



## GREAT BEGINNINGS FAMILY DAY CARE SERVICE

### CHILD ENROLMENT & CONTRACT DETAILS

DATE OF REGISTRATION: \_\_\_\_\_

EDUCATOR: \_\_\_\_\_

**CHILD** Male  Female

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Country of Birth: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander origin No  Yes , **Aboriginal** No  Yes , **Torres Strait Islander** No  Yes

Customer Reference Number (CRN): \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Childs Medical Practitioner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is your child immunised?  Yes  No (Copy of Immunisation Status attached)

**Does your child have?**

A Disability  Yes  No \_\_\_\_\_

Allergies/Anaphylaxis  Yes  No \_\_\_\_\_

Asthma  Yes  No \_\_\_\_\_

Specific Healthcare Needs  Yes  No \_\_\_\_\_

Please supply a copy of any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to any specific healthcare need, medical condition or allergy. Supply  Not Applicable

Non School  School  Name of school: \_\_\_\_\_

Any relevant information relating to cultural, religious, dietary or other additional needs that the child may have.

Are there any court orders relating to the guardianship custody of, or access to, the child?  Yes  No

If yes please provide a copy of the documents details of any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child and any other court orders relating to the child's residence or the child's contact with a parent or other person. Documents provided:  Yes  No

**PRIORITY of ACCESS:** 1- At Risk/Referral  2- Work/Study  3- Respite

**FAMILY STATUS:** 1 Parent Mother  1 Parent father  2 Parents  Guardian

**ENROLLING PARENT / GUARDIAN**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

PO Box (if applicable): \_\_\_\_\_ Customer Reference Number (CRN): \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Name of Work Place / Education Institute: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Address: \_\_\_\_\_

Employment Status: Full Time  Part Time  Casual  Looking for Work  Pension  Student  Unemployed

**PARENT (SPOUSE) / GUARDIAN**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

PO Box (if applicable): \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email \_\_\_\_\_ Customer Reference Number (CRN): \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Name of Work Place / Education Institute: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Address: \_\_\_\_\_

Employment Status: Full Time  Part Time  Casual  Looking for Work  Pension  Student  Unemployed

**PERSON/S AUTHORISED TO COLLECT CHILD**

**Other than the Parent/Guardian**

1. Full Name: \_\_\_\_\_

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

Telephone: (W) \_\_\_\_\_ (M) \_\_\_\_\_ Email \_\_\_\_\_

2. Full Name: \_\_\_\_\_

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

Telephone: (W) \_\_\_\_\_ (M) \_\_\_\_\_ Email \_\_\_\_\_

**UNDER NO CIRCUMSTANCE** will the child be permitted to leave the Licensed Educator with another person, without authorisation from the Parent, Guardian or Custodian.

**PERSONS TO BE CONTACTED IN CASE OF EMERGENCY**

**Other than Parent/Guardian**

1st Preference

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

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

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Preference

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

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

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

**Contracted Hours of Care (actual hours charged)**

Date starting Care: \_\_\_\_\_ Childs Name: \_\_\_\_\_

Weekly  Casual  2 Week Roster

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart

**Parent Participation**

1. Can you contribute skills or talent to our service, i.e. music, cooking, storytelling, sewing etc.? Yes  No
2. Do you have any suggestions on how parents can be involved in our service? \_\_\_\_\_

**AGREEMENT / AUTHORISATION**

I hereby authorise (Educator's Name) \_\_\_\_\_  
of (address) \_\_\_\_\_

To provide care for my child \_\_\_\_\_

	<b>YES</b>	<b>NO</b>
1. I acknowledge having received a copy of GBFDCS parent information booklet.	<input type="checkbox"/>	<input type="checkbox"/>
2. I agree to comply with all the requirements outlined by the educator and GBFDCS Policies and Procedures.	<input type="checkbox"/>	<input type="checkbox"/>
3. I authorise the above educator to seek medical treatment from a registered medical practitioner, hospital or ambulance service being sort for my child and transportation of my child by ambulance and agree to pay any related costs.	<input type="checkbox"/>	<input type="checkbox"/>
4. I authorise the above educator to administer medication as required.	<input type="checkbox"/>	<input type="checkbox"/>
5. I am aware my child will be excluded from care if he/she has contracted a contagious disease or condition.	<input type="checkbox"/>	<input type="checkbox"/>
6. I authorise the above educator to transport my child away from the educator's home either on foot or in a vehicle on regular outings as listed on the educator's routine outing form. Excursions require authorisation on a separate form.	<input type="checkbox"/>	<input type="checkbox"/>
7. If anyone other than those named previously on this form is to collect my child, I shall notify the educator in advance.	<input type="checkbox"/>	<input type="checkbox"/>
8. I acknowledge that the educator has a pool and no persons are able to swim in it while education and care is being provided. (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
9. I acknowledge that the educator has the following pet. _____	<input type="checkbox"/>	<input type="checkbox"/>
10. I give permission for my child to have contact with these pets under supervision.	<input type="checkbox"/>	<input type="checkbox"/>
11. I have read and understand the educator's policy on Sun Protection.	<input type="checkbox"/>	<input type="checkbox"/>
12. I give permission for the educator to apply sunscreen to my child.	<input type="checkbox"/>	<input type="checkbox"/>
13. I give permission for my child to use the trampoline. (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
14. I hereby give permission for the service to take visual images of my child for the use of programming.	<input type="checkbox"/>	<input type="checkbox"/>
15. I hereby give permission for the educator to post images of my child on a closed group Facebook page.	<input type="checkbox"/>	<input type="checkbox"/>
16. I give permission for the educator and/or media to take and display visual images of my child for the use of Publications and educator's website. (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
17. I understand that I have access to information collected about my child by the educator or GBFDCS.	<input type="checkbox"/>	<input type="checkbox"/>
18. I acknowledge GBFDCS stores and uses personal information for the purpose of administration. The information will not be disclosed to third parties without my consent, except to meet government, legal or other regulatory authority requirements.	<input type="checkbox"/>	<input type="checkbox"/>
19. The contracted hours in this agreement remain as the base booking unless indicated as a permanent change on a Change of Contract form and signed by me.	<input type="checkbox"/>	<input type="checkbox"/>
20. I authorise GBFDCS to pay the educator CCB on my behalf and agree that the educator retains the Levy I pay weekly and that the GBFDCS deducts this amount from Childcare Benefit or Child Care Rebate paid to the educator.	<input type="checkbox"/>	<input type="checkbox"/>
21. I understand full fees are payable to the educator until the service has notification from Centrelink of my child's entitlements.	<input type="checkbox"/>	<input type="checkbox"/>
22. I am aware the fees for public holidays are payable if the day is a usual day of attendance.	<input type="checkbox"/>	<input type="checkbox"/>
23. I am aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays.	<input type="checkbox"/>	<input type="checkbox"/>
24. I am willing to make other arrangements for the care of my child if requested by the educator.	<input type="checkbox"/>	<input type="checkbox"/>
25. I agree that all information provided in the Enrolment Contract is correct and I will advise the service of any changes, e.g. Address, phone number, work details, via a change form.	<input type="checkbox"/>	<input type="checkbox"/>
26. Educators may administer medication in the case of an emergency situation such as an Asthma attack or Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>
<b>25. I have read and understood the conditions of this Contract, and agree to abide by the contract.</b>	<input type="checkbox"/>	<input type="checkbox"/>

Enrolling Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Educators Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Annual Update** I verify that the information provided in this Enrolment Contract is accurate and current.

Enrolling Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enrolling Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_