

# Tatura Children's Centre Inc.

5-9 Kerferd Street, Tatura VIC 3616  
P.O. Box 234, Tatura VIC 3616  
Ph: (03) 5824 1415  
www.taturachildrenscentre.com.au  
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## 2022 CWA Enrolment Form



### SETTLING CHILDREN INTO TCC

New settings can be stressful for children (and parents), but we believe that your child's settling-in period will be easier if you are able to undertake some of the following suggestions. Care taken when settling your child into TCC will also assist you leaving them for the first time.

We understand and appreciate that children respond in different ways when separating from their parents. We will always attempt to respond to those varying needs.

If it is possible we recommend that you:

- Visit TCC before you enrol. You will have an opportunity to spend some time in the room with your child for the first few occasions (according to need), allowing educators to gradually meet the needs of your child.
- Make the first day at TCC shorter than usual for your child, gradually increasing the time over the next days, to give the child reassurance that you are returning for him/her.
- Feel free to telephone during the day to check on your child's progress.
- Educators will report to parents regarding the child's day and are happy to discuss any concerns.
- When your child becomes ready to move up into the next age group our friendly educators will discuss this transition with you and welcome your input.

### PLEASE PROVIDE FOR YOUR CHILD:

- A spare set of clothes in your child's bag each day (if toilet training more than one may be necessary)
- A broad or brim style hat to keep at the Centre - which is clearly labelled
- A minimum of five (5) disposable nappies each day
- A copy of your child's Immunisation Status\History Statement from Medicare
- A drink bottle

# 2022 Enrolment Form

## 1. CHILD INFORMATION

Family Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Given Names \_\_\_\_\_ Usually Called \_\_\_\_\_

Home Address \_\_\_\_\_

Child CRN \_\_\_\_\_

Country of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Age and Gender of Child's Siblings (if applicable)

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Any other person(s) living in the child's home (eg. grandparents)

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Is the child of Aboriginal and/or Torres Strait Islander origin (please select)

☐ No, not Aboriginal or Torres Strait Islander

☐ Yes, Aboriginal

☐ Yes, Aboriginal and Torres Strait Islander

☐ Yes, Torres Strait Islander

Language used in the child's home

Cultural background of the child and, if applicable,  
the child's parents

Any special considerations for the child (eg. any cultural,  
religious or dietary requirements or additional needs)

Has your child attended a childcare centre before?

☐ Yes

☐ No

## 2. PARENT/GUARDIAN INFORMATION

### Parent/Guardian 1

Title: Mr Mrs Miss Ms Dr

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address - as per child or: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Full Time Part Time Other

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Does the child live with this parent? ☐ Yes ☐ No Parent/Guardian CRN \_\_\_\_\_

### Parent/Guardian 2

Title: Mr Mrs Miss Ms Dr

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address - as per child or: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Full Time Part Time Other

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Does the child live with this parent? ☐ Yes ☐ No Parent/Guardian CRN \_\_\_\_\_

## 3. EMERGENCY CONTACT INFORMATION - OTHER PERSON/S AUTHORISATIONS

Please list below the details of those people who you have authorised as emergency contacts for the child (within a 30km radius of TCC). This list may be amended at any time. In the event that the parents or guardians cannot be contacted the person/s listed below with authority will be contacted regarding collecting the child in the event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an Educator to take the child outside TCC. Please tick the appropriate boxes for each contact to confirm authorisations. If you are unable to provide 3, please speak to the Director.

### Contact 1

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

- ☐ Authorised to collect (Authorised Nominee) (Reg. 160(3)(b)(iii)) ☐ Notification in the event of an emergency (Reg. 160(3)(b)(ii))  
☐ Authorised to consent to Medical Treatment (Reg. 160(3)(b)(iv)) ☐ Authorisation for administration of medication (Reg. 160(3)(b)(iv))  
☐ Authorised to authorise an Educator to take the child outside TCC premises for an excursion (Reg. 160(3)(b)(iv)102(4))

### Contact 2

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

- ☐ Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii)) ☐ Notification in the event of an emergency (Reg. 160(3)(b)(ii))  
☐ Authorised to consent to Medical Treatment (Reg. 160(3)(b)(iv)) ☐ Authorisation for administration of medication (Reg. 160(3)(b)(iv))  
☐ Authorised to authorise an Educator to take the child outside TCC premises for an excursion (Reg. 160(3)(b)(iv)102(4))

### Contact 3

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

- ☐ Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii)) ☐ Notification in the event of an emergency (Reg. 160(3)(b)(ii))  
☐ Authorised to consent to Medical Treatment (Reg. 160(3)(b)(iv)) ☐ Authorisation for administration of medication (Reg. 160(3)(b)(iv))  
☐ Authorised to authorise an Educator to take the child outside TCC premises for an excursion (Reg. 160(3)(b)(iv)102(4))

## 4. COURT ORDERS IN RELATION TO THE CHILD

Are there any:

- **court orders, parenting order or parenting plans** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? No ☐ Yes ☐
- **other court orders** relating to the child's residence or the child's contact with a parent or other person? No ☐ go to the next section Yes ☐ **please complete the following:**

1. Bring the original order/s for educators to sight and attach a copy to this enrolment form;
2. Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities:

## CONFIDENTIALITY OF ENROLMENT RECORDS

The approved provider of the Education and Care Service must ensure that the information in the child's enrolment record is not divulged or communicated, directly or indirectly, to another person other than as prescribed under Regulations 181 and 182 of the Education and Care Services National Regulations 2011. This includes, to the extent necessary for the education and care of the child or medical treatment of the child; or where expressly authorised, permitted or required to be given by or under any Act or law; or with the written consent of the person who provided the information.

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## 5. CHILD'S HEALTH INFORMATION

Registered Medical Practitioner Service Name \_\_\_\_\_  
Phone \_\_\_\_\_ Medicare No. \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_

Registered Dental Practitioner Service Name \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

Is the child currently attending or has previously attended:

- ☐ Counsellor/Psychologist ☐ Occupational Therapist ☐ Speech Therapy ☐ Dietician  
☐ Pediatrician ☐ Specialist ☐ Other

If yes, please provide details:

## 6. CHILD'S MEDICAL INFORMATION

### ANAPHYLAXIS (Reg. 162(c)(ii)&(d))

Has your child been diagnosed at risk of anaphylaxis? ☐ Yes ☐ No

Does your child have an auto injection device (eg. EpiPen® or Anapen®)? ☐ Yes ☐ No

If your child has an auto injection device, have you supplied to TCC a device with a valid expiry date? ☐ Yes ☐ No

Has the anaphylaxis medical management plan been provided to TCC? ☐ Yes ☐ No

Has a risk management plan been completed by the service in consultation with you? ☐ Yes ☐ No

*In the case of anaphylaxis you will be provided a copy of TCC's anaphylaxis management policy. You will be required to provide TCC 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 enrollment form.*

*More information can be found at [www.allergyfacts.org.au](http://www.allergyfacts.org.au)*

### SPECIFIC HEALTHCARE NEEDS (Reg. 162(c)(i)&(d))

Does the child have any specific healthcare needs including any medical conditions that are relevant to the care and education of the child? (eg. asthma, epilepsy, diabetes etc.) ☐ Yes ☐ No

*If YES, please provide details of any specific healthcare need/s or medical condition and any management plan/s or risk minimisation plan/s to be followed with respect to the specific healthcare need/s or medical condition/s. Attach a copy of any plan/s or additional pages if necessary.*

If necessary, has medication been supplied to TCC? ☐ Yes ☐ No

### ALLERGIES (Reg. 162(c)(ii))

Does your child have any allergies? ☐ Yes ☐ No

*If YES, please provide details of any allergies and any management plan/s to be followed with respect to the allergy. Attach a copy of any plan/s or additional pages if necessary.*

If necessary, has medication been supplied to TCC? ☐ Yes ☐ No

### DIETARY RESTRICTIONS (Reg. 162(e))

Does the child have any dietary restrictions? ☐ Yes ☐ No

*If YES, please provide details of any dietary restrictions;*

Any dietary restrictions must be supported by a Medical Certificate. Please attach.

Has a communication plan been developed to ensure that: (a) relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child and (b) the child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child (Reg. 90(1)(c)(iv))?

☐ Yes ☐ No ☐ N/A



# 2022 Enrolment Form

## 7. CHILD'S IMMUNISATION STATUS - "NO JAB, NO PLAY"

You are required to supply us with a copy of your child's up to date immunisation records\History Statement from Medicare or from your My Gov account.

No enrolment will be accepted unless this is supplied with this Enrolment Form fully completed.

Please sign below to acknowledge this has been supplied (Reg162 (g)).

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

In some case when there is an outbreak of a vaccine preventable disease, unimmunised children will be excluded from TCC as per the period of exclusion of contacts recommended by the National Health and Medical Research Council. The exclusion periods table can be found at <http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp>

## 8. ADDITIONAL INFORMATION

Please provide any other relevant information about the child eg. abilities, interests, likes, dislikes, family traditions, home routines, parenting strategies etc. \_\_\_\_\_

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Do you have any specific skills or a trade that could be of use to TCC? \_\_\_\_\_

## 9. PARENTAL AGREEMENTS

Child's Name \_\_\_\_\_ Name of consenting Parent or Guardian \_\_\_\_\_

### Medical

Please Note: if your child becomes ill, develops a high temperature that continues to rise or is injured during the day we will contact you immediately. If you or your emergency contacts cannot be reached, and it becomes necessary to call an ambulance, an educator will accompany your child to hospital and a continued effort will be made to contact you and your emergency contacts.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- Parent/Guardians will be responsible for the full payment of any costs incurred for transportation or treatment relating to any illness or injury relating to their child while at TCC.
- Any medical or hospital fee reasonably incurred by an Educator from TCC, on behalf of your child, will be recovered from the parent as a debt.

I/We hereby consent to the Director or his/her designated representative, engaging the services of a Doctor, Dentist or Ambulance in any emergency for my/our child.

If I cannot be contacted, I accept that the emergency service would be the closest hospital or Doctor.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Regular Excursions

I/We have signed a 2022 excursion form authorising permission for my child to go out of TCC grounds on short walks to the designated areas which have been deemed as regular excursion areas (a regular outing is a walk to and from a specific destination between 9am & 3pm). TCC educators will stay within the boundaries and information as stated in the '2022 Excursion and Risk Assessment folder located in the foyer. I/We understand that the children will be supervised at all times by the approved staff/child ratios. Families will be notified the morning of a regular excursion.

Regular Tatura excursion locations include: Tatura Primary School, Sacred Heart Primary School, Fire Station, Ambulance Station, Water Tower, Cussen Park, Tatura Library and Hogan Street (main street) which includes the Post Office, Chemist, Bakery's, Butchers, Newsagent and Supermarkets).

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: All other excursions outside TCC grounds will require parent permission by signing a TCC Excursion form prior to the event, which will include a risk assessment and authorisation for transportation if required.

## Educational Program (photos)

Tatura Children's Centre is committed to the Early Years Learning Framework and educational planning for all children in its care. Our process of documentation involves using a wall plan, children portfolios and interactive facebook platform. This documentation will be available to you on request. I/We give permission for my child's name and/or photo to be used in centre displays and program documentation.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Students Studying

I/We consent to my child being the subject of observations for training purposes (you will be informed of any).

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Media (TCC closed Facebook Page)

I/We give my consent for a Tatura Children's Centre representative to photograph my child/myself. I/We agree and acknowledge that any and all copyright and other rights to any photographs of my child/myself shall be owned by Tatura Children's Centre. I also give my consent for Tatura Children's Centre to use photograph/s of my child/myself in their promotional material. In doing so, I acknowledge and agree that Tatura Children's Centre does not need to submit to me any promotional material containing a photograph of my child/myself for approval before the publication of that promotional material. If signing this form on behalf of a child, I/We warrant that I/am/are the parent or guardian of the above named child and have authority to grant the above consents.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Fees

I/We agree to pay a daily fee for my/our child's attendance, two (2) weeks in advance.  
I/We understand I/We must still pay fees when my child is absent from the centre. This includes days off for sickness and holidays. I/We agree to give two weeks notice before my/our child leaves TCC. I/We agree to pay any expenses incurred for medical treatment and transport.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Head Lice

I authorise Educators at Tatura Children's Centre to check my child's hair for head lice and nits (eggs).

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Transition Permission

I give permission for Tatura Children's Centre Educators to transition my child into the next age group (room) when the qualified Educator deems my child is developmentally ready and he/she is six months away from being placed with the next age group.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Ointments, Creams and Applications

The Centre regularly provides band-aids/other wound treatments for minor wounds and abrasions. Please advise if your child is allergic to, or cannot use any brands. (Please include sunscreens, creams, band-aids and other wound treatments) and other applications. TCC provides Cancer Council SPF 50+ for all children over 6 months of age.

Product	Brand	Applied for

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please note that all medications (including over the counter medications) must be in their original packaging and be labelled with medical instructions from a medical practitioner/chemist in order to be administered at TCC. These products must have been applied to the child at home first on more than one occasion without incident.

## 10. CONSENT FORM AND DECLARATION

In completing and signing this form, I/We understand and consent to the following arrangements:

- Tatura Children's Centre (TCC) will collect some information about my family and my child. Most information will be provided by myself via the enrolment process. Some information may be provided by government departments or other agencies. Information collected from external sources will be checked with me to ensure it is correct.
- Some of the information collected may be health information about my child, which TCC will handle with due care. All information will be used to assist my child at TCC.
- Some information may be given to other organisations (such as government agencies), as required or authorised by law.
- During my child's attendance at TCC, I may want, or be offered, other services by TCC. If this happens, I consent to relevant information being given to other TCC educators so that they can assess my needs.
- I agree to comply with all government requirements in relation to TCC and its services.
- I am aware that if I fail to pay the fees, any Child Care Subsidy payable will be cancelled and I will become responsible for the total amount of fees.
- I am aware that any overdue accounts will be sent to a Debt Collector.
- I am aware that a system of payments for late departures operates at TCC to cover overtime payments to staff.
- I am aware that my child will be excluded from care at TCC if he/she has contracted a contagious disease or condition. I understand that my child will be accepted back into the centre upon provision of a 'clearance certificate' for my child from a medical practitioner.
- TCC reserves the right to terminate the agreement when, in its discretion, it considers that to do so would be in the interest of the Centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.

### CWA Declaration

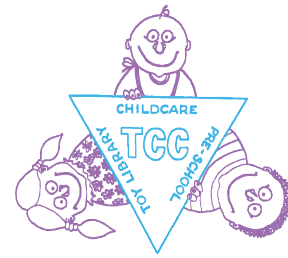
I/We \_\_\_\_\_

confirm that all the information given is accurate and agree to abide by the conditions of the enrolment at Tatura Children's Centre. I can confirm my child is attending the following routine sessions/days for 2022.

Please circle:            Monday            Tuesday            Wednesday            Thursday            Friday

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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## This Section is for Office Use Only

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Starting Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sessions attending   Monday   Tuesday   Wednesday   Thursday   Friday (7.30 - 6.00)

Child's Centrelink Reference Number (CRN) provided   Yes   No

Mother's Centrelink Reference Number (CRN) provided   Yes   No

Father's Centrelink Reference Number (CRN) provided   Yes   No

Enrolling Parents DOB   Yes   No

Phone Contact provided   Yes   No

Emergency Contact provided   Yes   No

Email Address provided   Yes   No

Copy of Immunisation records provided   Yes   No

Parental Agreement Sections signed   Yes   No

Consent Form and CWA Declaration signed   Yes   No

## Checked by

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_