

ENROLMENT INFORMATION UPDATE

Please complete this form to update enrolment details, including medical information and emergency contact details. Please attach any documents as requested.

CHILD DETAILS			
Family name		Given name	
Preferred first name		Date of birth	
New address			

PARENT/GUARDIAN INFORMATION UPDATE		
	Parent/Guardian 1	Parent/Guardian 2
Full name		
Address		
Relationship to Child		
Home phone number		
Work phone number		
Mobile number		
Email address		
Occupation		

ENROLMENT DETAILS					
Long Daycare					
CHILD'S START DATE					
BOOKING TYPE:	CASUAL: <input type="checkbox"/> (no bookings are secured and will only be available if capacity permits)			PERMANENT: <input type="checkbox"/>	
DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am flexible with my days <input type="checkbox"/>			I am not flexible with my days <input type="checkbox"/>		

SERVICE INFORMATION	
Service Name: Longreach Childcare Centre	
Address: 5-7 Wompoo Road, Longreach Qld 4730	
Phone: 4652 5300	Email:adminccs@longreach.qld.gov.au
OFFICE USE ONLY	
Date received:	Entered by:

ENROLMENT DETAILS					
Kindergarten					
CHILD'S START DATE:					
BOOKING TYPE:	Kindergarten Hours (school terms from 845am – 245pm on alternate Wednesdays and every Thursday, Friday) ***No need to select days below*** <input type="checkbox"/>		Kindergarten Days only with Long Daycare Hours (school terms from 730am – 530pm on alternate Wednesdays and every Thursday, Friday) ***No need to select days below*** <input type="checkbox"/>		Permanent Long Daycare including Kindergarten (All year from 730am – 530pm Monday to Friday) *Please select days below <input type="checkbox"/>
DAYS:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am flexible with my days <input type="checkbox"/>			I am not flexible with my days <input type="checkbox"/>		

Payment of Fees Policy			
Termination of Enrolment:			
A) Parents are to provide two weeks written notice of their intention to withdraw a child from the centre. Normal fees will continue to be charged for the two week notice period B) If termination from the service is required without notification, families may lose their Child Care Subsidy, resulting in the payment requirement of full fees to be charged.			
Parent/Guardian 1 name:		Date:	
Parent/Guardian 1 signature:			
Parent/Guardian 2 name:		Date:	
Parent/Guardian 2 signature:			

FAMILY LAW, AVO'S OR OTHER RELEVANT COURT ORDER		
<i>Education and Care Services National Regulations - Regulation 160 (3c, d)</i>		
Please note- Without this documentation we cannot legally enforce the Order/s.		
Are there any relevant 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 <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
Have photographs and names of unauthorised people been attached to this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>

Briefly outline court order requirements	
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MEDICAL INFORMATION UPDATE			
Please ensure a <i>Management Plan</i> , <i>Risk Minimisation Plan</i> and <i>Communication Plan</i> has been completed for medical conditions			
Child's Medicare number			
Medicare expiry date		Child's Medicare reference number	
Name of Doctor			
Medical Centre		Phone number	
Address			
ASCIA Action Plan (Anaphylaxis) or Action Plan (Asthma) update		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach all relevant documentation	
Please identify any new medical conditions	Please see reception to create a Medical Management Plan for your child		

AUTHORISED NOMINEES			
<i>Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) and 161 (1a, i, ii, 1b)</i>			
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. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child. Please ensure you have obtained the person's consent before listing them as an emergency contact.			
FIRST EMERGENCY CONTACT			
Full name			
Relationship to child			
Phone number	Home:	Mobile:	Work:
Address			
Email address			
SECOND EMERGENCY CONTACT			
Full name			
Relationship to child			
Phone number	Home:	Mobile:	Work:

Address			
Email address			
Can emergency contacts listed above be contacted to collect your child from the education and care service?	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can emergency contacts listed above 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?	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can emergency contacts listed above be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can emergency contacts listed above give authorisation for the Service to take the child on regular outings?	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are emergency contacts listed above person authorised to authorise the education and care service to transport the child or arrange transportation for the child? [If your service does not offer, or arrange transportation of children as part of your education and care service- mark N/A]	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.			
Parent/Guardian 1 name		Date	
Parent/Guardian 1 signature			
Parent/Guardian 2 name		Date	
Parent/Guardian 2 signature			

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.