre. | | | | |  | | | | | |
| Does your child have any dietary requirements/ restrictions? | | | | |  | | | | | |
| Is your child on any LONG TERM medication (i.e. for Asthma etc)? | | | | |  | | | | | |
| ***If you answered yes to any of the above questions, specific policies and procedures may apply to the individual care of your child. The Nominated Supervisor will provide you with the relevant policies and procedures and assist you to complete any documentation required.*** | | | | | | | | | | |
| I have received, from the Nominated Supervisor, the policies and procedures relevant to my child’s medical condition and care needs and have been assisted to complete the relevant documentation e.g. Medical conditions management and risk minimisation plan. | | | | | | | | | | |
| **Parent/Guardian 1** | | | | | | | **Parent/ Guardian 2** | | | |
| Name: |  | | | | | | Name: |  | | |
| Signature: |  | | | | | | Signature: |  | | |
| Date: |  | | | | | | Date: |  | | |
| Are you a member of the Ambulance Service? | | | | | Yes / No (please circle) NB: Not applicable for Queensland Residents. | | | | | |
| Ambulance Membership Number | | |  | | | | Medicare Number | | |  |
| Health Fund | |  | | | | |  | | |  |
| Registered medical practitioner Name | |  | | | | | Registered medical practitioner Number | | |  |
| Address | |  | | | | | | | | |
| Family Dentists Name | |  | | | | | Family Dentists Number | | |  |
| Address | |  | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3.1 Anaphylaxis | |  | | | |
|  | |  | | | |
| Has your child been diagnosed as at risk of anaphylaxis? | | |  | | |
| Does your child have an auto injection device e.g. Epipen or other medication related to their Anaphylaxis? | | |  | | |
| Does your child have dietary requirements related to their Anaphylaxis? If so please describe briefly | | |  | | |
| Does your child have any environmental requirements related to their Anaphylaxis? If so Please describe briefly | | |  | | |
| ***If you answered yes to any of the above questions, specific policies and procedures will apply to the individual care of your child. The Nominated Supervisor will provide you with the relevant policies and procedures and assist you to complete any documentation required.*** | | | | | |
| I have received, from the Nominated Supervisor, the policies and procedures relevant to my child’s Anaphylaxis care needs and have been assisted to complete the relevant documentation e.g. Medical conditions management and risk minimisation plan. | | | | | |
| **Parent/Guardian 1** | | | | **Parent/ Guardian 2** | |
| Name: |  | | | **Name:** |  |
| Signature: |  | | | **Signature:** |  |
| Date: |  | | | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| 3.2 Permission for Staff to Act in case of Emergency or Accident | |  |
| In case of an accident or illness requiring emergency treatment, the team member in charge will call an ambulance if required. Every effort will then be made to contact the parents or those listed as an authorised nominee to inform them of the situation. Parents are asked to complete and sign the following:   * I / we authorise the staff of the centre to seek/provide urgent medical, dental, hospital treatment or ambulance service for my child should this be considered necessary. I/we authorize transportation of my child by ambulance if required. Furthermore, I have read, and agreed to abide by the conditions of the use of the centre and to accept such responsibility as enrolment at the centre imposes. | | |
| **Signature:** |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4. Belonging in our Centre |  | | | | |
|  |  | | | | |
| **To enable our educators to provide appropriate programs for all children, it is vital that we have as much information about each child as possible. Implementing a multicultural, anti-bias approach at the centre is important to us.** | | | | | |
| Can your child speak/ understand English? | |  | | | |
| Are there any other languages at home? | |  | | | |
| Would an interpreter be of benefit to your child during the settling in period? | | | | | **Yes/ No** (please circle) |
| Are there any religious or cultural practices we should be aware of or you would like your child to be involved in? | | | | | **Yes/ No** (please circle) |
| Please provide details (including nutritional needs): | | | | | |
| Does your child live with any non-immediate family members? (i.e. grandparents, aunts) | | | | **Yes/ No** (please circle) | |
| Please provide details: | | | | | |
| Does your family follow specific rules in regards to affection and discipline? | | | | | **Yes/ No** (please circle) |
| Please provide details: | | | | | |
| Are there any activities in the Centre that may contradict your values or beliefs? | | | | | **Yes/ No** (please circle) |
| Please provide details: | | | | | |
| Do you have any cultural or religious beliefs that we need to consider for your child? | | | | | **Yes/ No** (please circle) |
| Please provide details: | | | | | |
| 5. Immunisation |  | | | | |
|  |  | | | | |
| Has your child been immunised? | | | Yes / No (please circle) | | |
| To be eligible for Child Care Subsidy, 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 you have an approved exemption for your child.   Please provide the Centre Director with a copy of your child’s Immunisation History Statement prior to commencing care.   |  |  |  |  | | --- | --- | --- | --- | | Age | Immunisation | Date immunisation received  (Parent to advise) | Original sighted and copied.  (Director to initial) | | Birth | HepatitisB(hepB) |  |  | | 2 Months | • Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), *Haemophilus*  *influenzae* type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)  • Pneumococcal  • Rotavirus |  |  | | 4 Months | • Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), *Haemophilus*  *influenzae* type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)  • Pneumococcal  • Rotavirus |  |  | | 6 Months  Additional vaccines for Aboriginal and Torres Strait Islander children (QLD, NT, WA, SA) | • Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), *Haemophilus*  *influenzae* type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)  Pneumococcal |  |  | | 12 Months  Additional vaccines for Aboriginal and Torres Strait Islander children (QLD, NT, WA, SA) | • Meningococcal ACWY  • Measles, mumps and rubella (MMR)  • Pneumococcal  • Hepatitis A |  |  | | 18 Months  Additional vaccines for Aboriginal and Torres Strait Islander children (QLD, NT, WA, SA) | • Haemphilus influenzae type b (Hib)  • Measles, mumps, rubella and varicella (chickenpox) (MMRV)  • Diptheria, tetanus, pertussis (whooping cough)  • Hepatitis A |  |  | | 4 Years  Additional vaccines for medically at-risk children | • Diphtheria, tetanus, acellular pertussis (whooping cough) and polio  • Pneumococcal |  |  |   **Approved Exemptions:**   * If your child is exempt from Immunisation you will need to provide an updated ACIR (Immunisation History Statement) showing “current” as Immunisation status.   **No Child Care Subsidy can be paid if your child is not up to date.** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 6. Birth Certificate Details | |  | |
| Child’s birth certificate, extract of birth certificate or equivalent document has been sighted and copied by a Nominated Supervisor. | **Yes/ No** | | Nominated Supervisor signature: |
|  |

|  |  |
| --- | --- |
| 7. Complying Written Agreement – MUST BE COMPLETED FOR EVERY ENROLMENT |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Full name** |  | **Date of Birth:** | |  |
| **Name of Parent/Guardian entering into this arrangement** | |  | | |
| **Child CRN** |  | | | |
| **Parent CRN** |  | **Registering Parent DOB** |  | |
| **Centre attending** |  | **Room name** |  | |

**CHILD CARE SUBSIDY (CCS)**

To be best of your knowledge please tick which category applies to you and your family. Remember when you calculate hours to include time traveling from the centre to work and return and any unpaid hours such as an unpaid lunch break during the day. Include all paid and unpaid work, volunteering, work in a family business, training and study.

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Hours of Activity (per fortnight)** | **Maximum number of hours of subsidy (per fortnight)** | **√** |
|  | Less than 8 hours (for a family earning over $65,710) | No eligibility |  |
|  | Less than 8 hours (for a family earning up to $65,710) | 24 hours |  |
| 1 | 8 hours to 16 hours | 36 hours |  |
| 2 | More than 16 hours to 48 hours | 72 hours |  |
| 3 | More than 48 hours | 100 hrs |  |

**Please ensure you accurately reflect these hours with Centrelink or through your MyGov account so that you are eligible to receive the correct hours of CCS.**

**I confirm I am entering into the following care arrangement: -**

|  |  |  |
| --- | --- | --- |
| **Flexible Care** | care under an agreement that allows for some flexibility from week to week surrounding a set of agreed routine days. It’s important to note that if these changes become a consistent pattern, the information that forms the CWA will need to be updated, along with the enrolment notice and I will advise. | Yes/No |

**Requested attendance to commence from: (insert date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Week 1 | Monday | Tuesday | Wednesday | Thursday | Friday |
| Session start time |  |  |  |  |  |
| Session end time |  |  |  |  |  |
| Total hours of session |  |  |  |  |  |
| Week 2 | Monday | Tuesday | Wednesday | Thursday | Friday |
| Session start time |  |  |  |  |  |
| Session end time |  |  |  |  |  |
| Total hours of session |  |  |  |  |  |

Do you wish to have the flexibility to have additional casual days in addition to the above regular days? **YES NO\***

***If you select “no” then CCS may not be payable for days in addition to the above regular days.***

Please confirm that you are responsible for the payment of your fees and agree to the fee policy: **YES NO**

If someone else is responsible for the payment of your fees, please complete below:

|  |  |  |
| --- | --- | --- |
| Name of Person Responsible | Contact Details | Address |
|  |  |  |

**As a part of your enrolment at our service we require you to confirm acceptance of the following items in order to be eligible to receive Government funding if available to you. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement (CWA) to enable you to receive Child Care Subsidy (CCS) where eligible.**

**Please read these items and confirm your acceptance of these items:**

|  |  |
| --- | --- |
| **Please Tick √** | **Terms of Enrolment** |
|  | * I confirm that all details in the enrolment form and this form are correct |
|  | * I confirm I have agreed to days of care with this service/s and understand the start and end times of the care provided |
|  | * I confirm that care may be provided on a casual or flexible basis where available at my service/s at my request. To be eligible for CCS on additional days or different days I must request this in writing and may need to “approve” these changes in MyGov |
|  | * I confirm I understand the fees associated with the care of my child as displayed in service foyer. * I understand that any hours used outside of my booked session hours will result in additional fees. * I understand that these fees may vary from time to time and that I will be provided with at least 14 days’ notice of any change in fees. |
|  | * Where I am not eligible for Government subsidies, do not want to receive Government subsidies or have an alternate arrangement (e.g.: my employer is paying my child care fees), I will notify the service manager immediately |
|  | * I agree that any attendance hours outside of my booked sessions will result in additional hours charged which may or may not be eligible for CCS deductions depending on my eligible hours. |

**Full Name of Enrolling Parent/Guardian eligible for CCS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Authorised Staff Member Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| 8. Court Orders |  | |
| Are there any Court Orders, Parenting Plans or Parenting Orders pertaining to your child? | | **Yes / No** (please circle) |
| If YES, please provide a copy of this order to the centre for your child's file. The centre MUST have a copy of the above to verify custody in the child's file. All staff will be made aware of the existence of such documentation. This order must relate to power, duties, responsibilities or authority of any person in relation to the child, access to the child or residence of the child. | | |

|  |  |
| --- | --- |
| 9. Maintaining Fees |  |
| * I agree to abide by the centre’s policy of maintaining fees two weeks in advance. I also understand fees are to be paid for all days the child is absent or sick and public holidays. If I am late collecting my child an additional fee of $5.00 per minute will be charged. If fees fall behind the “two (2) week in advance”, my child’s place at the centre may be jeopardised. | |
| **Signature:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 10. How did you find out about our centre? (please tick) | | | |
|  | | | |
| Flyer in letterbox | |  | Advertisement in local newspaper/magazine | |  |
| I noticed the centre when driving past | |  | Recommendation/My friend’s child attends the centre | |  |
| Other (please specify): |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11. Policy & Enrolment Information Confirmation | | |  | |
| * I have read the centre’s policies, discussed these with the Nominated Supervisor, and agree to abide by them. I am also aware that the policies will change from time to time due to review by the centre and by the licensee. I understand that the centre will keep me informed of any changes. I also acknowledge that I have read and understand the contents of the inform booklet issued by the centre, and agree to abide by the conditions and policies stated in. I agree to the Complying Written Agreement I have signed as part of the enrolment process. | | | | |
| Parent/Guardian | | Witness | | |
| Name |  | Name | |  |
| Signature |  | Signature | |  |
| Date |  | Date | |  |

NOTE: - Please ensure that you have filled out the ‘Complying Written Agreement’ section of this form, even if you do not have a CRN – **this section is essential for EVERY enrolment.**

|  |  |  |
| --- | --- | --- |
| 12. Parent involvement and Special interests/ talents |  | |
| Are you able to able to donate your time to the centre to help in events such as parent meetings or extra circular activities, incursions and excursions? | | Yes / No (please circle) |
| Do you or any of your family members have any special interests skills or talents that you would like to share with the centre? | | Yes / No (please circle) |
| Please provide details if you have answered yes to any of the above: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| We want everyone to know how special you are | | | |  |
| My name is | | |  | |
| The name I prefer to be called is | | |  | |
| The special name I call my family members is | | |  | |
| Other special people in my life are | | |  | |
| My best friend’s name is |  | | | |
| My pet is a |  | | | |
| Things I enjoy doing are |  | | | |
| Things I do well are |  | | | |
| My favourite songs are |  | | | |
| My favourite toy is |  | | | |
| My favourite book is |  | | | |
| My favourite foods are |  | | | |
| Foods I don’t like are |  | | | |
| Things that scare me are |  | | | |
| When I have a rest I like to |  | | | |
| The most special thing about me is | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Information about my routine… | | | |  |
| I generally have |  | Sleep/s per day | | |
| I usually sleep for |  | Hours | | |
| The best way to help me sleep is | |  | | |
| I wear nappies all day | | Yes / No (please circle) | | |
| I wear nappies for rest time only | | Yes / No (please circle) | | |
| When I use the potty/toilet I need assistance | | | Yes / No (please circle) | |
| My personal routine | | |  | |
| Time | | | Routine/Comments | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
| Other important information | | |  | |
|  | | | | |
|  | | | | |

**Blanket Permission Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Permission | | |  | | |
| I, the person whose name and address appear below as the parent and/or guardian of the child whose name and address appears below hereby acknowledge and give staff the authority to act as stated below: | | | | | |
| To apply foreign substances such as sun cream 50+, insect repellant or any other substance as required, on my/our child’s skin if the need arises. | | | | | **Yes / No** |
| To be observed by students for development and training purposes. | | | | | **Yes / No** |
| To be removed from the centre to safety in case of an emergency or emergency drill (Practice) | | | | | **Yes / No** |
| I, the person whose name and address appear below as the parent and/or guardian of the child whose name and address appears below also hereby acknowledge and agree that:   * The centre may use for publicity purpose, photographs of myself; OR my child. * Photographs may be taken by or on behalf of the child care centre; OR at company events; OR community events; * And such photographs may be used by or on behalf of the centre at any time in the future for Advertising OR Promotional material OR website OR corporate publications. * The centre will use “KindyHub” as a means of communication using my child’s photograph * My child/ren’s photo can be used on our Facebook page   Photographs may be taken by or on behalf of Early Learning Services at the child care centre or at company events or community events and such photographs may be used by or on behalf of Early Learning Services at any time in the future for advertising or promotional material or website or corporate publications. | | | | | |
| Childs Name |  | Child’s Date of Birth | |  | |
| Parent/Guardian |  | Witness | |  | |
| Name |  | Name | |  | |
| Signature |  | Signature | |  | |
| Date |  | Date | |  | |

**YOUR PRIVACY IS IMPORTANT TO US** – Note: This form is governed by our Privacy Policy which can be obtained from the Nominated Supervisor if you require more information.

**New Parent Checklist**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| New Parent Checklist | | |  | | |
| As the Nominated Supervisor of this service, it is my responsibility to ensure that the following New Parent Checklist has been discussed with all new families. Please circle where appropriate below. | | | | | |
| Have you received a tour of the centre? | | | | | **Yes / No** |
| Have you been introduced to centre staff members? | | | | | **Yes / No** |
| Have you been informed of the centre policies and procedures? | | | | | **Yes / No** |
| Have you been informed of the management structure? | | | | | **Yes / No** |
| Have you been informed about the various Teacher-Parent communication methods used within the centre? | | | | | **Yes / No** |
| Have you been informed of the centre’s Open Door policy? | | | | | **Yes / No** |
| Have you completed an Enrolment Form for your child? | | | | | **Yes / No** |
| Have you contacted registered a MyGov account and linked to the service? | | | | | **Yes / No** |
| Have you been given children’s nutrition information? | | | | | **Yes / No** |
| Have you been informed of the centre’s Sun Safety Policy? | | | | | **Yes / No** |
| Have you been informed of the immunisation procedure? | | | | | **Yes / No** |
| Have you been informed of the centre’s Quality Assessment status? | | | | | **Yes / No** |
| Have you completed and signed the Complying Written Agreement (required for CCS) | | | | | **Yes / No** |
| Parent/Guardian |  | Nominated Supervisor | |  | |
| Name |  | Name | |  | |
| Signature |  | Signature | |  | |
| Date |  | Date | |  | |

**First Day Checklist**

There are some important things you need to make sure you have completed for the first day.

Please use this checklist to make sure that nothing is missed.

**The paperwork:**

* Completed Enrolment form (all pages completed, initialed and signed)
* Completed A Little More About You form
* Completed Cultural Needs form
* Completed Blanket Permission form
* Completed New Parent and First Day Checklist forms
* Completed DIRECT DEBIT form

**For your child:**

* Bag or backpack
* Hat
* Two spare changes of clothes to suit the weather or for those unavoidable accidents
* Spare socks
* Spare undies/nappies
* Dummy (if required)
* Suitable shoes to protect your child’s feet when playing outside
* Appropriate clothing for messy play
* Prepared infant bottles clearly labelled
* Jacket for outdoor play
* Suitable footwear for active play

