

Boorowa Early Education Centre Inc. require this form to be completed and all documentation attached prior to your child's first day with us. This information must be completed by one of the children's parents/ caregivers who have lawful authority in relation to the child.

BEE Centre is to be informed of any changes to details as soon as they arise.



<b>Child's Name:</b>			
<b>Please tick what room and day/s your child will be attending</b>			
<b>Baby Bees - 0-2 yrs</b>		<b>Monday</b>	
<b>Busy Bees - 2-4 yrs</b>		<b>Tuesday</b>	
<b>Bumble Bees - 4-5 yrs</b>		<b>Wednesday</b>	
		<b>Thursday</b>	
		<b>Friday</b>	
<b>Date for care to commence:</b>			
<input checked="" type="checkbox"/> <b>Preschool Minimum weekly Fee \$ 60 (year before school), \$30 (equity funded)</b> Operating hours 8.30am-4.00pm Available to children in the year before school, children identifying as Aboriginal or Torres Strait Islander and Low Income Care Card Holders			
<input checked="" type="checkbox"/> <b>Long Day Care Daily Fee \$85 CCB &amp; CCR entitlements available</b> Operating hours 8am-6pm 6wks to 6yrs			
<b>Number of children attending other childcare services:</b>		<b>Number of children you are claiming CCB:</b>	
<b>Will your child be travelling to and from the BEE Centre on a rural bus?</b> YES NO			
If YES, Name of bus company/driver .....			

OFFICE USE ONLY					
<b>Date Enrolled</b>					
<b>Date commencing:</b>					
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Long Day Care</b>					
<b>Pre-School</b>					
<b>Child's Birth Certificate</b>				Entered into Qikkids	
<b>Immunisation Record</b>					
<b>Parent CRN Listed</b>					
<b>Custody Orders (original sighted and copy kept)</b>					
<b>Relevant Health Management Plans on site</b>					
<b>Health Care Card</b>					
<b>Ezi Debit Form</b>					
<b>Kinderloop Form and Payment</b>					
<b>Entered into Kinderloop</b>					

## CHILD DETAILS

Child CRN:			
First Name(s):	Middle Name:		
Surname:			
Preferred Name:	Gender:		
Date of Birth:	Country of Birth:		
Year expected to commence formal schooling:			
Home Address:			
Post Code:			
Is your child	Aboriginal	Torres Strait Islander	Neither
<p>Are there currently any custody or access orders set in place by the Family Court affecting the custody of or access to the child named in this enrolment from?      YES      NO</p> <p>If yes please bring the original copy in upon enrolment to be sighted by the Nominated Supervisor or room leader and a copy to be placed on file at the BEE Centre</p>			
Ethnicity:		Religion:	
Language spoken at home:		Second Language:	

- Please provide a copy of your child's birth certificate upon enrolment.

## Medical:

Doctor:	Phone:
Medicare Number:	
Address:	
Medical Conditions:	
Medications:	
<p>Diagnosed Disability: YES/NO</p> <p>If YES, date advised:</p> <p>Please provide a brief description (attach further details as required)</p>	

- Please provide a copy of your child's immunisation history upon enrolment.
- Please provide any relevant Medical Management Plans

Foods/Allergies

Allergy Alert: YES/NO		Anaphylaxis: YES/NO	
Known Allergies:			
Severity:	MILD	MODERATE	SEVERE
Medications:			
Special Dietary Needs:			
Comments:			

- An Allergy/Anaphylaxis Management Plan is required for children with these conditions

PARENT/ GUARDIAN DETAILS

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PRIMARY CAREGIVER (CCB RECIPIENT)

CRN:			
Title:	First Name(s):		
Surname:			
Relationship to child:			
Date of Birth:	Country of Birth:		
Does the child live with you?	YES	NO	Shared Care
Comments/ Details:			
Home Phone:		Silent: YES/NO	
Mobile:			
Email:			
Home Address:			
Post Code:			
Work Status: >15hours work / Looking for work / Study or Training / Disability or Disability Carer			
Occupation:			
Organisation Name:			
Work Address:			
Post Code:			
Work Phone:		Email:	

SECONDARY PARENT

CRN:	
Title:	First Name(s):
Surname:	
Relationship to child:	
Date of Birth:	Country of Birth:
Does the child live with you?	YES NO Shared Care
Tick boxes to authorise:	Emergency Medical Collection Excursion
Comments/ Details:	
Home Phone:	Silent: YES/NO
Mobile:	
Email:	
Home Address:	
Post Code:	
Work Status: >15hours work / Looking for work / Study or Training / Disability or Disability Carer	
Occupation:	
Organisation Name:	
Work Address:	
Post Code:	
Work Phone:	Email:

THIRD PARENT

CRN:	
Title:	First Name(s):
Surname:	
Relationship to child:	
Date of Birth:	Country of Birth:
Does the child live with you?	YES NO Shared Care
Tick boxes to authorise:	Emergency Medical Collection Excursion
Comments/ Details:	
Home Phone:	Silent: YES/NO
Mobile:	
Email:	

Home Address:	
Post Code:	
Work Status: >15hours work / Looking for work / Study or Training / Disability or Disability Carer	
Occupation:	
Organisation Name:	
Work Address:	
Post Code:	
Work Phone:	Email:

**Fourth Parent**

CRN:	
Title:	First Name(s):
Surname:	
Relationship to child:	
Date of Birth:	Country of Birth:
Does the child live with you?      YES                      NO                      Shared Care	
Tick boxes to authorise:    Emergency      Medical      Collection      Excursion	
Comments/ Details:	
Home Phone:	Silent: YES/NO
Mobile:	
Email:	
Home Address:	
Post Code:	
Work Status: >15hours work / Looking for work / Study or Training / Disability or Disability Carer	
Occupation:	
Organisation Name:	
Work Address:	
Post Code:	
Work Phone:	Email:

**EMERGENCY/ AUTHORISED PERSON CONTACTS**

In case of an emergency, BEE Centre will contact the parents/ guardians initially. If contact with a parent is unsuccessful, we will contact the following people, in the order that they are listed.

The people listed below are authorised to collect the child from the BEE Centre. Please attach a copy of legal PHOTO ID of each emergency contact/ authorised person.

**CONTACT ONE**

<b>Title:</b>	<b>First Name:</b>
<b>Surname:</b>	
<b>Relationship to child:</b>	
<b>Home Address:</b>	
<b>Home Phone:</b>	<b>Mobile:</b>
<b>Work Phone:</b>	<b>Email:</b>
<b>Tick boxes to authorise:</b> <b>Emergency</b> <b>Medical</b> <b>Collection</b> <b>Excursion</b>	

**CONTACT TWO**

<b>Title:</b>	<b>First Name:</b>
<b>Surname:</b>	
<b>Relationship to child:</b>	
<b>Home Address:</b>	
<b>Home Phone:</b>	<b>Mobile:</b>
<b>Work Phone:</b>	<b>Email:</b>
<b>Tick boxes to authorise:</b> <b>Emergency</b> <b>Medical</b> <b>Collection</b> <b>Excursion</b>	

**CONTACT THREE**

<b>Title:</b>	<b>First Name:</b>
<b>Surname:</b>	
<b>Relationship to child:</b>	
<b>Home Address:</b>	
<b>Home Phone:</b>	<b>Mobile:</b>
<b>Work Phone:</b>	<b>Email:</b>
<b>Tick boxes to authorise:</b> <b>Emergency</b> <b>Medical</b> <b>Collection</b> <b>Excursion</b>	

**BEHAVIOUR/ ROUTINES/GENERAL**

<b>Toilet Trained: Yes / No</b>	<b>Details:</b>
<b>Behavioural Difficulties:</b>	
<b>Comforter:</b>	
<b>Fears:</b>	
<b>General Routine:</b>	
<b>Sleep Routine:</b>	
<b>Food Likes:</b>	
<b>Food Dislikes:</b>	
<b>Special Care Requirements: Yes / No</b> <b>Details:</b>	
<b>Family Cultural Beliefs/Traditions:</b>	
<b>Skills:</b>	
<b>Interests/Hobbies:</b>	
<b>Comment:</b>	

**PERMISSIONS AND AGREEMENTS**

**Please tick each box to confirm you agree to each point:**

- I do / do not give permission for my child’s photo to be used on our BEE Centre Facebook Site.
- I do / do not give permission for my child’s photo to be used on the website and in the local newspapers for promotional purposes.
- I give permission for centre staff at BEE Centre to carry out or seek urgent medical, dental or hospital treatment or transportation by an ambulance service for my child:
- I give permission for centre staff to apply 30 SPF sunscreen to my child’s skin at regular intervals during the day.
- I give permission for staff at BEE Centre to administer prescribed medications in accordance with the centres Medication Policy
- I give permission for staff at BEE Centre to administer Stingos, bandaids and Betadine if needed.
- I give permission for my child to be observed whilst at the centre, for the educational purposes and photos shared in our day books and portfolios.
- I give permission for centre staff to administer one (1) dose of Panadol to my child if required.
- I understand that fees must be paid within the stated due date and that my child’s place at the centre may be terminated if fees are not up to date.
- I understand that if I do not pay my fees at time of termination a debt collection agency has the right to add on collection costs for the outstanding fees.
- I understand and accept that two weeks’ notice must be given for the termination of care. CCB entitlements will only be applied until the last day of attendance. If your child does not attend during the two week period full fees will be charged unless an approved absence is used.
- I am interested in being a part of the management committee or sub committees
- I, or someone I know has a skill they could share with the children and staff of BEE Centre.
- I have included a copy of my child’s birth certificate and immunisation history as well as any medical management plans, anaphylaxis management plan, or risk minimisation plan for the child referred to within this enrolment form

Signed:.....

Name:..... Date:.....



- I consent to the nominated supervisor and/or the service staff to accompany my child on regular outings within the community. I understand that I will be notified of all outings before they are conducted and may need to sign further permission forms should the outings include crossing a major intersection, public transport or transport via any form of motor vehicle.

Signed:.....

Name:.....Date:.....

- I give permission for Boorowa Early Education Centre Inc. to release personal details that are obtained on my child’s enrolment form to Boorowa Central School and St Joseph Catholic School for school orientation purposes. I understand that Boorowa Central School and St Joseph Catholic School will be in contact, with potential enrolment details and information on what the individual school has to offer.

Signed:.....

Name:.....Date:.....

I \_\_\_\_\_, (print name in full) being a person with lawful authority of the child referred to within this enrolment form,

- Declare that the information provided in this enrolment form is true and correct and undertake to immediately inform the Boorowa Early Education Centre in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell, as determined by the staff, whilst attending the centre;
- Have read and understand the policies and procedures outlined in the Boorowa Early Education Centre Inc. Policy Manual located in the front foyer and have read the Parent Information Handbook and agree to abide by the conditions of my child’s enrolment.
- Consent to Boorowa Early Education Centre Inc. seeking any medical, dental, hospital and/or ambulance that the child referred to in this enrolment form should require, as determined by the Nominated Supervisor and/or the service staff, and agree to pay the full costs connected with this treatment.
- I understand that Boorowa Early Education Centre Inc. may be required to disclose personal information to the Department of Family and Community Services and the Department of Education and Training upon request.
- If a Doctor or Dentist considers immediate medication, anaesthetics or surgery necessary to the wellbeing of the child referred to in this enrolment form and I and all other listed emergency contacts are unable to be contacted I give permission for the Nominated Supervisor and/or the service staff to grant permission to the Doctor or Dentist to administer the procedure they deem necessary.

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