



# ENROLMENT FORM

## CHILD DETAILS

Surname \_\_\_\_\_

Given names \_\_\_\_\_

Preferred name \_\_\_\_\_

Home address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Gender  Male  Female Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Please provide a copy of your child's birth certificate

What is your child's cultural background? \_\_\_\_\_

Please advise us of any cultural or religious practices you would like us to follow

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child of aboriginal or Torres Strait Islander descent?  Yes  No

What language is spoken at home? \_\_\_\_\_

Child's CRN \_\_\_\_\_

If your child has siblings, please advise their names and ages.

\_\_\_\_\_

Please provide us with any other information we should know about your child (eg favourite activities, fears, routines, strengths, special words (please translate if applicable), toileting and sleeping practices etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Optional) If your child is going to school next year, please advise the name of the school.

\_\_\_\_\_

(Optional) Do you authorise the service to exchange information with the school to assist your child's transition to school?

Parent One  Yes  No Signature \_\_\_\_\_

Parent Two  Yes  No Signature \_\_\_\_\_



## PARENT DETAILS

### Parent One

### Parent Two

Surname \_\_\_\_\_

Where answer is same as Parent One write same

Given Names \_\_\_\_\_

Preferred name \_\_\_\_\_

Date of birth \_\_\_\_\_

Occupation \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Mobile \_\_\_\_\_

Best contact number \_\_\_\_\_

Email \_\_\_\_\_

Parent's CRN \_\_\_\_\_

Country of birth \_\_\_\_\_

Cultural background \_\_\_\_\_

Preferred language \_\_\_\_\_

Does the child live with you? \_\_\_\_\_

## MEDICAL INFORMATION

Medicare Number \_\_\_\_\_

Do you have ambulance cover?  Yes  No

Private Health Fund  Yes  No Fund name \_\_\_\_\_ Fund Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's phone number \_\_\_\_\_

Doctor's address \_\_\_\_\_

(Optional) Dentist's Name \_\_\_\_\_

(Optional) Dentist's phone number \_\_\_\_\_

(Optional) Dentist's address \_\_\_\_\_

**Immunisations**

Are your child’s immunisations up to date?  Yes  No

\* Please provide a copy of your child’s Australian Childhood Immunisation Records (ACIR) Statement. (You can get a copy by calling 1800 653 809, by email on [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au) , from a Medicare or Centrelink office or online at [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online) ).

If your child’s immunisations are not up to date, please attach one of the following documents:

A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule

An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor

ACIR Immunisation History Statements and Exemption forms are available on the Department of Human Services website <http://www.humanservices.gov.au/> The ACIR can be contacted on 1800 653 809 or email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)

**Specific Health Care Needs**

Does your child have any specific health care needs or medical conditions eg asthma, allergies, anaphylaxis, diabetes?  Yes  No

If yes, please provide details

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\* If yes, please provide a Medical Management Plan for your child (these are prepared by and signed by the child’s doctor). The Plan should cover what triggers the medical condition or allergy, first aid needed, doctor’s contact details, plan review date and include a photo of your child. We will then develop a risk minimisation plan to reduce the possible incidence of triggers in consultation with you.

Office use only: Child’s health record sighted  Yes Details \_\_\_\_\_

Medical Conditions Policy provided to parents if child has identified medical condition/health care need.  Yes

**DIET**

Does your child have any dietary restrictions that you have not already mentioned?  Yes  No

If yes, please provide details

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**ADDITIONAL NEEDS**

Has your child been diagnosed with any special needs or learning difficulties?  Yes  No

If yes, please provide details

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## AUTHORISATIONS AND EMERGENCY CONTACTS

Do you authorise the Approved Provider, Nominated Supervisor or an educator to seek medical treatment for your child from a registered medical practitioner (includes dentist), hospital or ambulance service, and/or to transport your child by ambulance in an emergency?

Parent 1  Yes Signature \_\_\_\_\_

Parent 2  Yes Signature \_\_\_\_\_

You may authorise another person to collect your child from the service. If your child needs to be collected because they are unwell, we will contact this person if we cannot contact you or you are unable to collect your child. This person must therefore live a maximum of 30 minutes from the service and must provide identification when collecting the child. Please obtain their consent before listing them as an emergency contact.

### Contact One

Name \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Contact's Signature \_\_\_\_\_

### Parent One

I authorise this person to collect my child from your service  Yes  No

Can we notify this person of any emergency involving your child if we cannot immediately contact you?  Yes  No

Can this person consent to medical treatment or the administration of medication if we cannot contact you?  Yes  No

Can this person authorise the Nominated Supervisor or an educator taking your child outside the service if we cannot contact you?  Yes  No

Can this person authorise our Centre to transport your child or arrange transportation of your child?  Yes  No

Please note this Service does not transport children or arrange transportation of children

Parent One Signature \_\_\_\_\_

### Parent Two

I authorise this person to collect my child from your service  Yes  No

Can we notify this person of any emergency involving your child if we cannot immediately contact you?  Yes  No

Can this person consent to medical treatment or the administration of medication if we cannot contact you?  Yes  No

Can this person authorise the Nominated Supervisor or an educator taking your child outside the service if we cannot contact you?  Yes  No

Can this person authorise our Centre to transport your child or arrange transportation of your child?  Yes  No

Please note this Service does not transport children or arrange transportation of children

Parent Two Signature \_\_\_\_\_

**Contact Two**

Name \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Contact's Signature \_\_\_\_\_

**Parent One**

I authorise this person to collect my child from your service  Yes  No

Can we notify this person of any emergency involving your child if we cannot immediately contact you?  Yes  No

Can this person consent to medical treatment or the administration of medication if we cannot contact you?  Yes  No

Can this person authorise the Nominated Supervisor or an educator taking your child outside the service if we cannot contact you?  Yes  No

Can this person authorise our Centre to transport your child or arrange transportation of your child?  Yes  No

Please note this Service does not transport children or arrange transportation of children

Parent One Signature \_\_\_\_\_

**Parent Two**

I authorise this person to collect my child from your service  Yes  No

Can we notify this person of any emergency involving your child if we cannot immediately contact you?  Yes  No

Can this person consent to medical treatment or the administration of medication if we cannot contact you?  Yes  No

Can this person authorise the Nominated Supervisor or an educator taking your child outside the service if we cannot contact you?  Yes  No

Can this person authorise our Centre to transport your child or arrange  Yes  No transportation of your child?

Please note this Service does not transport children or arrange transportation of children

Parent Two Signature \_\_\_\_\_

### COURT ORDERS

Are there any court orders, parenting orders or parenting plans covering the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, or relating to the child's residence or contact with a parent or other person?

Yes (please attach)  No

### PHOTOGRAPHY

I consent to:

- my child being photographed by educators and staff members at the Service for educational purposes or to support their medical documentation
- my child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements.
- the photographs taken by educators and staff members being used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles.
- the photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments.
- the posting of photographs taken by educators and staff members on the Service's social media account in a closed group

I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.

Parent One  Yes  No Signature \_\_\_\_\_

Parent Two  Yes  No Signature \_\_\_\_\_

### REGULAR OUTINGS

We may undertake regular outings to places eg the Castlevale Clubhouse and Green. Before the first outing, we will obtain your authorisation, outlining all relevant details and risks involved. If the risks do not change for subsequent outings to the same venue over the next 12 months, do you authorise the Nominated Supervisor or educators at the service to take your child on the regular outing?

Parent One  Yes  No Signature \_\_\_\_\_

Parent Two  Yes  No Signature \_\_\_\_\_

## DECLARATION

As a person who has parental responsibility for the child referred to in this enrolment form for Tree of Life Early Learning School I:

- declare that the information in this enrolment form is true and correct and I will immediately inform the service in the event of any change to this information
- understand there may be costs involved in the provision of professional medical, ambulance or hospital services to my child as a result of a medical emergency or accident at the service, and I agree to pay those costs
- agree to collect or make arrangements for the collection of my child if he/she becomes unwell at the service
- will not send my child to the service if he/she is sick/unwell
- understand my child must have any required medication (including Epipen) with them at the service at all times or they will be unable to attend
- understand and agree that a first aid trained staff member may administer first aid when necessary
- declare that I have read and understood the Code of Conduct and policies of the Service and will abide by them. These policies include the Medical Conditions Policy, Administration of Authorised Medication Policy, Delivery and Collection of Children Policy, Infectious Disease Policy, Immunisation Policy, Behaviour Guidance Policy (in Relationships with Children Policy) and Privacy and Confidentiality Policy
- have read and will comply with the fees and payment structure of the Service
- agree to update any information relating to my emergency contacts, the people I have authorised to collect my child, and my child's medical or dental professionals (including their contact details)
- agree to provide updated information about my child's immunisations whenever he or she is vaccinated
- agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy
- agree for my child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment
- agree to provide information about my child's life, family and community to support the achievement of meaningful learning outcomes
- understand that the Nominated Supervisor may suspend or terminate my child's place at the service if he/she feels that the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member
- understand that the service takes all care but no responsibility for the loss or damage to children's personal belongings and clothing

Parent One Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Two Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete below if known

Which days you would like your child to attend?

Monday	Tuesday	Wednesday	Thursday	Friday

Proposed start date \_\_\_\_\_

# Privacy Notice

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the Early Years Learning Framework. This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, child care subsidy information, Medicare number, , immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences and needs, including special needs.

We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent or we are complying with an Australian law.

We aim to keep the personal information we hold accurate, up-to-date and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency.

We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is the Approved Provider, Suzanne Conroy, who may be contacted by telephone on 02 9958 8859 or email [admin@treeoflifelearning.com.au](mailto:admin@treeoflifelearning.com.au) or by mail to 2 Artarmon Rd, Willoughby NSW 2068.

We will provide a copy of any updates to our Privacy and Confidentiality Policy on Storypark.



# Family Communication

<b>Child's Surname:</b>	<b>Date:</b>
<b>Child's Given Name:</b>	<b>Date of Birth:</b>

Dear New Family

We invite you to take a moment to fill out the short questionnaire below. Your insights into your goals for your child are invaluable, as they provide essential guidance for your child's focus teacher in their programming and planning.

1, What goals, dreams or expectations do you have for child?

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2, What do you find that your child is interested in and learning about at the moment?

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3, What goals do you want your child to achieve this year?

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4, Do you have any concerns about your child's development or care we can support you with?

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