Name: ..... Start Date: .....

Days required: .....

Magic Cottage
Child Care

ENROLMENT PACKAGE

Enrolment Checklist (Have you enclosed the following)

Copy of Birth Certificate	
Copy of Immunisation Record Last Update	
Ezidebit Form or Centrepay Form	
Enrolment Form	
Asthma Action Plan (If required)	
Allergy Action Plan (If required)	
Non-Refundable Enrolment Fee $50 (Hat and Bedding Purchased)	
Complying Written Agreement (CWA)	

Parent/Guardian Details

Parent/Guardian (1)

Surname: ..... First Name: .....

Address: .....

Parents CRN#: .....

D.O.B.: ..... Mobile:: .....

Home phone: ..... Work phone:: .....

Place of work/study: .....

Work Address: .....

Email Address: .....

Parent/Guardian (2)

Surname: ..... First Name: .....

Address: .....

D.O.B.: ..... Mobile:: .....

Home phone: ..... Work phone:: .....

Place of work/study: .....

Work Address: .....

I / We are aware that the person/s named here as parent/guardian are the authorised parties to enroll and cancel enrolment, and to nominate who will collect the child from the Centre.

Signed: ..... Date: .....

Signed: ..... Date: .....

Under NO circumstances will your child be permitted to leave the Centre without the written authorisation of the parent/guardian.

Medical Details

Medical Practice: ..... Name of Doctor: .....

Address: ..... Postcode: .....

Telephone Number: ..... Medicare #: .....

Emergency Contacts and Authorised Nominee Information

(other than parent/guardian)

Do you authorise the following people to be contacted in the unlikely event of an emergency? Yes / No

Do you authorise the following people to drop off or collect your child from care? Yes / No

Do you authorise the following people to consent to medical treatment and administration? Yes / No

Do you authorise the following people to give permission for excursions? Yes / No

All authorised contacts must be over the age of 18 years old

(1)

Full Name: ..... Home phone: .....

Place of work/study:..... Work phone: .....

Mobile: ..... Relationship to the child: .....

(2)

Full Name: ..... Home phone: .....

Place of work/study:..... Work phone: .....

Mobile: ..... Relationship to the child: .....

(3)

Full Name: ..... Home phone: .....

Place of work/study:..... Work phone: .....

Mobile: ..... Relationship to the child: .....

(Further contacts may be added on back of page if needed)

The Contacts named above will be asked to present identification on arrival at the centre when they come to collect your child. They will not be permitted to take your child until a staff member has sighted their identification Please make them aware of their responsibilities to sign your child in/out at the sign in bench.

No child will be permitted to leave the centre with anyone unless they have written authorisation from the parents/guardians.

Parents/Guardians need to inform educators of who will be picking up your child if it is an authorised nominee

CUSTODY OF CHILD

If there are any court orders/disputes concerning the custody of the child please discuss this with the Director upon enrolment and provide us with a copy of the court documentation

CHILD DETAILS

Surname:..... First Names:.....

Child's Residential Address: .....

D.O.B:..... Sex (M/F); .....

Child's CRN #: .....

Religion: .....Cultural Background:.....

Special Needs (please discuss with the Director upon enrolment): .....

.....

Day sleep (approx. time & length): .....

What does your child take to bed? .....

Any special bedtime routines: .....

Bottle requirements /times?: .....

Languages spoken at home: .....

Names of sisters/brothers: .....

Strengths/Interests: .....

Fears/anxieties: .....

Toileting routine: .....

Any specific cultural or background information about the child to put into use for programming.

.....

.....

Any further information that may be relevant to the care, well-being and happiness of your child

.....

.....

Approximate Drop off and Pick up times Drop off..... Pick up .....

PHOTO PERMISSION

Do you give permission for your child's photo to be taken and

Used within the service	Yes / No
Shared amongst other families as group photo's?	Yes / No
Used by the service for advertising?	Yes / No
Used by the service on our Face book page?	Yes / No

CHILD'S HEALTH DETAILS

PRESENT HEALTH (Please Circle and provide details that will assist our educators in meeting your child's needs)

Asthma	Yes / No	Details: .....
Fits	Yes / No	Details .....
Eczema	Yes / No	Details: .....
Rashes	Yes / No	Details: .....
Medication	Yes / No	Details: .....
Allergies	Yes / No	Details: .....
Dietary Requirements	Yes / No	Details: .....
Previous operations	Yes / No	Details: .....
Specialists?	Yes / No	Details: .....

Permission to Apply Creams and Ointments

Please initial next to each product to give permission for educators to apply to your child whilst at the centre. Please put a line through any items you would not like used on your child.

The centre provides the following for First Aid and Sun Protection:

Banana Boat Kids SPF 50+ Sunscreen

Woolworths Select Sunscreen Lotion50+

Sudocream

Please provide written permission if you prefer to supply and provide an alternate brand for your child

PARENTS/GUARDIAN'S REGISTRATION AGREEMENT

(the use of the word "we" will also include the singular "I" where applicable)

1. We have viewed the Magic Cottage Child Care Centre and consent to the enrolment of child/ren.
2. We acknowledge having received and read the Centre's Parent Handbook and we understand any changes to such will be displayed on the Centre's notice board in the foyer or on the bottom of weekly invoices.
3. We agree to comply with all Government requirements in relation to the Centre and it's service.
4. We agree that in the case of accident or injury, the Centre will attempt to contact us and where we cannot be contacted medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of an Ambulance and we agree to meet the expense of an Ambulance.
5. We agree to pay the weekly fee and keep it two weeks in advance at all times. We are aware that any failure to pay due fees within 14 days may result in the cancellation of care. We are aware that fees may need to be adjusted from time to time with 2 weeks notice given to parents.
6. We are aware that 2 weeks notice in writing of cancellation of care must be given in advance, otherwise fees will continue to be charged.
7. We are aware that fees for public holidays, allowable absences and approved absences are payable if the day is a usual day of attendance. In accordance with CCMS Guidelines.
8. We understand that children who are third priority in the Priority of Access Guidelines may be required to alter their days or give up their place at the centre in order to provide a place for a higher priority child. The priorities are as follows; First Priority: Children at risk of serious abuse or neglect. Second Priority: Children whose parents satisfy the work/training/study test under section 14 of the Family Assistance Act. Third Priority: Any other child.
9. We are aware that the child will be excluded from care at the Centre if he/she has contracted a communicable disease or whom might prejudice the health of other children and staff members. The Centre requires the child be taken from the Centre within half an hour of the Centre contacting the parent/guardians. We understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner or until they have met the exclusion period set out by the Department of Health.
10. We are aware that educators will take written observations of my child/rens development. These will be used to plan an interest and strength based educational curriculum for your child. These will be made readily available for the parents upon request.
11. We understand that for all medications I must complete and sign an 'Authority to Give Medication Form' on the day which the medication is to be administered.
12. In the event of an emergency, illness or accident (when the centre is unable to contact parents/guardians or authorised persons), I/we consent to medical or hospital attention being sought for the child. I/we agree to pay any expenses incurred for medical treatment and transport.
13. We understand the centre accepts no liability for any allergic reaction to ointments, creams and applications
14. In the case where you leave the centre with an outstanding debt, the centre will contact you to resolve the account. If unsuccessful, the centre reserves the right to forward your account to the Collection Agencies or for court action which will will incur additional legal fees.

Signature of Parent/Guardian ..... Date .....

Signature of Parent/Guardian ..... Date .....

Dear New Client,

Please Help Us provide A Better Service To Your Children

Thank you for choosing the Magic Cottage Child Care Centre. In order to provide the best possible service, I would appreciate if you could answer the following questions.

Your child's name : ..... Your name : .....

(Please feel free to remain anonymous if you prefer)

1) How did you originally find out about our service?

.....

2) What are you looking for in a Child Care Service?

.....

3) What are your reasons for using Child Care?

.....

4) Did you look at other services besides ours? Yes ☐ No ☐

If YES, Which ones? (please specify by name)

.....

.....

If NO, Please specify why not : .....

.....

5) What made you ultimately decide in favour of our Child Care Service?

.....

.....

.....

6) If this is not the first time you have placed your child in a service, please indicate the reasons for changing.

.....

.....

7) What are the three most important factors when you were selecting a service?

.....

8) Finally, what is your major concern, frustration, fear you associate with Early Childhood Education and Care?

.....

.....

Thank you very much for your feedback