



Enrolment Form - C101E Form

Personal Details

Child's First Name		Nickname	
Middle Name		Date of Birth	
Last Name		Custody	
Gender		Child CRN	
Address			

First Parents/Guardians Details

Title		Date of Birth	
Name		Home Phone	
Gender		Work Phone	
Parent/Guardian CRN		Mobile	
Email		Employer	
Address			

Second Parents/Guardians Details

Title		Date of Birth	
Name		Home Phone	
Gender		Work Phone	
Parent/Guardian CRN		Mobile	
Email		Employer	
Address			

Name & Signature of person representative responsible for fee payments for this child

Name	Signature	Date
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I have / have not claimed Child Care Benefit Subsidy at another Approved Service this financial year. Yes/No

If yes, how many absences have been recorded for this child in this financial year? _____

Are you or your child from Aboriginal/TTI background? Yes /No

Are you enrolling your child due to....see below.....?

Working	Studying	Respite/Interaction
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Please advise country of birth and religious affiliation of parents/guardians and also of the child

Parents/ Guardians
Child



Primary Emergency Contacts (Not a Parent/Guardian)

Full Name		Address	
Home Phone		Suburb	
Work Phone		Post Code	
Mobile		Relation to Child	
Notify of an Emergency (Yes/No)		Authorised to Pick Up (Yes/No)	

Secondary Emergency Contacts (Not a Parent/Guardian)

Full Name		Address	
Home Phone		Suburb	
Work Phone		Post Code	
Mobile		Relation to Child	
Notify of an Emergency (Yes/No)		Authorised to Pick Up (Yes/No)	

Are there any Parenting Plans / Court Orders relating to this child?

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Do you have any specific care instructions you would like us to acknowledge for your child?

If yes, please details - including any personal, religious or cultural practises/prohibitions, behavioural guidance strategies, developmental strategies etc

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Does your child have any habits, special friends, special activities, special events etc that will assist us when settling into care?

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Has your child been in care before? Yes/ No

Were there any separation or integration concerns that we should be aware of prior to your child commencing care with us? (Please detail)



All About Children:
Behaviour & Routine Information

Toilet Trained (Yes/ No)	
Behavioural Difficulties (Yes/No)	
General Routine	
Sleep Routine	
Fears	
Comforter	
Special Care Requirements (Yes/ No)	

Food Allergies / Special Dietary Requirements

Special Dietary Requirements	
Food Likes	
Food Dislikes	
Allergy Alert (Yes/No)	
Known Allergies	
Suspected Allergies	
Medications	

Medical/Immunisation Information

Doctor's Name		Doctor's Phone	
Doctor's Address			
Medical Conditions			
Medications			
Medicare Number		Private Health Fund	

Immunisation Schedule

Birth (Yes/No/Exempt)		12Months	
2Months		18Months	
4Months		4 Years (Yes/No/Exempt)	
6Months		Immunisation comments	

Siblings :

Does your child have any siblings? If yes, please list names and dates of birth

Do any siblings attend an approved childcare service other than a Sunshine Child Care Centre?

If yes, please advise which child and which service to enable accuracy of government subsidies being calculated for you child's fees

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BOOKINGS

Intended Start Date

Time		Date	
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LDC Preferred Schedule

Monday	Start:	End:	Total Hours:
Tuesday	Start:	End:	Total Hours:
Wednesday	Start:	End:	Total Hours:
Thursday	Start:	End:	Total Hours:
Friday	Start:	End:	Total Hours:

I wish to have my school aged child placed in care at Shoalwater if vacancies are available Yes/No

Before & After school care at Shoalwater is limited to families with younger children attending the Shoalwater Centre and for centre staff children. No Vacation care is offered at Shoalwater for children attending Pre-Primary or higher at primary school.

Primary School Child Attends:	
Year/Teacher:	

OSHC Care Enrolment (Cooloongup Centre) Please nominate a start & finish time for each session you are booking your child in to.

Before School Care

After School Care

Monday	Start:	End:	Start:	End:	Total Hours
Tuesday	Start:	End:	Start:	End:	Total Hours
Wednesday	Start:	End:	Start:	End:	Total Hours
Thursday	Start:	End:	Start:	End:	Total Hours
Friday	Start:	End:	Start:	End:	Total Hours

Permissions and Agreements

In the event of an emergency, illness or accident concerning my child, and the centre being unable to contact me, or the other persons authorised by me, I consent to the centre actioning on my behalf, medical, dental, hospital or transportation by ambulance needed for my child. I accept liability for medical, dental, hospital or ambulance attention as required for my child.

Parent / Guardian Signature:

I give permission for Centre Staff to apply SPF 30 sunscreen to my child’s skin at regular intervals during the day.

Parent / Guardian Signature:

I give Permission for my child to take part in supervised walking excursions within the local area as part of the Centre’s programme.

Parent / Guardian Signature:

I give permission for my child to be photographed whilst at the Centre, for the purpose of developmental documentation. I understand that photographs will not be released to outside agencies.

Parent / Guardian Signature:

I give permission for my child to be Photographed at the Centre, for the outcome of Early learning educational program or talent Identification and posted on Sunshine Child care Centre Facebook page. **Yes / No**

Parent / Guardian Signature:

If my child is NOT immunised due to medical contraindication, I agree to withdraw them from this preschool if there is an outbreak of a notifiable infectious disease as outlined in the Public Health Act 2010, Division 2, Notifiable Diseases, for the duration of the outbreak and fees will still be paid.

Parent / Guardian Signature:

I give permission for Centre Staff to carry out or seek urgent medical, dental or hospital treatment or transportation of the child by an ambulance service.

Parent / Guardian Signature:



I hereby give permission for Sunshine Childcare to administer paracetamol to my child in accordance with the Medication Policy of Sunshine Childcare.

Parent / Guardian Signature:

I give permission for centre staff to display in a prominent location my child's allergy needs and medical conditions action plan in the service, in order for staff to carry out immediate first aid to my child when required.

Parent / Guardian Signature:

I consent to a staff member holding a certified senior first aid qualification (or greater qualification) administering first aid and/or resuscitation to my child as may be required.

Parent / Guardian Signature:

I understand that Sunshine Childcare cannot deny access to a natural parent unless there is a parental/court order. Please ensure the centre has a copy of the current parental/court order if this is applicable to your child. It is imperative that all staff at the centre is informed of the particular protection needs of children in their care.

Parent / Guardian Signature:

I give permission for my child to participate in multi-cultural activities as programmed at the centre and acknowledge that it is my responsibility to familiarise myself with the programmed activities within my child's room and within the Centre. I understand that I am required to provide a request in writing if I choose not to have my child participate in a specific activity or celebration

Parent / Guardian Signature:

I acknowledge that the centre participates in work experience and work placement programmes for secondary school, TAFE, university and other training organisations, and as such understand that students attending the centre are not childcare professionals and will be fully supervised at all times by employed and trained staff.

Parent / Guardian Signature:

I have been advised of the centre grievance procedure and agree to follow this procedure if required to ensure satisfaction of the service being provided to my child and family

Parent / Guardian Signature:

I acknowledge that the centre participates in continuous improvement strategies and that my input into policy & procedures reviews may be required

Parent / Guardian Signature:

I understand that teachers/directors are legally obliged to report suspected child abuse or child sexual assault to community services without notification to the parents. This centre has a specified policy and a set procedure aimed at protecting children.

Parent / Guardian Signature:

ACKNOWLEDGEMENTS and AGREEMENTS (Please tick each statement)

- I have been orientated through the centre, have received a copy of the Centre's Parent Handbook & have read, understood, signed and returned the acknowledgement form from the handbook
- I agree to notify the Centre in writing of any changes to my child or my own personal and contact details as they occur (including emergency contact details)
- I have registered with Centrelink and have been allocated a CRN for myself and my child to enable the Centre to provide attendance records to DEEWR for my child's childcare usage
- I agree to pay my child's weekly booking fee, no later than 1 week in advance and am aware that failure to do so may result in my child's booking being cancelled until such time as my account balance shows 1 week's advanced fee payment
- I acknowledge that fees are payable when my child is absent from care due to illness, personal holidays, public holidays and any other time and that it is recommended by the Centre, that I provide a medical certificate for absences relating to illness for myself or my child for CCMS calculations and DEEWR processing of any subsidy I may be entitled to receive for the care of my child
- I acknowledge that I will be charged a late fee as per Centre policy in the event that my child is not collected from the centre by 6.00pm (at the Westerly Centre) and that if my child has not been collected by 6:30pm (from Shoalwater Centre) the Department of Child Protection and/or the Rockingham Police Station will be contacted to collect my child until I can arrange to collect my child
- I acknowledge that Sunshine Child Care Centres will lodge a debt recovery procedure with the Magistrates Court of WA in the event that my account falls more than 2 weeks in arrears and that all associated court and debt recovery costs (plus interest on outstanding amounts) will be added to my account for payment by myself - Iam responsible for the payment of fees for my child's care.
Sign Here
- I am aware that 14 days written notice is required to cancel or reduce sessions of care booked for my child and that full fees are payable for this notice period
- I understand that my child will be excluded from the Centre if he/she contracts a communicable disease or condition as per Western Australian Health Department Guidelines, and will not be able to return my child to the Centre until such time as I have been given a 'clearance certificate' for the disease/condition and be deemed fit and healthy to return to childcare that has been signed by a medical practitioner
- I acknowledge the Centre's policies and am aware that I am able to review policies at any time and give feedback or suggestions for improvement to help the Centre enhance it's provision of High Quality childcare and to participate in the Centre's continuous improvement cycle for accreditation through NQS
- I respect the mental and physical health of others at the Centre and agree to not use offensive language, use physical violence, consume alcohol, smoke cigarettes or indulge in illicit substances on Centre grounds. I also acknowledge that in the event that my child is to be collected by a person whom the Centre staff believe to be in an unfit physical or mental state to safely transport my child, staff will offer to call a taxi or assist to make alternative arrangements for my child - this is for the safety of my child and I agree to abide by this policy

Name:

Signature:

Date:



I agree to uphold Sunshine Childcare Parent Code of Conduct:

1. I agree to ensure that my child is left with an educator who is on duty when delivering the child to the Centre.
2. I agree that I have a responsibility to treat all Sunshine Childcare team members with respect, and I agree to behave appropriately at all times when dealing with any Sunshine Childcare employee.
3. I understand that swearing, raising my voice, or rudeness directed at Sunshine Childcare staff will not be tolerated. I understand that my child's enrolment may be terminated if I breach this provision.
4. I acknowledge the sensitive nature and context of the services and information provided by Sunshine Childcare, and agree to keep all correspondence and/or other information provided to me by Sunshine Childcare, or associated services, confidential.
5. I agree to comply with all instructions, policies and procedures in regards to the record of my child/children's attendance. I understand that non-compliance may result in the cessation of government benefits. I agree to pay any amounts subsequently declined.

I/We hereby confirm that I/we understand and have read the permissions and agreements.

I/WECERTIFY THAT THE INFORMATION THAT HAS BEEN PROVIDED IN THIS ENROLMENT FORM IS TRUE AND CORRECT AND I AGREE TO NOTIFY THE CENTRE IN WRITING IF ANY CHANGES TO THIS INFORMATION OCCURS.

I/WEAGREE TO ABIDE BY ALL CENTRE POLICIES AND GOVERNMENT LEGISLATION PERTAINING TO CHILDCARE USAGE

Parent / Guardian (1) Name :

Parent / Guardian (2) Name:

Parent / Guardian (1) Signature:

Parent / Guardian (2) Signature:

ACCOMPANYING DOCUMENTS TO BE PROVIDED

- Child's Birth Certificate
- Family Court Documents (if relevant to client)
- Child's Immunisation Certificate
- Proof of Residential Address (utility bill, phone bill etc)
- Child's Passport (compulsory for non-Australian born clients)

Date:

Date:

OFFICE USE ONLY

- Accompanying documents listed have been sighted and copies have been taken for child's file
- Family details have been entered into Kindy Manager
- Room leader has been notified of child's start date and personal details
- OSHC clients - file information has been transferred to local office, OSHC SO has been informed,
- And child has been included on bus run sheets

Staff Name		Position	
Staff Signature		Date	

OFFICE USE ONLY - (CANCELLATION OF CARE)

Has 14 days written notice been received? Last date of care _____

Has account been finalised? Yes /No If no, what value is outstanding? \$_____

Will this account be? _____ Archived _____ Actioned for debt recovery



Seesaw App:

Our Centre is now using Seesaw, a revolutionary online platform that allows educators and parents to jointly view and contribute to their child’s educational journey in a secure and interactive environment!

As an educator using Seesaw, we can:

- Capture each child’s daily routines & learning experiences
- Produce consistent reports, portfolios and slideshows with ease
- Notify parents of their child’s development and share their journey
- Engage and collaborate with parents, one on one

As a parent using Seesaw, you can:

- Monitor your child’s learning progress in one centralised place
- Track your child’s daily habits via the daily tracker and never miss a moment
- Contribute your own observations and further enrich their learning journey
- Watch them grow!

NOTE: Your child’s folder will only be visible to people that you authorize access to, Sunshine Child Care Centre staff members, and those authorized under Federal and State Laws to access information about your child.

You will need to download the parent app (see attached documentation that Tara will has emailed to you); we will then link your parent account to the Centre’s portfolio. If you have any problems accessing the program please speak with Tara and she will endeavor to help get things sorted for you. The advantage of this app is that you may share you password with any family member living anywhere in the world.

Please return a signed copy of this form: I, _____ as the parent or legal guardian of the below named child authorise staff to capture images & information pertaining to [print child’s name] for the purposes of documenting my child’s educational journey using the Seesaw service.

Signature : _____

Date: