



Rainbows Enrolment Form

Start Date

Child's Details

First Name: _____

Surname: _____

Date of Birth: _____

Place of Birth: _____

Gender: Male Female

Home Address: _____

State: _____ Postcode: _____

Languages spoken at Home: _____

Is your child of Aboriginal Descent? Y N

Is your child of Torres Strait Islander Descent? Y N

Please indicate which days your child will be enrolled: Mon Tues Wed Thurs Fri

Child's CRN _____ Parent's CRN _____

Please call Family Assistance Office 136 150 to register for Child Care Subsidy. Until you notify us that you have registered you will be charged at the full fee rate. This is to be done *BEFORE* starting your child at the centre. N.B. If you are unable to, or decide not to claim CCS you still *MUST* contact the Family Assistance Office and advise them your child is attending this Long Day Care Centre.

Parent One Details

First Name: _____

Surname: _____

Home Address: _____

State: _____ Postcode: _____

Home Ph: _____

Mobile Ph: _____

Place of work: _____

Work Address: _____

State: _____ Post Code: _____

Work Ph: _____

Email: _____

Drivers Licence No. _____

Date of Birth: ____/____/____

Parent Two Details

First Name: _____

Surname: _____

Home Address: _____

State: _____ Postcode: _____

Home Ph: _____

Mobile Ph: _____

Place of work: _____

Work Address: _____

State: _____ Post Code: _____

Work Ph: _____

Email: _____

Drivers Licence No. _____

Date of Birth: ____/____/____

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

If Yes a photocopy must be attached and the Nominated Supervisor needs to be notified if circumstances change

Other children in the family

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Emergency Information

In case of an emergency, and we are unable to contact you. Please indicate two people in order of preference who may act on your behalf.

Person One

First Name: _____
Surname: _____
Home Address: _____
State: _____ Postcode: _____
Home Ph: _____
Mobile Ph: _____
Work Ph: _____
Place of work: _____
Work Address: _____
State: _____ Postcode: _____
Relationship to child: _____
Signature: _____

Person Two

First Name: _____
Surname: _____
Home Address: _____
State: _____ Postcode: _____
Home Ph: _____
Mobile Ph: _____
Work Ph: _____
Place of work: _____
Work Address: _____
State: _____ Postcode: _____
Relationship to child: _____
Signature: _____

In the event of an emergency, illness or accident concerning your child, and the certified supervisor being unable to contact the Parents/Guardians and the other emergency contacts, the Certified Supervisor will seek, on your behalf, medical, dental or hospital attention for your child. Although every possible care will be taken with your child at the centre, staff can in no way be held responsible for any accident that may occur.

I authorise staff to arrange for my child to be transported by ambulance, when they deem it necessary under the above circumstances:

Parent/Guardian Signature: _____ Date ___/___/___

Health:

It is important to keep this information current at all times. Ambulance Coverage: Yes No

Medicare No.: _____ Private Health Fund Name: _____

Private Health Fund No. _____

Family Doctor:

Doctors Name: _____

Address: _____

State: _____ Postcode: _____

Telephone: _____

Family Dentist:

Dentist Name: _____

Address: _____

State: _____ Postcode: _____

Telephone: _____

Does your child have a continuing serious illness?

Yes No

Does your child have asthma?

Yes No

Does your child need regular medicine?

Yes No

If you have answered "Yes" to any of the above please provide the relevant action plan from your health professional. You will also be required to fill out a Risk Minimisation Plan (RMP) – please ask for one from the Nominated Supervisor.

Has your child ever been hospitalised?

Yes No

If YES Details: _____

Allergies:

Does your child have any allergies?

Yes No Details: _____

Please note: If your child has an allergy a risk Minimisation plan MUST be completed and kept up to date . Please ask the Nominated Supervisor for a RMP.

Diet:

Does your child have any particular dietary requirements?

Yes No If yes, Details? _____

Does your child feed himself or herself?

Yes No **Paracetamol Administration Authorisation**

If a child develops a high temperature staff will contact the parent/guardian and request the child be taken home. Paracetamol will not be automatically given, only if the parent/guardian cannot be contacted.

I hereby give my consent to the staff at the Centre administer Paracetamol to my child would my child suffer from a high temperature, in excess of 38 degrees, and at the time I am unable to be contacted. I understand that the prescribed dose will be given.

Parent/Guardian Signature _____

Sun Protection Policy:

The parent/guardian has responsibility for ensuring their child brings a sun hat with them. I give permission for the staff of the child care centre to apply SPF 30+ broad spectrum sunscreen for normal skin-water resistant. This sunscreen will be provided by the centre.

Parent/Guardian Signature _____

Routines:

Toileting:

Is your child in nappies? Yes No

Currently toileting? Yes No

Needs reminding? Yes No

Independent in toileting? Yes No

What word does your child use when going to the toilet? _____

Sleeping:

Does your child sleep or rest during the day? Yes No Sometimes

If yes, at what time and or how long? _____

Does your child need a nappy at sleep time? Yes No

Does your child need a dummy at sleep time? Yes No

Any special toys or blankets? Yes No

If yes, Details? _____

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

If yes, Details? _____

General Needs:

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

If Yes Details: _____

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

Is Yes, Details: _____

Please tell us how we can help your child this year (eg. What do you most want for your child at the centre)?

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

If Yes Details: _____

Do you have any skills you would like to contribute to the Centre?

Yes No

If Yes Details: _____

Celebrations:

As part of our commitment of reflecting practices in our local community and larger society the centre will celebrate a variety of cultural celebrations throughout the year (e.g. Easter, Chinese New Year, Ramadan, Christmas, Hanukah, Saints Day etc). Do you give permission for your child to learn about and/or join in with these Celebrations.

Please circle Yes No Signature: _____

Photographs and Videos:

I hereby give consent for the staff at the centre to take photographs and video of my child during normal activities while my child is in the centre. These photographs and video will be used at the discretion of the Nominated Supervisor, throughout the centre and for Advertising purposes.

Parent/Guardian Signature _____

Fees:

Daily fees are 0-3 **\$102.00: 3-6 \$97.00** per day and are payable weekly, fortnightly or monthly. Fees are payable in advance. Centrelink benefits are available. Fees are payable through a direct debit system (Ezi Debit Form enclosed).

Enrolment Fee:

A one off enrolment fee of \$75.00 will be required to secure a place at Rainbows, a home of early learning. Payment is processed through Ezi Debit as we do not accept cash on the premises.

Notice of withdrawal from centre:

A minimum of two weeks written notice is required before your child is withdrawn from the centre. Notice **MUST** be given in writing (either by fax, email, or filling out the centres form) and signed by the parent and a staff member. Notice for withdrawal cannot be given over the phone. Should notice not be given then the equivalent of two weeks fees will be charged to the parent. N.B. During the months of December and January one months notice is required for withdrawals. If no notice is given then one month's fees will be charged.

You must sign your child in and out on their last day of attendance via the Kiosk or the Department of Education will charge full fees.

Parent/Guardian _____

Make up days:

Make up days are **only** given for public holidays. Fees must be paid up to date in order to be eligible for a make up day. Make up days must be used within the current year and are not carried forward to the next year. Please see Parent Handbook for instructions on booking make up days.

Parent/Guardian _____

Parent Handbook:

I have read and understand the guidelines as set out in the Parent Handbook.

Parent/Guardian _____

