



Congratulations and Welcome to Little Wonderland Childcare.

Enrolling with us begins a very excited and important time in you and your child's life. We appreciate it may be an anxious time for some as this is a big change in family routine.

As always our team of experienced and qualified educators and myself are available to assist you with any questions, concerns or enquiries you may have. Please refer to our parent handbook to provide you with important information about our centre.

It is important you provide us with as much information as possible as we recognize each child has their own unique needs, interest, culture and beliefs. We also encourage you to share with us any additional information about your family / child.

Below are some key important items we require before commencing your time here :

- **Immunization record**
- **CRN (Customer reference numbers) one for your child/ren and one for parent.**
- **Child's Medicare number**
- **Any court orders – custody arrangement / parenting orders**
- **Details of emergency contacts - at least three**
- **Child's doctor and dentist details**
- **Copy of Birth Certificate**
- **Additional needs information**
- **Medical diagnosis and/ or action plan for asthma or anaphylaxis.**

We look forward to sharing this special time with you and your family.

Warm regards,

Lillian Xidas

Management

Kim Dunn

Director



### CHILD'S DETAILS

First Name:.....Middle Name:.....Last Name:.....

Other name/s:..... Former name/s:.....

Gender: M  F  Date of Birth\* ...../...../..... Place of Birth.....

The estimated date your child will start school: ...../...../.....

Cultural Background :..... Language Spoken:.....

Religion:.....

Is your child of Aboriginal or Torres strait Islander origin ? ( Please circle if applicable )

**Medicare No:**.....

**Child's CRN\*:**.....

Health care card number ..... ( if applicable)

Child's Home Address (If different to parent):

Street Address:.....

Suburb:..... State:..... Postcode:.....

**Does your child have any dietary requirements?** Yes  No  if yes, please provide additional information

**Does your child have any disabilities?** Yes  No  if yes, please attach additional information

**Are there any Custody or Parenting Orders?** Yes  No  if yes, please attach a copy of the order.

**Does your child have any additional/special needs?** Yes  No

(if yes, please complete the Additional/Special Needs Application Form)

**An additional/special needs** may include a wide range of physical, sensory and learning disabilities, as well as ongoing illnesses or diagnosed conditions, such as asthma, anaphylaxis, allergies, or other medical conditions. Also may include children with who demonstrate challenging behaviors or psychological disorders, or even children from linguistically diverse background, a refugee background who has been subject to trauma, indigenous, the care source has been placed by child protection worker.

**Child disabilities** DEEWR defines disabilities as those listed below, but not a medical condition that is short term or episodic:

Communication, mobility, self care, interpersonal interactions and relationships ;learning and applying knowledge, education or other including general tasks, domestic life, community and social life.



**PARENT/GUARDIAN (Primary Account Holder)**– This person is registered or likely to register for Child Care Subsidy. (CCS)

Title: Dr/ Mr /Mrs / Ms / Miss First Name:.....Surname:.....  
Other name/s:.....  
Relationship to the Child:.....E.g. Mother/Father/Guardian  
CRN\*:..... DOB\*:...../...../.....Gender :  M  F  
Cultural background:.....Mobile:..... Home Phone: (.....).....

**Home :**

Address : .....  
Suburb:..... State:..... Postcode:.....

**Mailing address ( if different from above)**

Street address/PO box.....

**Email**

**WorkDetails**

Phone:(.....)..... Street Address:.....  
Suburb:..... State:..... Postcode:.....  
Occupation:..... Organisation:.....

**PARENT/GUARDIAN (Secondary Account Holder)**

Title: Dr /Mr / Mrs / Ms / Miss First Name:..... Surname:.....  
Other name/s:.....  
Relationship to the Child:.....E.g. Mother/Father/Guardian  
DOB:...../...../.....  
Mobile:..... Home Phone: (.....).....

**Home**

Address:.....  
Suburb:..... State:..... Postcode:.....  
Email:.....

**Work Details**

Phone: (.....)..... Street Address:.....  
Suburb:..... State:..... Postcode:.....  
Occupation:..... Organisation:.....

Please notify me of any changes to your personal details or child’s information. It is important for us to maintain up to date contact details at all times so we can provide the best care for your child.

\*CRN = Customer Reference Number issued to by DEEWR if you have already registered for Child Care Subsidy If you have not already registered please contact the Family Assistance Office on 13 61 50 to register or register online at [www.my.gov](http://www.my.gov)

\*DOB = The provision of date of birth information is a mandatory requirement to meet DEEWR eligibility requirements to receive CCS.



**COMPLYING WRITTEN AGREEMENT**

**Between:**

Parent Name: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

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

And: NABS No: 3 Pty Ltd [Little Wonderland Childcare] ABN 326061803 [Provider]

For the Care of: Child's Full Name: \_\_\_\_\_

By: Little Wonderland Childcare

Session and Fee Details

Routine Session **YES/NO** Extra Bookings: Casual Session only **YES/NO**

Session Type: **Please tick** preferred session time.  12 hour – 6:00 am – 6:00pm  
 10 hour – 7:00 am - 5:00pm  
 9 hour – 6:00 am – 3:00pm

Session times will be charged according to your CWA. With a grace period of 30 minutes for 9 and 10 hour sessions.

**Agreement start date:** \_\_\_\_\_

**Week 1**

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

**Week 2**

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

- I confirm that my details on this enrolment form, as well as the child I am enrolling are correct.
- I have agreed t days of care within the service and understand the start and end times of these sessions of care.
- That care may be provided on a casual of flexible basis at my service where available at my service at my request. [casual care]
- I understand that I am eligible to pay fees for the care of my child as indicated above and, if applicable in other information the service has given me [such as a fee schedule] or parent handbook which are subject to change over time based o advice from the provider and accepted by me.

Guardian Name: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Fees**

- Fees will apply in accordance to our fee structure and fee policy
- Fees will apply for booked days that your child does not attend due to illness, all absent days and public holidays [centrelink subsidizes 42 allowable absences].
- A late fee will apply of \$1 per staff member per minute past 6pm.

**Sibling details**

First name : .....Surname : .....Date of Birth: ...../...../.....

This sibling attends an external service and I would like to claim multiple child care benefit percentage.

**Sibling details**

First name : .....Surname : .....Date of Birth: ...../...../.....

This sibling attends an external service and I would like to claim multiple child care benefit percentage.

**Sibling details**

First name : .....Surname : .....Date of Birth: ...../...../.....

This sibling attends an external service and I would like to claim multiple child care benefit percentage.

**IMMUNISATION**

**LITTLE WONDERLAND CHILDCARE** encourages all children to be fully immunised in accordance with the Australian Standard Vaccination Schedule.

You are required to provide proof of immunisation to your Centre Director, so please remember to bring this along with you on your orientation day and again when you update your immunization history [medicare my.gov immunisation record is required]

Where there is a genuine reason why children are not, cannot, or will not be immunised please provide a written statement confirming your child's non-immunised status. In the event that there is a suspected or identified vaccine preventable disease, unimmunised children will be excluded from the Centre for the period recommended by the recommended minimum exclusion periods. Children for whom the Centre does not have a complete and/or current immunisation record will be considered unimmunised.

**Centre Director Declaration**

I confirm I have sighted the original immunisation record and placed a copy in the child's enrolment file.

Name : .....Initial: .....Date: ...../...../.....

Name : .....Initial: .....Date: ...../...../.....

Name : .....Initial: .....Date: ...../...../.....

Name : .....Initial: .....Date: ...../...../.....

Name : .....Initial: .....Date: ...../...../.....



**Health record**

Please provide your child’s original health record for the director to sight.

**Centre Director Declaration**

I confirm that I have sighted the original health record

Name :.....Initial: .....Date: ...../...../.....

**Birth certificate**

Please provide your child’s original birth certificate for the Centre Director to sight (or a certified copy of the child’s birth certificate, Australian citizenship certificate or passport).

**Centre Director Declaration**

I confirm that I have sighted the original birth certificate

Name :.....Initial: .....Date: ...../...../.....

**Authorised persons**

- Parent will nominate person to have authorization to collect child
- Authorised persons are able to consent to medical treatment, administration of medication and to sign temperature forms/incident forms

**Collection of children**

- Must be a parent or an authorized person
- Must provide photo id upon first collecting child or in the instance the Director has not met the person
- The authorized person must be over the age of 18
- Person’s / parents may be refused collection of a child should the centre Director/ certified supervisor suspect one to be under the influence of drugs or alcohol and have reasonable belief that the child’s safety is at risk.

**Misplacement or loss of personal belongs**

Little Wonderland Childcare will always endeavour to look after all children’s personal items that are brought into the centre. However in the event that particular item(s) are damaged or misplaced then Little Wonderland Childcare is not responsible or liable to replace those personal items.

**EMERGENCY CONTACT INFORMATION**

In the unlikely event of an emergency please nominate the persons you would like us to contact.

Child’s name:.....

**PARENT/GUARDIAN**

Name:.....  
Home Phone:(.....).....  
Mobile:.....  
Work Number:(.....).....

**PARENT/GUARDIAN**

Name:.....  
Home Phone:(.....).....  
Mobile:.....  
Work Number:(.....).....



**EMERGENCY CONTACT AND AUTHORISED TO COLLECT CHILD**

Title: Dr / Mr / Mrs / Ms / Miss  
First Name:..... Surname:..... Relationship to child:.....  
Home Phone:(.....)..... Mobile:..... Work Phone:(.....).....  
Most preferred contact number: Home Phone  Mobile  Work Phone   
Street Address:.....  
Suburb:..... State:..... Postcode:.....

**EMERGENCY CONTACT AND AUTHORISED TO COLLECT CHILD**

Title: Dr / Mr / Mrs / Ms / Miss  
First Name:..... Surname:..... Relationship to child:.....  
Home Phone:(.....)..... Mobile:..... Work Phone:(.....).....  
Most preferred contact number: Home Phone  Mobile  Work Phone   
Street Address:.....  
Suburb:..... State:..... Postcode:.....

**EMERGENCY CONTACT AND AUTHORISED TO COLLECT CHILD**

**Title:** Dr /Mr / Mrs / Ms / Miss  
First Name:..... Surname:..... Relationship to Child:.....  
Home Phone:(.....)..... Mobile:..... Work Phone:(.....).....  
Most preferred contact number: Home Phone  Mobile  Work Phone

In the unlikely event of an emergency your Child’s Doctor and/or Dentist details may be required.

**MEDICAL CONTACTS**

**DOCTOR**

Surgery Name:.....  
Phone:(.....).....  
Street Address:.....  
..... Suburb:.....  
State:..... Postcode:.....

**DENTIST**

Surgery Name:.....  
Phone:(.....).....  
Street Address:.....  
..... Suburb:.....  
State:..... Postcode:.....



**PAYMENT AGREEMENT**

I / We agree to:

- Pay childcare fees as levied by the Centre \*
- Pay fees two (2) weeks in advance or as per direct debit terms\*
- My child's place being withdrawn if my fees are in arrears for more than two (2) weeks and no arrangements have been made with **Centre Director/Nominated Supervisor**.
- Provide two (2) weeks notice (in writing) prior to withdrawing from the Centre and agree to pay all outstanding fees prior to my departure.
- Cessation of care (full fees, without any deductions CCS) will be charged to my account if I don't adhere to the 2 weeks written notice.
- Be liable for all additional costs incurred by the Centre in collecting the outstanding fees should I fail to pay my fees and my place is withdrawn or I leave the Centre.
- Pay fees until Child Care Subsidy confirmation is received by the Centre.
- Pay full fees for any non approved absences exceeding the thirty (42) day limit.
- Submit payment (by DEBIT SUCCESS) within seven (7) days of any direct debit faults.

Parent/Guardian Signature:.....

Parent/Guardian Name:..... Date: ...../...../.....

**MEDICAL EMERGENCY**

In case of accident or emergency, every effort will be made to contact the parent/guardian immediately. In the event that my child requires medical attention, I authorize the Centre Director /Personnel at **LITTLE WONDERLAND CHILDCARE** to obtain/or provide medical, (administer children's panadol/nurofen if required), hospital or dental assistance, and agree to pay any medical/transport costs incurred, including ambulance.

Parent/Guardian Signature:.....

Parent/Guardian Name:..... Date: ...../...../.....





**PERMISSION**

I give the Centre Director /Personnel/Management (including students) at Little Wonderland Childcare the authority:

- ❖ To use the name and/or photo of my child for the Centre displays, developmental profiles and/or promotional use, including media; Yes  No
- ❖ To apply sunscreen to my child for outside play; Yes  No
- ❖ To apply parent provided insect repellent to my child for outside play; Yes  No
- ❖ To observe my child to assist in developing an appropriate developmental educational program; Yes  No
- ❖ To allow the people listed as Parent, Guardian and Emergency Contact Persons to drop off and collect my child from the centre unless otherwise specified; Yes  No
- ❖ To allow the people listed a Parent, Guardian and Emergency Contact Persons authorized to drop off and collect my child and to also sign off Medication Records and Accident/incident reports, unless otherwise specified ; Yes  No

PARENT/GUARDIAN SIGNATURE:.....

PARENT/GUARDIAN NAME:..... Date...../...../.....

**MILY INFORMATION**

To enable our early learning professionals to provide appropriate learning and development programs for your child we would greatly appreciate you answering the questions below.

Cultural background.....Religion.....Language/s spoken.....

If a language other than English is spoken at home:

- Does your child speak English? No  Yes
- Does your child understand English? No  Yes
- Is your child/family Indigenous or Torres Straight culture/background No  Yes

Would an interpreter be of benefit to your child during the settling in procedure ? No  Yes

What religious/cultural practices would you like your child to observe at the centre?

.....  
.....



Please identify the family members that live with your child :

Older siblings/s

Younger siblings/s

Grandparent/s

cousin/s

other – Please specify.....

Many families have their own unique family rules please provide details of anything specific you would like us to know.....

Are there any activities at the centre that may contravene you family values or beliefs?

.....

To help us understand your cultural background would you be able to share and provide an insight into your ethnic cultural background; explain jobs, different beliefs, stories, music, food, craft etc from your country to the children?

.....

Please provide any additional information about your child

.....



## ADDITIONAL/SPECIAL NEEDS

### PLEASE COMPLETE THIS FORM IN COLLABORATION WITH YOUR CENTRE DIRECTOR

It is Little Wonderland Childcare policy to treat each child as an individual, displaying a positive collaborative approach throughout the enrolment as well as teaching/learning processes. We are committed to the inclusion of children with special needs. Additional/Special Need may include a wide range of physical, sensory and learning disabilities, as well as ongoing illnesses or diagnosed conditions (such as acute asthma, anaphylaxis etc). For further information please contact our Centre Director.

Date:...../...../.....

#### 1. Personal Information

Child's Name: ..... Gender: M  F   
Child's Date of Birth:...../...../..... Child's age:.....years.....months  
Parent/Guardian  
Names:.....  
Contact Number: H(.....)..... W(.....)..... M.....  
Street Address:.....  
Suburb:..... State:..... Postcode:.....

#### 2. Special/Additional Needs

Please identify your child's need(s)/condition:

Anaphylaxis  (if your child has Anaphylaxis, please complete the Anaphylaxis Risk Minimisation Plan)  
Has this been diagnosed by a health or medical professional: Yes  (please attach report) No

Asthma  (if your child has Asthma, please complete the Asthma Risk Minimisation Plan)  
Has this been diagnosed by a health or medical professional: Yes  (please attach report) No

Epilepsy  (if your child has Epilepsy, please complete the Epilepsy and Seizures Risk Minimisation Plan)  
Has this been diagnosed by a health or medical professional: Yes  (please attach report) No

Other, please specify:.....  
Diagnosed by a health or medical professional: Yes  (please attach report) No  (please complete Action Plan)

Special/Additional Needs details:.....

Is the child currently on medication? Yes  No   
Are the staff required to administer the medication? Yes  No   
If Yes, name of medication:..... Dosage:.....  
What other services does the child access(e.g. Early Intervention, Speech Therapy etc)?.....

\*If enrolment is existing, please indicate the reason for completing the ASNA form at this date(e.g. enrolled prior To diagnosis,etc).....

Please note: Additional information may be required to assist us to assess this application, Your Centre Director Will work with you to collect the necessary information.



## ACTION PLAN

Child's Name:.....

Child's Date of Birth:...../...../.....

Insert Child's Photo

### Details of Child's Medical Condition (Conditions & Symptoms)

- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....

### Action Plan (step by step actions to be taken in an event)

- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....

Parent or Guardian contact details:.....

Parent or Guardian Signature:.....

Medical contact details:.....Date:../../.....

Doctors Signature:.....Date:../../.....



**Social Media and Online Programming Photo Permission:**

As you already know, we take many photos throughout the days your child is here for observations, learning stories and displays around the centre.

This is all very exciting and will be more convenient for busy families like yourself. Families will be able to get notifications when the staff have posted a photo or learning of their child/ren and is a great way to be kept informed of events that will happen throughout the centre. Each parent will receive their own login details and can access their child/ren's learning stories and photos.

For this to be possible we would like your permission to include photos including group photos in each child's journal. Please tick the boxes below for permission.

	Yes	No
Online Programming [Child Carers]		
Little Wonderland Facebook Page		
Little Wonderland Newsletter <b>(no names will be added)</b>		
Little Wonderland Special Event <b>(no names will be added)</b>		
Marketing for Little Wonderland - Local newspapers etc. <b>(no names will be added)</b>		

**Video Surveillance** - The centre is fitted with 24hr CCTV surveillance cameras in all areas except bathrooms/toileting areas to ensure privacy and security for all our families, visitors, students, Educators and children. The footage is only permitted and available for viewing to the approved provider and management of Little Wonderland.

Child's Name \_\_\_\_\_

Parent/Guardian/Authorised Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Email for info exchange including newsletters, photos, centre updates etc:**

EMAIL : \_\_\_\_\_