

# Enrolment Form

Please attach a passport size photo of your child here.

Office Use Only	
Date entered into system:	
Date of Commencement:	
Class:	
Student ID:	
Signed by:	
Document Checklist (please attach copy)	
Birth Certificate/Passport /Citizenship	YES <input type="checkbox"/> NO <input type="checkbox"/>
Illness management plan (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Current Immunisation	YES <input type="checkbox"/> NO <input type="checkbox"/>
Passport size photo	YES <input type="checkbox"/> NO <input type="checkbox"/>

CHILD'S DETAILS				
First name		Middle name		Last name
Any other names the child is known by				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	
Previous School attended (If applicable)				
Language spoken at home			Country of birth	

Does your child suffer a Chronic Illness? (e.g. asthma, anaphylaxis, diabetes) YES  NO   
 If YES please ask your doctor to complete the Chronic Illness Management Form (please attach copy).

PARENT DETAILS			
Legal Guardian / Parent 1:		Legal Guardian / Parent 2:	
Last name		Last name	
First Name		First Name	
Other or former names		Other or former names	
Date of Birth		Date of Birth	
Address		Address	
Home Tel No		Home Tel No	
Work Tel No/s		Work Tel No/s	
Mobile		Mobile	
Work Address		Work Address	
Occupation		Occupation	
Country of Birth		Country of Birth	
Language spoken at home		Language spoken at home	
Email address		Email address	



**AUTHORISATIONS**

I give permission to the Educator and staff of ACAE to contact the following people to collect my child and/or advise on the welfare of the child in the event of an emergency. I will give PRIOR notice to the Educator for these people to collect my child.

In the event of an emergency the educator and/or staff will always attempt to contact the parents first before contacting the names below.

Please note that where consent is given to someone other than a parent to collect a child in an emergency they should be able to collect the child within 30 minutes of being called.

Any emergency contact must produce satisfactory identification when collecting the child and must sign the attendance record.

**AUTHORISED NOMINEES**

(Contacts additional to parents/guardians). Please complete all details.

1 <sup>st</sup> Contact		2 <sup>nd</sup> Contact	
First Name		First Name	
Last Name		Last Name	
Address		Address	
Home Tel No		Home Tel No	
Work Tel No		Work Tel No	
Mobile		Mobile	
Relationship to child		Relationship to child	
Collect child	YES <input type="checkbox"/> NO <input type="checkbox"/>	Collect child	YES <input type="checkbox"/> NO <input type="checkbox"/>
Emergency contact	YES <input type="checkbox"/> NO <input type="checkbox"/>	Emergency contact	YES <input type="checkbox"/> NO <input type="checkbox"/>
Consent to medical treatment / authorise administration of medication	YES <input type="checkbox"/> NO <input type="checkbox"/>	Consent to medical treatment / authorise administration of medication	YES <input type="checkbox"/> NO <input type="checkbox"/>
Authorise excursions	YES <input type="checkbox"/> NO <input type="checkbox"/>	Authorise excursions	YES <input type="checkbox"/> NO <input type="checkbox"/>
3 <sup>rd</sup> Contact		4 <sup>th</sup> Contact	
First Name		First Name	
Last Name		Last Name	
Address		Address	
Home Tel No		Home Tel No	
Work Tel No		Work Tel No	
Mobile		Mobile	

ACA E & Parent/Guardian Agreement

Parent / Guardian name	
Child's full name	
<b>Parent/Guardian's Agreement</b>	<b>Parent's Initial</b>
I agree to abide by the fees, charges, and conditions set down by ACA E.	
I agree to follow the ACA E Policy and Procedures.	
I acknowledge that normal fees are due on Public Holidays if these days fall within the normal school operating period.	
I agree to notify the ACA E office of any changes to my working status, address, telephone numbers, Child Care Benefit (CCB), emergency contacts, immunisation, health care plans and any other information relevant to my child's care.	
I understand that I must sign my child/ren in and out of care every time my child is delivered to and collected from care. I acknowledge that I must sign the correct and exact time on the attendance record each time my child enters and leaves care.	
In the event of my child contracting an infectious disease, I shall not send him/her to the educator until the exclusion period recommended by the Health Department has expired, but I shall pay any fees due in accordance with the ACA E Fees. I understand that I will need to provide clearance letter from the doctor, when returning to care. I understand that a child whose immunisation record has not been provided to the ACA E or who is not immunised will be excluded from care in the event of an outbreak of a vaccine preventable disease.	
I agree to notify the ACA E office, and educators, of any change in the health of my child that requires a specific health management plan (e.g. Asthma, Anaphylaxis, Allergies, Diabetes, and Intolerances).	
I agree to supply immunisation records to the ACA E each time my child/ren's immunisation is updated.	
In case of accident or other emergency resulting in the need of immediate medical, dental or hospital treatment. I hereby give my permission for the educator to arrange for my child to be seen by a doctor and/or dentist, treated at the nearest hospital, or transported unaccompanied by ambulance to the nearest most appropriate medical facility. I agree to pay all costs incurred.	
I acknowledge that the ACA E educators will take all reasonable and necessary steps to provide an adequate standard of care for the child whilst in the care of the educator. I also acknowledge that my child may experience accidental injury or illness through no fault of the educator/staff whilst with the educator, in spite of the efforts of the educator.	
I <b>DO / DO NOT</b> (please circle) consent to my child/ren being photographed for newspaper publication, ACA E website, ACA E Facebook and newsletter for advertising the service and/or educator's/ACA E photographic album.	
If fees are in arrears, for maximum of one month, ACA E will follow up with the parents and if parent does not respond or negotiate the fees with ACA E, I understand that, my child's position for care at ACA E will be compromised, and will be given to another child.	
I agree to my child being observed to check their development. If my child needs specialist testing, I will be asked for my permission first.	
I understand that my child's pictures will be taken as individual or in-group experience for daily reflection, observation, evaluation, children's portfolio and any other documentations required by ACA E educators.	
The educators at ACA E <b>MAY / MAY NOT</b> (please circle) take my child/ren on routine outings away from the venue, which may involve transportation by private motor vehicle or public transport. I acknowledge that I need to provide separate written permission for any excursion, or outing that is non-routine.	
I acknowledge that 4 weeks' notice must be given to ACA E in regards to, termination of care. This change must be recorded	



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on the appropriate form and signed by both the ACAE and parent.		
I understand that I am to provide adequate changes of clothes and hat for my child, appropriate to the climate.		
I understand that any breach of this contract may result in termination of care arrangement.		
Signature (Parent/Guardian)		Date
Signature ACAE representative		Date

**Additional Information**

OTHER CHILDREN IN THE FAMILY		
Name	Date of Birth	Does this child attend childcare or school <i>(please list)</i>