



Broadmeadows

Early Learning Centre

Kindergarten and Early Start Enrolment Form

Please attach a passport size photo of your child here.

Name:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

Child's birth certificate		Child Customer Reference Number (CRN)	
Immunisation record		Medical documents	

Service name: BROADMEADOWS EARLY LEARNING CENTRE

Address: 391-393 CAMP ROAD BROADMEADOWS VICTORIA 3047

Phone number: 91919580

Email: director@broadmeadowselc.com.au

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			

Date of Birth:		Sex (Please circle):	Male / Female
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Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address:			
List all members living in the household and their relationship to the child eg. mother, grandmother	1.	2.	
3.	4.	5.	6.

Child's birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied	Yes / No
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Days of attendance (Please circle):	Mon	Tues	Wed	Thurs	Fri
Session Start Time:					

OFFICE USE ONLY	
Date Entered:	Entered By:

Session End Time:

Child's Start Date:

Other Details About The Child

Education and Care Services National Regulations - Regulation 160 (f, g, h)
(Please circle) where relevant

Is the child a twin, triplet or a quadruplet?	Yes / No
Does the child have any siblings? ? If so, please provide their names and ages.	Yes / No
Language spoken at home:	
Ethnicity:	
Religion:	
Is your child from a culturally and linguistically diverse background?	Yes / No
Is the Child of Aboriginal or Torres Strait Islander Descent?	Yes / No
Does the child have refugee or asylum seeker status?	Yes / No
Is your child currently in an Out of Home Care arrangement including kinship care? Or are they known to Child Protection? Out of home care is the term used to describe the placement of children away from their parents, due to concern that they are at risk of significant harm. If Yes, please provide details	Yes / No
Does your child have a diagnosed disability? Are you on the waiting list or accessing any specialist services? If Yes, please attach supporting evidence.	Yes / No
Is the child in a family which includes a person with a diagnosed disability? If Yes, please attach supporting documentation.	Yes / No

Will your child will be attending another early childhood service that offers funded kindergarten program? (If yes please confirm what service you will be claiming funding for).

Yes / No

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	
Please outline any dietary restrictions or considerations e.g. like and dislikes. (Details of allergies etc. will be requested in the Medical section of the form):			

Child's Registered Medical Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Child's Registered Dental Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Private Health Cover (Please Circle):	Yes / No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes / No

Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? <i>(Please Circle)</i>		Yes / No If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include: <input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan <input type="checkbox"/> When the Plan should be reviewed.	
Does the child have any dietary restrictions? <i>(Please Circle)</i>		Yes / No <i>(If yes, please attach relevant details.)</i>	Attached <div></div>
Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner: <ul style="list-style-type: none"> The label must contain the child's name and Parents must provide any verbal or written instructions provided by the medical practitioner. <i>Education and Care Services National Regulations Regulation 95</i> Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. <i>Education and Care Services National Regulations Regulation 93</i>		Parent 1 Signature:	<div></div>
		Parent 2 Signature:	<div></div>
Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 Signature:	<div></div>
		Parent 2 Signature:	<div></div>
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No	Parent 1 Signature:	<div></div>
		Parent 2 Signature:	<div></div>

IMMUNISATION DETAILS

I have chosen not to have my child immunised.	Yes/No Please note: Approved documentation must be provided before your child can attend <i>See Immunisation Policy</i>		Attached
Are your child's immunisations up to date?	Yes/No Please provide a copy of your child's: Immunisation History Statement provided by Medicare		Attached
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

DEVELOPMENTAL INFORMATION

<p>Please provide us with any other information we should know about your child</p> <p><i>(For example, additional learning and support needs, information about the child's wellbeing, physical comfort or personal needs, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)</i></p>	
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TRANSITION TO SCHOOL

<p>Have you decided what school to send your child to? If yes do you give the service permission to exchange information with the school to assist their transition?</p> <p>Name of School:</p> <p>_____</p> <p>Permission to exchange information: Yes/No</p>	Yes/No	Parent 1 Signature:	
	Yes/No	Parent 2 Signature:	

PRIMARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:	
Parent Surname:	
Current Address:	
Phone Number/s:	(H) (M)

Parent Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	

Parent Centrelink Reference Number (CRN):	
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Does the child live with you? (Please circle):	Yes / No
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Education Level eg. (highest grade or degree)	
Occupation:	
Industry:	
Parttime/fulltime/casual	
Are you an employee or self-employed?	
Hours of work	
Company Name	
Company Address	
Company Email	
Company contact number	

SECONDARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:	
Parent Surname:	

Current Address:	
Phone Number/s:	(H) (M)
Parent Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	

Parent Centrelink Reference Number (CRN):	
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Does the child live with you? (Please circle):	Yes / No
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Highest level of education (Please tick box that applies)	<input type="checkbox"/> Below year 12 <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> TAFE	<input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Masters Degree
Occupation:		
Industry:		
Parttime/fulltime/casual		
Are you an employee or self-employed?		
Hours of work		
company name		
Company address		
Company email		
Company contact number		

COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached

Please note that without this documentation we cannot legally enforce the Order/s.

FIRST EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

<p>There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.</p> <p>Please obtain the person's consent before listing them as an emergency contact</p>			
Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H) (M) (W)		
Email Address:			
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	

Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings?	Yes/No	Parent 1 Signature:	

SECOND EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H) (M) (W)		
Email Address:			
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	

Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings?	Yes/No	Parent 1 Signature:	

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

PHOTOGRAPHY & VIDEO:

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO

Please tick box to confirm you have read each point:

☐

I agree to inform the Service if I am 4 yr old kindergarten funded for another service.

☐

If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.

- ☐ I agree to giving two weeks written notice to withdraw my child or reduce booked days
- ☐ I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- ☐ I have read the kindergarten enrolment and orientation policy.
- ☐ I have been provided a copy of the Privacy and Confidentiality policy
- ☐ I have provided accurate and up to date information in this application

Do you acknowledge that your child's acceptance to Broadmeadows Early Learning Centre' is determined by the requirements of priority of access outlined in Broadmeadows Early Learning Centre' s Kindergarten policy: ☐ Yes ☐ No

I the undersigned, declare that the information provided in this registration is true and correct to the best of my knowledge. I understand that this form is a legal document and penalties exist for providing false or misleading information.

FULL NAME	SIGNATURE	DATE

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other:	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.