

# 2023 ENROLMENT FORM



## ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission

|  |  |  |  |
|--|--|--|--|
| Child's birth certificate/identity documents |  | Copies of any family law or other relevant court Orders and/or legal documents |  |
| Immunisation Record                          |  | Child Care Subsidy Confirmation  |  |
| Child Customer Reference Number (CRN)        |  | Parent Customer Reference Number (CRN) and date of birth                       |  |

## CHILD DETAILS

|                      |  |                   |  |
|----------------------|--|-------------------|--|
| Family Name          |  |                   |  |
| First given name     |  | Second given name |  |
| Preferred first name |  |                   |  |
| Date of Birth        |  | Gender            |  |

|   |  |
|---|--|
| Child's Centrelink Reference Number (CRN) |  |
|---|--|

| OFFICE USE ONLY |            |
|-----------------|------------|
| Date Entered    | Entered By |

|                           |  |
|---------------------------|--|
| Child's home address      |  |
|                           |  |
| Child normally lives with |  |
| Child's Start Date        |  |

|   |   |
|---|---|
| ENROLMENT TYPE: (Please circle)<br>LDC – 8am-5pm<br>HD AM– 8am- 12:30pm<br>HD PM – 12.30 – 5pm<br>ASC – 3pm – 5pm<br>BSC – 8am – 8.30am | Permanent / Casual<br><br>Long Day Care / Preschool / Half-Day <b>AM PM</b> / After School Care/ Before School care |
| Days of attendance (Please circle):<br>(please only circle days you have discussed with centre)   | Mon      Tues      Wed      Thurs      Fri  |

Dear Parent/ Caregiver,

One of the main reasons the Australian Government funds childcare is to meet the childcare needs of Australian families. However, the demand for childcare sometimes exceeds supply in some locations. When this happens, it is important for services to allocate places to those families with the greatest need for childcare support

The Australian Government has Priority Access Guidelines for allocating places in these circumstances. These guidelines apply to centre-based long day care, family day-care, in-home care, and outside school hours' care services. They set out the following three levels of priority, which childcare services must follow when filling vacant places.

- **Priority 1-** a child at risk of serious abuse or neglect
- **Priority 2-** a child of a single parent who satisfies, or of parents who satisfies, or of parents who both satisfy, the work/ training/ study test under section 14 of the *A New Tax System (Family Assistance) Act 1999*
- **Priority 3-** any other child.

Within these main category's priority should also be given to the following children:



- i. Children in Aboriginal and Torres Strait Islander families
- ii. Children in families which include a disabled person
- iii. Children in families on low income
- iv. Children in families from culturally and linguistically diverse backgrounds
- v. Children in socially isolated families
- vi. Children of single parents

**IMPORTANT:** There are some circumstances in which a child who is already in a childcare service may be required to leave the service.

Where a service has no vacant places, and is providing childcare for a child who is a Priority 3 under the Priority of Access Guidelines, the service may require that child to leave the child care service (or reduce their days) for the service to provide a place for a higher priority child, but only if:

- a) The person who is liable to pay childcare fees in respect of the child was notified when the child first occupied the childcare place that the service followed this policy, and
- b) The service gives that person at least 14 days' notice of the requirement for the child to leave the childcare service.

To confirm a place for your child at Trundle Children Centre we require the following;

-  Complete Enrolment forms with parents CRN and Child CRN provided
-  Copy of birth certificate and immunisation records. (Blue Book not acceptable)

### **Child Care Subsidy Entitlements:**

**CCS Payments are payable once you have completed a claim through your MyGov account.**

You may be eligible if you or your partner meet all of the following:

- care for your child at least 2 nights per fortnight, or have 14% care
- are liable for fees for care provided at an approved childcare service
- meet the residency rules

Your child must also meet both:

- immunisation requirements
- not be attending secondary school unless an exemption applies

To work out how much Child Care Subsidy you're eligible for Centrelink will look at all of the following:

- your family's income
- the hourly rate cap based on the type of approved child care you use and your child's age
- the hours of activity you and your partner do

CCS payments will be automatically taken from your fee's once you receive confirmation of your entitlements from Centrelink.

**NOTE: Regular payments on accounts must be made. Accounts will be sent to parents/caregivers every week or fortnight and will need to be paid Direct Debit into the centre's Bank Account. If you are having difficulties, you must contact the centre to work out a payment plan.**

Enrolment forms will need to be returned to the Trundle Children Centre Before or on Commencement.

Kind Regards,

Danielle Ward  
Director  
Robert Medcalf  
President

## CHILD TWO DETAILS (If applicable)

|  |  |                      |               |
|--|--|----------------------|---------------|
| Given Name(s):   |  |                      |               |
| Middle Name:   |  | Surname:             |               |
| Name Usually Called:   |  |                      |               |
| Date of Birth:   |  | Sex (Please circle): | Male / Female |
| Centrelink Reference Number (CRN)<br><i>Please note: Parent and child have their own individual CRN number</i> |  |                      |               |
| Child's home address:  |  |                      |               |
| Child lives with:  |  |                      |               |

|   |  |      |     |       |     |
|---|--|------|-----|-------|-----|
| ENROLMENT TYPE: (Please circle)<br>LDC – 8am-5pm<br>HD AM– 8am- 12:30pm<br>HD PM – 12.30 – 5pm<br>ASC – 3pm – 5pm<br>BSC – 8am – 8.30am | Permanent / Casual<br><br>Long Day Care / Preschool / Half-Day <b>AM PM</b> / After School<br>Care/ Before School care |      |     |       |     |
| Days of attendance (Please circle):<br>(please only circle days you have<br>discussed with centre)                                      | Mon  | Tues | Wed | Thurs | Fri |
| Session Start Time:   |  |      |     |       |     |
| Session End Time:   |  |      |     |       |     |
| Child's Start Date:   |  |      |     |       |     |

## CHILD THREE DETAILS (if applicable)

|                      |  |          |  |
|----------------------|--|----------|--|
| Given Name(s):       |  |          |  |
| Middle Name:         |  | Surname: |  |
| Name Usually Called: |  |          |  |

|   |   |                      |               |       |     |
|---|---|----------------------|---------------|-------|-----|
| Date of Birth:  |   | Sex (Please circle): | Male / Female |       |     |
| Centrelink Reference Number (CRN)<br><i>Please note: Parent and child have their own individual CRN number</i>                          |   |                      |               |       |     |
| Child's home address:   |   |                      |               |       |     |
| Child lives with:   |   |                      |               |       |     |
| ENROLMENT TYPE: (Please circle)<br>LDC – 8am-5pm<br>HD AM– 8am- 12:30pm<br>HD PM – 12.30 – 5pm<br>ASC – 3pm – 5pm<br>BSC – 8am – 8.30am | Permanent / Casual<br><br>Long Day Care / Preschool / Half-Day <b>AM PM</b> / After School Care/ Before School care |                      |               |       |     |
| Days of attendance (Please circle):<br>(please only circle days you have discussed with centre)   | Mon   | Tues                 | Wed           | Thurs | Fri |
| Session Start Time:   |   |                      |               |       |     |
| Session End Time:   |   |                      |               |       |     |
| Child's Start Date:   |   |                      |               |       |     |

## CULTURAL CONSIDERATION

|   |   |
|---|---|
| Is your child of Aboriginal or Torres Strait Islander origin?                                   | <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both |
| Does your child speak a language other than English at home?<br><i>(Please circle) Yes / No</i> | If yes, what language (s) other than English are spoken at home.  |

|  |  |
|--|--|
| Country of birth   |  |
| Residential status   |  |
| What is your child's cultural background?  |  |
| Please outline any cultural practices you would like followed:<br>(Cultural, dietary)  |  |
| Religion   |  |
| Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed. |  |

**PRIMARY PARENT**

|   |          |  |
|---|----------|--|
| Parent Name   |          |  |
| Parent Surname  |          |  |
| Address   |          |  |
| Phone Number/s  |          |  |
| Parent Date of Birth                                      |          |  |
| Email address   |          |  |
| Relationship to child                                     |          |  |
| Parent Centrelink Reference Number (CRN):                 |          |  |
| Please provide any relevant cultural background details   |          |  |
| Does the child normally live with you?<br>(Please circle) | Yes / No |  |
| Occupation  |          |  |

**SECONDARY PARENT**

|   |          |  |
|---|----------|--|
| Parent Name   |          |  |
| Parent Surname  |          |  |
| Address   |          |  |
| Phone Number/s  |          |  |
| Parent Date of Birth                                    |          |  |
| Email address   |          |  |
| Relationship to child                                   |          |  |
| Parent Centrelink Reference Number (CRN):               |          |  |
| Please provide any relevant cultural background details |          |  |
| Does the child normally live with you? (Please circle)  | Yes / No |  |
| Occupation  |          |  |

**FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER**

|  |   |          |
|--|---|----------|
| Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? | Yes/No  | Attached |
|  | If yes, please provide all relevant documentation and paperwork |          |

Please note that without this documentation we cannot legally enforce the Order/s.

## MEDICAL INFORMATION

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment.

|   |        |  |              |
|---|--------|--|--------------|
| Child's Medicare Number   |        |  |              |
| Medicare Expiry Date  |        | Child's Medicare reference number  |              |
| Doctor's name   |        |  |              |
| Medical Centre  |        | Phone number   |              |
| Allergies- provide details of child's allergies.<br>These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other   |        |  |              |
| Allergy to  |        |  |              |
| Medical specialist or doctor who may be currently treating your child for this condition  |        |  |              |
| Phone contact   |        | Address  |              |
| Risk of Anaphylaxis   | Yes/No | Has a doctor diagnosed this allergy?                                       | Yes/No       |
| Does your child have a current ASCIA Action Plan?   | Yes/No | Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?) | Yes/No       |
| A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis  |        |  | Yes/No       |
| If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).  |        |  |              |
| What is the expiry date of the adrenaline autoinjector?   |        |  | Month / Year |
| Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.<br><i>Education and Care Services National Regulations - Regulation 94.</i> | Yes/No | Parent 1 Signature:  |              |
|   |        | Parent 2 Signature:  |              |
|   |        |  |              |
| Prohibited Food   |        |  |              |



## MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

|   |                        |  |  |
|---|------------------------|--|--|
| Medical condition   |                        |  |  |
| Has a doctor diagnosed this condition?  | Yes/No                 |  |  |
| Does your child have a current Action Management Plan (eg Asthma Plan)  | Yes/No                 |  |  |
| If yes, is this plan attached?  | Yes/No                 |  |  |
| A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90)  | Yes/No                 |  |  |
| If yes, is this plan attached?  | Yes/No                 |  |  |
| Does your child take any prescribed regular medication for this condition?  | Yes/No                 |  |  |
| Medication Name/s   |                        |  |  |
| Medication will only be administered if: <ul style="list-style-type: none"> <li>it is prescribed by a medical practitioner</li> <li>it is in the original container with the original label</li> <li>the label contains the child's name</li> <li>instructions and dosage can be clearly read</li> <li>expiry date or use by date is valid</li> <li>any verbal or written instructions provided by the medical practitioner must be provided by the parent/s</li> </ul> | Parent 1<br>Signature: |  |  |
|   | Parent 2<br>Signature: |  |  |
|   |                        |  |  |

### IMMUNISATION DETAILS

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

|   |         |
|---|---------|
| Are your child's immunisation records up to date? | Yes/ No |
|---|---------|

### FAMILY INFORMATION

|   |  |
|---|--|
| Does your child have any siblings attending our Service? If so, please provide their names. |  |
|---|--|

|   |  |
|---|--|
| Does your child have other siblings at home or attending school? If so, please provide their names and ages.      |  |
| Does your child have any other close relations attending the Service? If so, please provide their names and ages. |  |

**DEVELOPMENTAL INFORMATION**

|  |  |
|--|--|
| Please provide us with any relevant information about your child.<br>(For example: favourite activities, fears, special words, toileting and sleeping practices etc) |  |
| Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?  |  |
| Has your child begun toilet training?  |  |
| Is this the first time your child has been in care?<br>If yes, please indicate the type of early education and care your child has experienced.                      |  |
| Does your child have any comforters?<br>(security blanket, dummy, bottle etc)  |  |

**CHILD'S ROUTINE (if applicable)**

| TIME | ROUTINE |
|------|---------|
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |

**TRANSITION TO SCHOOL (if applicable)**

|   |        |                        |  |
|---|--------|------------------------|--|
| <p>Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school?</p> <p>Name of School:</p> <p>_____</p> <p>Permission to exchange information:<br/>Yes/No</p> | Yes/No | Parent 1<br>Signature: |  |
|   | Yes/No | Parent 2<br>Signature: |  |
|   |        |                        |  |

**Only complete this consent form if your child is enrolled in Preschool.**

**NB: A parent or legal guardian must sign and return a copy of this form.**

### Information about the consent form

Dear Parent/Legal Guardian,

As part of your child's enrolment in this Service, we are required to seek consent to collect and share Personal Information with the NSW Department of Education (the Department) where required for funding and support purposes. The consent form below provides information about what information is collected and how it is used.

### Consent for the use and disclosure of child's personal information.

#### Collecting Personal Information about you and your Child.

You agree that **Trundle Children's Centre** may collect Personal Information about you and your child or legal ward (Child) for the purposes described in this consent form.

#### What Personal Information is collected?

'Personal Information' (including information or an opinion) may include information that you have provided (or someone has provided on your behalf) as part of your Child's enrolment application or otherwise in connection with your Child's attendance at the Service. This information may include your Child's name, date of birth, address, languages spoken at home and other information about you, your family or household. If relevant, this may also include information relating to your Child's health, including any disability, medical records, and reports.

#### How is Personal Information used?

The Service is required to disclose Personal Information to the NSW Department of Education (**Department**) to receive funding and other support in order to deliver an early childhood education program to your Child. The purpose of this form is to obtain your consent for the Service to disclose your and your Child's Personal Information to the Department.

The Department may disclose your or your Child's Personal Information to its personnel and third parties engaged by the Department (**Third Parties**) for the purposes listed below. The Department will only disclose as much Personal Information as is required for those purposes. If information is disclosed to Third Parties, the Department will require its Third Parties to only use Personal Information to provide support to the Service and reporting to the Department.

The Department is required to meet the legislative obligations under the Privacy and Personal Information Protection Act 1998 and Health Records and Information Privacy Act 2002 which establish safeguards to protect all personal and health information held by NSW government agencies

The Department may use your or your Child's Personal Information for the following purposes:

- administering funding programs including the assessment and eligibility of support or funding to your Child;
- administering development or capacity building programs offered by the Department for services. This may include the Department engaging a Third Party to support educational outcomes for the Service including potentially for your Child. In these circumstances, you also consent to Service

disclosing Personal Information directly to the Department's Third Parties assisting with these programs;

- as part of the Department's audit activities of the Service including in relation to use of Department funding; and
- any purpose relating to the exercise of the Department's governmental functions. This may include disclosure of de-identified data to other Australian Government agencies, including the Commonwealth and other States and Territories.

Under the *Privacy and Personal Information Protection Act 1998 (NSW)*, you have a right of access to, and correction or amendment of, your Personal Information. To access your Personal Information please contact the Service or the Department. If you would like further information on funded programs available through the Department, please visit: <https://education.nsw.gov.au/early-childhood-education/operating-an-earlychildhood-education-service/grants-and-funded-programs>

### What if you do not give your consent?

If you do not agree to your or your Child's Personal Information being provided to the Department then this could impact the funding and support made available to the Service in relation to your Child.

### Your consent

By completing the details below and signing this consent form, you consent to the collection, use and disclosure of your, your Child's, your family's and your household's Personal Information in the manner outlined in this form. It is your responsibility to obtain the consent of other members of your household or your Child's family, if you think it is required.

Once provided, you may also withdraw your consent at any time and no further Personal Information will be disclosed. However, this may impact the funding and support made available to the Service for your child.

| Details of child                  |  |
|-----------------------------------|--|
| Print full name of Child          |  |
| Date of Birth of Child DD/MM/YYYY |  |

| Details Parent/Legal Guardian            |  |
|--|--|
| Print full name of Parent/Legal Guardian |  |
| Relationship to child                    |  |

Signature of parent/Legal Guardian

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

**FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE**

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **45 minutes** from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

|  |                   |                    |  |
|--|-------------------|--------------------|--|
| Full Name  |                   |                    |  |
| Relationship to child  |                   |                    |  |
| Phone Number   | (H)<br>(M)<br>(W) |                    |  |
| Address  |                   |                    |  |
| Email Address  |                   |                    |  |
| Can this person be contacted to deliver/collect your child from the education and care service   | Yes/No            | Parent 1 Signature |  |
|  |                   | Parent 2 Signature |  |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No            | Parent 1 Signature |  |
|  |                   | Parent 2 Signature |  |
| Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)   | Yes/No            | Parent 1 Signature |  |
|  |                   | Parent 2 Signature |  |
| Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)   | Yes/No            | Parent 1 Signature |  |
|  |                   | Parent 2 Signature |  |
|  |                   | Parent 2 Signature |  |

**SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE**

|  |                   |                    |  |
|--|-------------------|--------------------|--|
| Full Name  |                   |                    |  |
| Relationship to child  |                   |                    |  |
| Phone Number   | (H)<br>(M)<br>(W) |                    |  |
| Address  |                   |                    |  |
| Email Address  |                   |                    |  |
| Can this person be contacted to deliver/collect your child from the education and care service   | Yes/No            | Parent 1 Signature |  |
|  |                   | Parent 2 Signature |  |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No            | Parent 1 Signature |  |
|  |                   | Parent 2 Signature |  |
| Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)   | Yes/No            | Parent 1 Signature |  |
|  |                   | Parent 2 Signature |  |
| Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)   | Yes/No            | Parent 1 Signature |  |
|  |                   | Parent 2 Signature |  |
|  |                   | Parent 2 Signature |  |

## AUTHORISATIONS

Illness, accident and emergency treatment

|  |        |                     |  |
|--|--------|---------------------|--|
| Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?      | Yes/No | Parent 1 Signature: |  |
|  |        | Parent 2 Signature: |  |
| Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency? | Yes/No | Parent 1 Signature: |  |
|  |        | Parent 2 Signature: |  |
| Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?             | Yes/No | Parent 1 Signature: |  |
|  |        | Parent 2 Signature: |  |

## TRANSPORTATION AUTHORISATION

|  |  |
|--|--|
| The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for: <ul style="list-style-type: none"> <li>regular outings (once every twelve months)</li> <li>an excursion that is not a regular outing</li> </ul> |  |
| Parent 1 Signature:  |  |
| Parent 2 Signature:  |  |



## ENROLMENT AGREEMENT- CONSENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

### HEALTH AND SAFETY

|  |     |    |
|--|-----|----|
| Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any liability) | YES | NO |
| Have Band-Aids or sticking plasters applied when necessary   | YES | NO |
| Have staff apply Nappy Cream/Paste (supplied by parents)   | YES | NO |
| Have staff apply Insect Repellent (supplied by parents)  | YES | NO |

### PHOTOGRAPHY AND VIDEO

|  |     |    |
|--|-----|----|
| For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service)  | YES | NO |
| For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service  | YES | NO |
| For photos and video footage of my/our child to be used for student training purposes (photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking) | YES | NO |
| For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in resources for this organisation                      | YES | NO |

## PARENT AGREEMENT

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Centre MEMBERSHIP ADMISSION FEE on enrolment and this FEE is non-refundable.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- I agree to provide two weeks written notice to withdraw my child or reduce booked days.
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer, they use their own sunscreen, please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both

verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Director deems the child well enough to attend Service.

I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.

I have read the Family Handbook and am familiar with the Service's Policy Manual located on the website. I agree to follow, support, and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.

|   |  |           |  |      |  |
|---|--|-----------|--|------|--|
| I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation. |  |           |  |      |  |
| PRINT NAME  |  | SIGNATURE |  | DATE |  |
| PRINT NAME  |  | SIGNATURE |  | DATE |  |

**Privacy Disclaimer**

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

## CODE OF CONDUCT – FAMILIES

### FAMILIES WILL:

- Treat all children and educators at the centre equally and respectfully.
- Report any suspicious behaviour to the Nominated Supervisor or Approved Provider and encourage and actively support a safe and supportive Centre environment.
- Respect the rights, dignity and worth of every person, regardless of their abilities, gender, religion or cultural background.
- Refrain from bullying, harassing, or discriminating against any child or adult at the Centre.
- Respect the decisions of educators and staff members and teach children (if adults) to do likewise.
- Tell an Educator or Nominated Supervisor if witness to any instances of bullying, harassment, or discrimination at the Centre.
- Control emotions and calmly talk to an Educator if we are feeling upset.
- Speak to an Educator or Nominated Supervisor if worried, concerned, or have a grievance about something.
- Report on any medication (Panadol, Nurofen etc) that a parent has given a child in the morning before attending the centre. Failure to do so could result in the termination of enrolment.
- Adhere to the Sick Children Policy attached to enrolment form.

### FAMILIES WILL NOT:

- Leave any child unattended in car.
- Drink alcohol or use illicit substances while on the Centre's premises or come to the Centre under their influence.
- Smoke on the centre's premises including in the car park.
- Remove a child from the premises without advising a staff member.

### ACKNOWLEDGMENT

*I have read and understood the centre's code of conduct and agree to abide by its terms and conditions at all times. Failure to do so, may result in termination of my child's enrolment.*

|           |  |      |  |
|-----------|--|------|--|
| NAME      |  | DATE |  |
| SIGNATURE |  |      |  |

## Trundle Children's Centre Inc Membership of Association

(Please note this is compulsory, on commencement of enrolment)

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

(Full name of parent)

Of \_\_\_\_\_

(ADDRESS)

We understand by enrolling our child/ren, we automatically become a member of TRUNDLE CHILDREN'S CENTRE INC. In the event of my/our admission as a member, i/we agree to be bound by the rules of the association. We understand that we will be charged a \$5 Membership Admission Fee on enrolment.

Signed: \_\_\_\_\_

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

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\_\_\_\_\_ (Staff Member), has confirmed the above parent has read and acknowledged their agreement to enrol their child/ren at TRUNDLE CHILDREN'S CENTRE INC, and becoming a member of the association is now compulsory.

Signed: \_\_\_\_\_

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