



Enrolment Form

Childs Details

Child's Surname:		Child's First Name:	
Child's other names (if applicable):		Child's former names (if applicable):	
Child's Residential Address:			
Date Of Birth:		Age in Years and Months: (when commencing care)	
Country of Birth:	Ethnic & Cultural Identity (include languages spoken):		Child's Sex: Male / Female circle one
A copy of your child's birth certificate / passport / citizenship details must be provided to Shine on their first day			
Child's Religion and any practices parents consider should be observed at the centre:			
If applicable, a description relating to the child's family circumstances (ie: court orders / parenting orders / consent orders):			
Court orders are to be verified by the Authorised Supervisor or Licensee by inspection of a duly certified copy of the court order at time of enrolment			
Number of Days Care Required:		Commencement Date:	
Preferred Days (please circle): MONDAY yes / no TUESDAY yes / no WEDNESDAY yes / no THURSDAY yes / no FRIDAY yes / no			
Parent / Carer - One		Parent / Carer - Two	
Full Name:		Full Name:	
Other Names:	Former Names:	Other Names:	Former Names:
Relationship to Child:		Relationship to Child:	
Date of Birth:		Date of Birth:	
Residential Address:		Residential Address:	
Phone (H):	Mobile:	Phone (H):	Mobile:
Email:		Email:	
Employer:		Employer:	
Occupation:		Occupation:	
Phone (W):	Fax (W):	Phone (W):	Fax (W):
Languages Spoken:		Languages Spoken:	

Emergency Contact Details

In the boxes below, list at least 2 people we can call if we cannot find you in an emergency. These may also be the same people authorised to collect your child. For your child's safety, the below nominated people may be asked to present identification on arrival at the centre.

Emergency Contact Person - One		Emergency Contact Person - Two	
Full Name:		Full Name:	
Relation to child:		Relation to child:	
Residential Address:		Residential Address:	
Phone (H):	Mobile:	Phone (H):	Mobile:
Email:		Email:	
Employer:		Employer:	
Occupation:		Occupation:	
Phone (W):	Fax (W):	Phone (W):	Fax (W):
Authorised for Emergency Release: YES / NO circle one		Authorised for Emergency Release: YES / NO circle one	
Authorised for Daily Pick Up: YES / NO circle one		Authorised for Daily Pick Up: YES / NO circle one	



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Consent

Authorisation for collection of child: I hereby authorise staff of SHINE to give access to the 3 following people to collect my child. I will give prior notice to the centre allowing these people to pick up my child when required. In the event that a person not listed below will need to collect my child, I will fill out an "Authority to Collect" form in advance.

SIGNED:		DATE:	
Authorised Persons - One		Authorised Persons - Two	
Full Name:		Full Name:	
Relation to child:		Relation to child:	
Residential Address:		Residential Address:	
Phone (H):	Mobile:	Phone (H):	Mobile:
Email:	Phone (W):	Email:	Phone (W):
Languages Spoken:		Languages Spoken:	
Authorised Persons - Three			
Full Name:		Permission for publicity: I hereby consent to my child's photograph, name and age being used for publicity for SHINE should this be required	
Relation to child:			
Home Address:			
Phone (H):		Permission for observation: I hereby consent to my child being the subject of observations for training purposes. However, if questioning or testing of the child is to be undertaken, my permission will be sought before hand	
Mobile:			
Email:			
Phone (W):		SIGNED:	
Languages Spoken:		DATE:	

Your Childs Health Details

Family Doctor's Name:		Phone:	
Family Doctor's Address:			
Family Dentist's Name:		Phone:	
Family Dentist's Address:			
Medicare Number:		Private Health Fund Name & Number:	
Has Your Child Been Immunised? (please circle one) YES / NO			
Has Your Child Been Diagnosed with any of the following (please circle one):			
- Asthma	YES / NO	Details:	Have you provided an action plan? YES / NO
- Anaphylaxis	YES / NO	Details:	Have you provided an action plan? YES / NO
- Epilepsy	YES / NO	Details:	Have you provided an action plan? YES / NO
- Allergies	YES / NO	Details:	Have you provided an action plan? YES / NO
- Language/Speech Difficulties	YES / NO	Details:	
- Physical Problems	YES / NO	Details:	
- Health Related Difficulties	YES / NO	Details:	
- Developmental Delays	YES / NO	Details:	
- Other	YES / NO	Details:	

In the case of an emergency, we cannot care for your child unless all required information, action plans and required medication is readily available on the premises each time your child is in care

Is your Child Currently Under any Medication? YES / NO Details:

Medication needs to be clearly labelled with your child's name and is on the premises each time your child is in care together with a doctor's certificate outlining dosage / administering instructions



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General

Is your child able to use the toilet: (please circle one) independently / needs help / needs remindi Details:

Are there any special words that mean toilet to your child?

Is your child in nappies or toilet training? *If yes, you need to provide sufficient quantity of nappies / pull ups for the duration of the day*

Supplementary form for under 3's: If using a bottle, at what times? *For hygiene purposes, all bottles must include a top and clearly labelled with your child's name*

Is your child using a cup / training cup? Can your child hold a cup independently?

Is your child independent in eating?

At Shine, we provide hot meals for lunch, please list a few of your child's favourite foods:

Does your child have special dietary requirements? YES / NO

Details:

Please circle the reason for the special dietary requirements: religious requirements food intolerances food allergies

A "Special Diet Record" will need to be filled out in addition to the above information and an "Action Plan" provided for food intolerances / food allergies

Does your child need a sleep or rest during the day? Approximately what time is usual and for how long?

Does your child require a comforter at sleep time eg dummy / soft toy?

Does your child have any special routines at sleep time?

We encourage children to have a sleep / rest. For children who do not have a sleep, quiet activities will be provided

Does your child have deep fears about anything in particular e.g loud noise? Details:

Parents need to apply sunscreen on their child prior to attending Shine. We apply SPF 30+ Broad Spectrum Sunscreen prior to afternoon outdoor play.

Does your child have any allergies to sunscreen? YES / NO Details:

Shine provides Cancer Council approved wide brim hats, the cost covered in the administration fee. They are worn during all outdoor activities and must remain on the premises

To help us effectively communicate with your child, please list any special words or phrases which represent something important to them:

Has your child previously attended other children's services or been cared for outside your home eg playgroup?

Is your child attending another centre at the same time as Shine?

If your child attends 2 different services, please nominate how many hours will be used at Shine:

Have you got any other children who also attend other children's services (including preschool / LDC / family day care / OOSH)? YES / NO

Please list the number of other children in care below and the type of care they are in:

child 1: type of care:

child 2: type of care:

child 3: type of care:

Fees are issued electronically to your nominated email address. This should preferably be to the parent / carer registered for Child Care Benefit with the Family Assistance Office

Nominated email address: Nominated Parent / Carer's name receiving the invoices:

Child Care Benefit - A maximum of 50 hours CCB is available

Please Note: We are unable to apply your Child Care Benefit to your account until we receive the required approved details as listed below

Parent / Carer registered with the Family Assistance Office claiming the CCB:

Parent / Carer Date of Birth: Relationship to Child:

Family CRN (Customer Reference Number):

Child CRN (Customer Reference Number):



Enrolment Form

Parent / Carer Agreement

I will provide a copy of my child's birth certificate / passport / citizenship details and immunisation records (as per the blue book) on their first day at Shine.

I realise that every care will be exercised in the management and safety of my child whilst at Shine, however, I am required to pay the expenses in the case of an accident or illness requiring emergency medical treatment - hospital / ambulance / dental or any other.

I signify as below, written consent to authorise Shine to seek and carry out appropriate medical treatment by organising hospital / ambulance / dental or any other - if my child has an accident or becomes ill while attending Shine.

I understand and accept that should Shine consider my child contagious or too ill to attend Shine, that they will be collected promptly from the centre until the duration of the clearance period.

I understand and accept that my child will return to Shine after an illness once given permission by a doctor and will present a clearance letter upon return

I understand and accept that if my child is not immunised and there is an outbreak in the centre of an infectious disease which children can be vaccinated against, that he /she can be excluded from attendance by the order of the NSW Department of Health. Children will be excluded for the duration of the required exclusion period.

I consent to First Aid being administered by a staff member who is the holder of a current First Aid certificate should it be deemed necessary.

I understand that if staff believe my child may have a high temperature that my child's temperature will be taken using an electric thermometer. In the event that my child's temperature is high, staff will attempt to bring my child's temperature down using cold washers. Panadol will be administered based on permission given on the Panadol Authority form or by verbal consent. Staff will continue to monitor my child until I or an authorised person/s can collect my child.

I will pay the required fees as per the invoiced due date. I agree to pay all costs charged by debt collection or legal agencies commissioned by Shine to settle any of my outstanding accounts.

I understand that fees are payable for any absence due to sickness, absences, holidays, exclusion periods and for public holidays which fall on a day on which my child normally attends.

I agree to pay the required bond, to be held by Shine, upon enrolment (this occurring prior to commencement). I understand that these monies will be fully refunded once I give 2 weeks withdrawal notice.

I agree to pay the required administration fees upon enrolment (this occurring prior to commencement) and understand that this is not refundable.

I agree to give the Director two (2) week's notice, in writing, before the withdrawal of my child from Shine and in return receive a refund of the bond in full.

I hereby authorise Shine to have my child's Portfolio displayed within the room. I understand and accept that details of my child's skills, development and observations will be outlined in the Portfolio. *Please note: Shine have confidentiality procedures in place to protect your child's information as best as practically possible.*

All Customer and Child Reference Numbers (CRN) issued by the Family Assistance Office (FAO) need to be submitted upon enrolment or within the first 2 weeks of your child's commencement at Shine. After this time, a \$20 administration fee will be charged to cover the costs relating to submitting your child's enrolment / attendance information to the FAO. During this time, full fees will apply

I understand that Shine, as an approved child care service, complies with Family Assistance Law and the Priority of Access requirement. This includes filling places by following priorities in order as follows: 1) child at risk of serious abuse or neglect 2) a child of a single or both parents who satisfy the work, study or training test and 3) any other child

I understand that Emergency Evacuation Drills / Lock Downs occur regularly and that my child's participation will result in he / she leaving the centre to assemble at the nominated Emergency Assembly Points.

I certify that all information provided on this enrolment form is correct and understand that I need to inform Shine immediately of any changes. I have read and agree to the information outlined in the Shine Parent Information Booklet and hereby agree to enrol my child at Shine.

SIGNATURE:

DATE:

(PARENT / CARER)

Thank you for enrolling your child at Shine. We look forward to watching your child grow and learn. We look forward to forming special friendships with your child, yourself and your family members.