

Cudal  
Community Children's  
Centre

2012 Enrolment Form

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Child's Name

# Cudal Community Children's Centre

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

Child's Name: \_\_\_\_\_ Gender: M / F

Date of Birth \_\_\_/\_\_\_/\_\_\_ (Please provide a copy of your child's birth certificate)

Preferred Name: \_\_\_\_\_

Any former names: \_\_\_\_\_

Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Language/s Spoken at home: \_\_\_\_\_

Enrolment request: Permanent booking  no. of days \_\_\_  Preschool  Long Day Care  
Occasional care only

Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

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## Parent/Carer One:

Name: \_\_\_\_\_

Any other name known by: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Place of work \_\_\_\_\_

or study \_\_\_\_\_

Phone (W): \_\_\_\_\_

Phone (H): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Years in Australia: \_\_\_\_\_

## Parent/Carer Two:

Name: \_\_\_\_\_

Any other name known by: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Place of work \_\_\_\_\_

or study \_\_\_\_\_

Phone (W): \_\_\_\_\_

Phone (H): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Years in Australia: \_\_\_\_\_

## Parent/Carer One:

Are you or your child of Aboriginal or  
Torres Strait Islander Descent? Yes  No

## Parent/Carer Two:

Are you or your child of Aboriginal or  
Torres Strait Islander Descent? Yes  No

# Cudal Community Children's Centre

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

## Emergency

In the case of an Emergency, if we are unable to contact you, please indicate two people in order of preference who may act on your behalf.

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Post Code: _____	Post Code: _____
Phone: _____	Phone: _____
Mobile: _____	Mobile: _____
Relationship: _____	Relationship: _____

Are there any religious specifications that need to be adhered regarding medical treatment in an emergency? \_\_\_\_\_

I give permission for the people listed to act on my behalf in the event of an accident, illness, emergency or failure to collect my child by 6.00pm if I cannot be contacted. (Note if neither parents, emergency contacts nor other persons authorised to collect a child can be contacted by 6.15pm to collect a child, DoCS or Police will be contacted for assistance. )

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## Particulars of persons, other than parents, authorised to collect your child.

1.Name: _____	2.Name: _____
Address: _____ _____	Address: _____ _____
Post Code: _____	Post Code: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____
<b>Signature:</b> _____	<b>Signature:</b> _____

If you would like to authorise more people to collect your child, please attach their details and signatures on another piece of paper.

Please Note: Staff will not allow anyone other than yourselves or the above authorised people to collect your child unless prior notice (preferably written notice) is given by the parent or guardian.

# Cudal Community Children's Centre

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

## Other Significant People

Are there any other people it would be important for us to know about with whom your child has close, regular contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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## Other Children in the Family

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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## Court Orders

Are there any court orders affecting the custody of your child? Yes  No

**Attach:** 1. photo

2. photocopy of court order

Attention: notify Director if circumstances change.

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## Health

It is important to keep this information current at all times.

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Does your family have a Health Care Card? Yes ( ) No ( ) ( If yes, please photocopy.)

Medicare Number (emergency use only) \_\_\_\_\_

Is your child covered by a health fund? Yes ( ) No ( )

If yes, name the fund: \_\_\_\_\_ Number: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Does your child have a continuing serious illness? Yes  No

Details: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

# Cudal Community Children's Centre

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

If this illness may require emergency treatment please complete the **Health Emergency Action Plan**.

If your child has a medical condition (eg asthma), please ask for a medical form.

Does your child need regular medicine? Yes  No

Details: \_\_\_\_\_

Treatment Plan \_\_\_\_\_

\_\_\_\_\_

Has your child been hospitalised ? If so, please provide details: Yes  No

Details: \_\_\_\_\_

Does your child have any allergies? Yes  No

Details: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

\_\_\_\_\_

Are there any common allergens that your child has not yet been exposed to?

List: \_\_\_\_\_

If your child's temperature is above 37.5 degrees C, do you give permission for the staff to give the recommended dose of Paracetamol? Yes  No

Has your child ever experienced any language or speech difficulties, physical problems or other health or development difficulties? Yes  No

Details and known causes:

\_\_\_\_\_  
\_\_\_\_\_

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## Immunisation

Has your child been immunised? Yes  No

Your child's immunisation records will need to be copied, kept on file and updated whenever necessary. If your child is not immunised and an outbreak occurs in the centre, you will be asked to keep your child at home until the outbreak has passed.

Immunisation Records on file? Yes  No

Sighted by: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

# Cudal Community Children's Centre

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

## Routines

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### **Toileting**

Is your child in nappies? Yes  No

Being toilet trained? Yes  No

Needs Reminding? Yes  No

Independent in toileting? Yes  No

What words does your child use when asking to go to the toilet? \_\_\_\_\_

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### **Sleeping**

Does your child need a sleep during the day? Yes  No  Sometimes

If yes, at what time and for how long? \_\_\_\_\_

Does your child need a nappy, dummy or bottle at rest time? Yes  No

Any special toys or objects? Yes  No

Details: \_\_\_\_\_

Does your child have any special routine on being put to bed? Yes  No

Details: \_\_\_\_\_

Is there any important language to use at this time? Yes  No

Details: \_\_\_\_\_

### **Food**

Does your child have any particular dietary requirements (vegetarian, religious, medical) or restrictions? Yes  No

Details: \_\_\_\_\_

Is your child allergic to any foods? Yes  No

Details: \_\_\_\_\_

Are there any foods that your child has not yet been exposed to that pose an allergy risk?

List: \_\_\_\_\_

Is there any food your child particularly likes? Yes  No

Details: \_\_\_\_\_

Or Dislikes?

Details: \_\_\_\_\_

Does your child feed himself or herself? Yes  No

# Cudal Community Children's Centre

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

Details: \_\_\_\_\_

Are there any particular requirements at meal times? Yes  No

(i.e. use of chopsticks)?

Details: \_\_\_\_\_

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## General Needs

Does your child have a special toy or object during the day Yes  No

(Apart from sleep time)?

Details: \_\_\_\_\_

Does your child have any deep fears about anything particular? Yes  No

(i.e. Noise, darkness)

Details: \_\_\_\_\_

Are there any words that we need to know that have special meaning for your child? Yes  No

Details: \_\_\_\_\_

Has your child attended other children's services (incl playgroup etc)  
Or been cared for outside your home before? Yes  No

Details: \_\_\_\_\_

How would you describe your child's reaction to being with other children?

Details: \_\_\_\_\_

Does your child get upset when left with other people? Yes  No

Details: \_\_\_\_\_

Is there any further information which you feel may assist us in providing the best service for you and your child at CCCC (eg religious beliefs, family situation, recent significant events)?

Details: \_\_\_\_\_

Please tell us how we can help your child this year (eg: what do you most want for your child at Cudal Community Children's Centre)?

Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Cudal Community Children's Centre

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

Is there any particular area that concerns you and that we need to know about? Yes  No

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What information do you consider important to know from **us** each day?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any skills you would like to contribute to the centre's program? Yes  No

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We understand that the information you have provided may become out of date as your child grows and develops. **Please update staff as required throughout the year.**

We look forward to caring for your child and welcome the family to Cudal Community Children's Centre. If you have any suggestions you would like us to put forward, please talk to the staff. We also hope that you will approach us with any concerns about the service we provide.

## Email communication

Would you like to receive emails from the Committee from time to time such as to consult with you on our policies and plans, receive monthly Newsletter and to notify you of upcoming committee meetings?

Yes  No

Email: \_\_\_\_\_

# Cudal Community Children's Centre

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

## Parent / Guardian Agreements

### 1. Signing In and Signing Out

I understand that it is a NSW Government of Human Services, Community Service's requirement that I sign my child/children in and out, noting the time. A daily sign in sheet is provided.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### 2. Permission to use the bus service

I give permission for (Name of Bus operator) \_\_\_\_\_ to drop off and pick up (Name of Child/children) \_\_\_\_\_ at Cudal Community Children's Centre.

Please note that the following conditions apply regarding the use of the bus service:

- There is no obligation for the bus service to carry Children's Centre children as they receive no remuneration for this service
- All arrangements for use of the bus must be initiated by the parent / guardian

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### 3. I realise that it is my responsibility to notify the Centre of changes to my child's details.

This includes immunisation updates, personal changes eg moving, new contact details as well as daily issues eg contacting the centre if my child is away due to illness or holiday.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### 4. Emergency action

Every possible care will be taken with your child while at CCCC and in the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the parents / guardian. However, should this prove impossible, it will be necessary for authority to be given for treatment under the supervision of centre staff.

I authorise the staff of CCCC to seek and carry out emergency medical treatment for my child should this be necessary.

(Child's name) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

# Cudal Community Children's Centre

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

## 5. Ambulance Cover

I understand that should an ambulance be called to my child while at the Centre, that I will be responsible for all associated fees.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## 6. Confidentiality

I am aware that there are confidential issues regarding things seen at the centre and I will abide by the confidentiality policy of the centre.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## 7. Publicity

I consent to my child's photograph, name and age being used for publicity for the Centre ,in an outside presentation or newspaper promotion should this be required.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

I consent to my child's photograph, name and age to be used in the Cudal News.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

I consent to my child's photograph being used in the Centre's Newsletters ,children's Portfolios and daily Reflective Diary.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## 8. Absence of a qualified teacher - under 3 year olds only

The Centre will always ensure that the required number of staff is on duty for the number of children present. However, for under 3s, a qualified educator must always be on duty. In the event of an emergency or unforeseen circumstance, it may not be possible to have a qualified educator present. Please indicate below if you require to be notified if this situation arises.

**YES** - I do require to be notified if a qualified educator is not present when my under 3 year old is in care

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**NO** - I do not require to be notified if a qualified educator is not present when my under 3 year old is in care.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

# Cudal Community Children's Centre

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

## 9. Routine Excursions

From time to time the Centre will have excursions. This involves walking with the children within our local community, to the community hall, primary school, local health centre or similar venues. Parents/carers will be informed before the routine excursion.

I give permission to participate in excursions of this kind.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## 10. Library

Children in the 'Busy Bee' room may borrow library books if they have a library bag. Library books must be returned each week and no new book can be taken until all previously borrowed books are returned.

If my child wishes to borrow a book, I agree to provide a library bag with my child's name on it, and to return the book, or replace it if lost or damaged.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## 11. Portfolios available if fees are fully paid

I understand that if my child's fees are fully paid his or her portfolio record will be given to me at the year's end. If my child's fees are not fully paid, their portfolio will be withheld.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## 12. Garden Maintenance

I will do garden maintenance as rostered or arrange for someone else to do it in my place. I will be billed for the cost of a professional mowing service for any occasions my rostered garden maintenance is not completed.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## 13. Fundraising

The Centre is a community run, not-for-profit organisation which relies on fundraising activities to provide additional resources for the children. I am aware that this is how the Centre operates and that I may be asked to assist, on behalf of my child, with fundraising events.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

# Cudal Community Children's Centre

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

## Office use only

Date of interview      \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of commencement      \_\_\_\_/\_\_\_\_/\_\_\_\_

Enrolment Fee paid      \$\_\_\_\_\_

Fee Agreement signed  Yes     No

Date of departure      \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies               Yes      No

Birth Certificate copy - obtained and on file  Yes      No

Immunization record - copy obtained and on file  Yes      No

Court order - copy obtained and on file  Yes    No    photo on file  Yes    No

Enrolment changes noted 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_

# Cudal Community Children's Centre

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

## Fee Agreement page 1/2

### Standard Fees

I agree to pay fees as follows:

Enrolment fee:	\$20 per child per year (non-refundable)	
Preschool fee:	3 – 5 years	22.00/day
Long Day Care		
Permanent bookings:	3 years and over	\$52.00/day
	Under 3 years	\$56.00/day
Occasional Care	3 years and over	\$54.00/day
Occasional Care:	Under 3 years	\$58.00/day
	½ day (all ages)	\$30.00

Sign: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### Absences

I agree to pay for the day my child is permanently booked, for the 48 weeks per year that the Centre is open. This is regardless of whether my child is present or absent due to sickness, holidays or any reason.

I agree to contact the Centre as early as possible in the event that my child will be absent so that the place may be given for occasional care and for staffing. It is acceptable to leave a message on the Centre's answering machine for this.

In the case of occasional care or extra days, I agree to pay the full fee for the day booked if I do not notify the Centre of my child's inability to attend by 8.30am on the booked day.

Sign: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### Late Pick Up

I agree to pick my child up before 5.45pm. I agree to pay a late fee if my child is picked up late. The late fee is \$1.00 per minute for the first 5 minutes and \$5.00 per minute thereafter. For example: a child departing at 5.55pm would incur a late fee of \$30.00.

Sign: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### Payment Terms

I agree to pay my accounts within 2 weeks. I understand I will receive a reminder phone call after this if I fail to do so.

I understand that if my account remains unpaid for a further 7 days after a reminder phone call, I will receive my first letter requesting payment of the late account, and 7 days later a second letter if I have still not made a payment.

Sign: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

# Cudal Community Children's Centre

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

## Fee Agreement page 2/2

### Termination of Enrolment Due to Unpaid Accounts

I am aware that my child's place will be terminated and legal action will be taken if I fail to pay my account within 7 days of a receiving a second written request for payment,.

Sign: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### Payment Terms for Enrolments for Occasional Care Only

For my child who is not permanently booked, and uses occasional care only, I will pay my fees prior to leaving the child at the Centre. (If the family is an established and regular user of occasional care, this may change to fortnightly billing at the Centre's discretion.)

Sign: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### Enrolment Termination At Family's Request

All enrolments terminate at the end of the year when the Centre closes for the Christmas/New Year holidays.

I understand that if I wish to terminate a permanent booking at any other time during the year, I must give two weeks notice, and will be charged for those two weeks regardless of whether or not my child attends the Centre.

Sign: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### New enrolments,

The following information enables the Centre to deduct Child Care Benefits from your bill in advance.

Child's Centrelink CRN: \_\_\_\_\_

Parent to whom the child's CRN is attached: Name \_\_\_\_\_

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

CRN \_\_\_\_\_

Attach a copy of your current Centrelink statements detailing: a) CCB percentage  
and b) eligible hours