



Chesterhill - Doonside - Hurstville
Louise - 0411 550 668 or Sheda 0450710144

Child Details

First name	Last name	Date of Birth	Other name (previous name or middle name)		
Customer Reference Number (CRN)- this is different from the parent CRN		Current school	Gender (M/F)		
Residential Address (incl. Postcode)					
<p>Please select the days your child will attend and for how many weeks for the duration of the school holidays Please note that the selected days must remain the same for each week of the school holidays. This section MUST be completed otherwise your child will be booked in from Mon-Fri for the entire 6 weeks holidays.</p>					
Session Attending	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Care					
Afternoon Care					
Vacation Care					
Site Attending					

Parent Details

Primary Contact – Mother/Father		Mother/Father	
Family CRN:			
Given Name/s		Given Name/s	
Surname		Surname	
Other/former Name/s		Other /former name/s	
Mobile Number		Mobile Number	
E-mail Address		E-mail Address	
Date of Birth		Date of Birth	
Occupation		Occupation	
Home Phone		Home Phone	
Address			

Emergency Contacts

Approved persons will be contacted in emergency situations when the parents or guardian is not available (in order as listed). They are authorized to sign out children from the centre without additional written permission.

Please supply at least two names, other than the parents/guardians, who may contact in an emergency.

Contact 1

First Name		Last Name	
Address			
Phone		Mobile	
Work Phone		Relationship to child	
Do you authorise this person to collect your child without any further notification			YES /NO

Contact 2

First Name		Last Name	
Address			
Phone		Mobile	
Work Phone		Relationship to child	

Family Details

Cultural Background	Religion
Family Profile (single/ two parent family etc)	
Languages spoken at home	
Other Siblings- names	Date of births
Cultural/ religious needs Child focused will be adapting some programming to educate children on cultural practice's and traditional customs of all cultures. Please indicate below if you consent to this, if not just indicate that you do not want your child to participate in these activities	Please circle Cultural awareness yes no

Is your child Aboriginal or Torres Strait Islander Origin (Please tick)	
Aboriginal	
Torres Strait Islander	
Neither	

Court/Custodial Order

Please indicate whether there are court orders in place i.e. Person/s denied access to child (not to collect child)

Name	Relationship to Child or Custodian
Date of Issue	Copy of Certificate Attached YES/ NO

Medical Information

Doctor/Paediatrician Name	Name of Medical Practice
Telephone No	Address
Other Specialist/ Doctor	Telephone No
Medicare Number	Health Fund

Immunisation Record

Is your child fully immunised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your immunisation record been sighted and copied?	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Please ensure you notify the Director upon the completion of each immunisation update.

What communicable Diseases has your child had:

Disease Name	Yes	No	Disease Name	Yes	No
German Measles			Chicken Pox		
Measles			Whooping Cough		
Mumps			Other (please list)		

I understand that in the event of an outbreak of a vaccine preventable disease at the centre, the management must notify the Department of Health of an unimmunised children in the centre and that they will be excluded from attendance for such time as the Department deems necessary and that the daily fee is still applicable during this time.

Parent/Guardian Signature: _____ **Date:** _____

General Medical Questions	Yes	No	Documents attached (please indicate yes or no)
Does your child have a medical condition? Asthma, seizures, allergies, ADHD etc			
Does your child take prescribed medication or treatment on a regular basis?			
Does your child have a disability or special needs or behavioural condition?			
Does your child have any special dietary requirements?			
Has your child had any serious illness or hospitalization?			
Has your child ever had a convulsion with a high temperature?			

Child Care Benefit Details

Every family is entitled to receive Child Care Benefit (CCB), or Child Care Rebate (CCR) from the Family Assistance Office (FAO). Please indicate below which form of benefit you would like to receive;

Option	Yes	No	Action
I wish to claim CCB as a weekly fee reduction			Please contact the FAO to apply. Ph: 13 61 50
I wish to claim CCB as a lump sum each financial year			Please apply for a CRN or advise FAO of changes. Phone 13 61 50
I wish to receive CCR as a weekly fee reduction			Please apply for a CRN or advise FAO of changes. Phone 13 61 50
I already receive CCB for another service provider			Please contact the FAO to advise change of centre

Parent/Guardian Signature: _____

Absences

Each family is allowed 42 absent days per financial year. You will continue to receive CCB for additional absent days once the 42 days have been used, however you may need to provide documentation to support these absences. If you are coming to Child Focused from another centre you must advise us of any previous absences accumulated in the current financial year. Please tick one of the following:

- I am coming from another centre. My total absences taken for this financial year are _____ days.
- I have not attended another centre this financial year, therefore I have no previous absences accumulated.

Parent/Guardian Signature: _____

Enrolment Agreement

Section	Any information supplied on this form is treated as confidential	Initial
Enrolment	I have agreed to enrol my child to attend Child focused on my nominated days of the week. I have been provided with a Family Handbook for my reference and I understand that I must sign my child in and out at all times.	
Absent Days/public holidays	I understand that I will be charged for any days that my child is enrolled, and is absent. Please notify the Centre as soon as you know your child will be absent. I understand that I will be charged for any day that my child is enrolled on a public holiday and centre is not opened	
Fees	\$80 Admin Fee is payable prior to enrolment before & after school care Vacation Care Admin fee \$20.00 per child or \$50.00 per family 3 children more Vacation Care- 7.30am- 6.15pm (Hurstville) 8.00am- 5.30pm (Chesterhill) 7.30am-6.00pm (Doonside) Before School Care: \$20.00 Per Session After School Care: \$22.00 Vacation Care= \$52 plus contribution to excursions and activities All school aged children (or less with CCB,CCR ,SBA AND JET) is payable for each day your child is enrolled \$20 late fee is charged on accounts which are over \$100 on Friday afternoons A fee is payable if you pick your child up after 6pm. \$10 for the first five minutes and \$2 for every minute thereafter Families are liable to pay full fees when their CCB is cancelled. I understand the fee structure and agree to pay all fees by the due date.	
Information	I understand that I will inform Child Focused immediately if any personal details or relevant medical information regarding my child changes from what I have provided on the enrolment form.	

Policies	I understand that the Centre operates within a number of policies that these policies are located in the Policy and Procedure Manual in the foyer for me to read at my leisure.	
What to bring for my child	I understand that I must bring to Child focused, a change of clothes, and piece of fruit, and sporting clothing if needed.	
Infectious Children	A child suspected of having an infectious illness shall not be accepted at the centre as part of our exclusion policy, which is in place to limit the spread of infection. I understand that if my child is suspected of having an infectious illness I will be called and asked to pick up my child immediately, full fees continue to apply.	
Emergency Medical Attention	In the event of an accident whereby the child sustains injury, breaks or chips teeth or falls ill, or requires any other emergency treatment I authorise the staff of Child focused take immediate steps in securing appropriate medical, dental or hospital treatment. I also understand that the centre will provide the ambulance/medical staff with a copy of my child's medical details supplied in this enrolment form and with my contact details as well as your nominated emergency contacts.	
Administration of Paracetamol	I give permission for a staff member to administer paracetamol to my child in the event of a temperature exceeding 38.5°c and the parents and emergency contacts cannot be reached.	
Permission for Observation	I am aware that my child will be observed by staff members of Child Focused for the purpose of programming appropriately. This will require documented observations and photos, some photos will be included in our daily diary, which other parents have access to. I understand all written information will be kept confidential.	
Permission for Photographs	My child may be photographed by staff for observations and portfolios & programming, by parents for birthday photos or newspaper photographers for special events held at the service to be published in the local paper. From time to time the child's name or photo maybe included in with another child's observation or portfolio. Do you consent to This?	
Excursions	I agree to excursions/special events being conducted for the purpose of further developing knowledge and skills throughout the year. I understand I will be informed for each excursion/event prior to them being conducted.	

Thank you for completing the Enrolment Form

Enrolment Checklist- have your provided the following list	
Completed enrolment form for each child	
Copy of each child's birth certificate	
Copy of each child's immunisation (blue book) record	
Letter from centrelink for approval for CCB/CCR/JET/SCA	
Bond- Estimated as one week of fees	
Annual Admin fee- \$20.00 per child Or \$50.00 per family of 3	