



Little Possums Early Years daycare + kindy

Little Possums Early Years - Child Enrolment Form

Child's Details:

Surname: _____ Given Names: _____

Date of Birth: _____ Gender: M or F Child's CRN# _____

Address: _____

Primary Parent/Guardian:

Surname: _____ Given Names: _____

Place of Employment: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email Address: _____

Date of Birth: _____ Gender: M or F Relationship to child: _____

Address (if other than above) _____

Parent/Guardian

Surname: _____ Given Names: _____

Place of Employment: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email Address: _____

Date of Birth: _____ Gender: M or F Relationship to child: _____

Address (if other than above) _____

Parent's name registered for CCS: _____ CRN# _____

Are there any issues of custody / guardianship that you feel we should be aware of, including court orders relating to the child? (Without this documentation we cannot legally enforce the orders)



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Special health support needs:

Does your child have any special health support needs?

(I.e Asthma, Diabetes, Epilepsy, Allergies (Anaphylaxis), Special dietary requirements, regular medical attention etc)

If yes, you and your doctor will be required to complete a special needs support plan and / or an Emergency Action Plan and provide copies of any Medical/ Anaphylaxis/Asthma/Diabetic management/action plans, to ensure the service is fully prepared to manage your child's special health needs. This may include appropriate training to Educators to administer medication or other actions required to manage your child's condition.

Present Health

Comments

Regular medical attention or medication	Yes / No	_____
Asthma / Eczema	Yes / No	_____
Fits / Seizures	Yes / No	_____
Allergies	Yes / No	_____
Anaphylaxis/Epipen	Yes/ No	_____
Speech / Hearing Problems	Yes / No	_____
Special dietary requirements	Yes / No	_____
Other health problems	Yes / No	_____
Any other previous illnesses or operations	Yes / No	_____

Immunisation:

Under Government legislation a child can be officially enrolled once acceptable documentation regarding immunisation is received, documentation needs to be either:

- Australian Immunisation Register (AIR) no more than 2 months old,
- AIR immunisation history form, no more than 6 months old, if the child is on the catch up schedule.
- A valid immunisation certificate or declaration by the chief health officer.

Office use only: Immunisation schedule received Yes/No

Child's Medical Practitioner:

Name: _____

Address: _____

Phone: _____ Medicare #: _____

Original Birth Certificate sighted and copied by (staff member): _____

Date: _____



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Little Possums Early Years Education will only use the following products for first aid or sun protection, if you do not want us to use a particular product, please put a line through it.

Product Used	Brand Name	For the treatment of
Band-aids	Coles Own Brand	Minor wounds / abrasions
Betadine antiseptic	Betadine	For cleaning grazes
Savlon antiseptic	Savlon	Soothing grazes
Insect Sting Cream	Stingose	Insect Bites
Paw Paw	Lucas	Grazes
Bepanthen	Bepanthen	Nappy Rash
Coles Factor 50+	Coles Own Brand	Sun Protection

My child is allergic or cannot use the above product. I agree to provide the following products for my child. I confirm I have applied these products to my child on more than 3 occasions without incident.

Product Used	Brand Name	For the treatment of	Parent / Guardian Signature

I understand that for all other medications I must complete and sign an **Authority to Administer Medication** form on the day in which medicine is to be administered. I confirm that I have administered this medication to my child on more than 3 occasions.



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Booking Agreement / Enrolment Notice with Little Possums Early Years Education

Service CCS ID: SE-00012863 Contact Details: (08) 9295 1139 Email: littlepossums@iinet.net.au

Child's Name: _____ DOB: _____ CRN: _____

Parent/guardian making the booking: _____ DOB: _____ CRN: _____

Contact Details of Parent (phone or email): _____

Arrangement Type (Please tick one box):

- Complying Written Arrangement (CWA)** (*Most people will be under this arrangement*)
- Relevant Arrangement**
- Arrangement with Organisation**
- ACCS (Child Wellbeing) Provider Eligible**

Little Possums Early Years Education operates permanent bookings through the term, Casual bookings are available during the week and throughout the school holidays.

I confirm my **permanent term** booking for my child _____. All bookings must be paid for either in the morning if casual or by Direct Debit on a weekly basis. _____ will be responsible for payments of all fees.

Term Permanent Bookings - Please tick current permanent booking

Day	Possums Room \$88.00 per day	3 Year old Kindy Room \$92.00 per day
Monday	<input type="checkbox"/> 8.30am - 3.30pm	<input type="checkbox"/> 8.30am - 3.30pm
Tuesday	<input type="checkbox"/> 8.30am - 3.30pm	<input type="checkbox"/> 8.30am - 3.30pm
Wednesday	<input type="checkbox"/> 8.30am - 3.30pm	<input type="checkbox"/> 8.30am - 3.30pm
Thursday	<input type="checkbox"/> 8.30am - 3.30pm	<input type="checkbox"/> 8.30am - 3.30pm
Friday	<input type="checkbox"/> 8.30am - 3.30pm	<input type="checkbox"/> 8.30am - 3.30pm

I may use the centre on a casual basis or in the school holidays (\$88.00 per day)

(If you do not tick the above box you will be unable to claim the CCS in the future for any extra days).

Parent / Guardian Signature: _____ Date: _____



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Little Possums Daycare Inc. Membership

As a parent/guardian you have the option of becoming a member of Little Possums Daycare Inc, which is the Incorporated Body which manages Little Possums Early Years.

Becoming a member allows you to attend meetings, receive member updates and vote on matters relating to Little Possums Early Years. We encourage our parents to become members, and both parents within a household (or guardians) are entitled to become members.

Associates of the Association

Parents automatically become associates of the Association once their child enrolls at the service, if you wish to become a member of the Association with full voting rights you will need to complete a membership form and hand it to the Director/Assistant Director or a member of the committee to be voted on at the next committee meeting.

The member code of conduct is available in the parent handbook, membership costs are included within your child's care fees .

If you wish to unsubscribe to emails from Little Possums Daycare Inc. please email the secretary of Little Possums Daycare Inc. secretary@littlepossums.asn.au



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Please complete this page even if the answers have been written on previous pages. This is use for the educators in the room to get to know your child.

All about me & my family

Child's Name: _____ Date of Birth: _____ Age: _____

Parent 1 Name: _____ Parent 2 Name: _____

Parent 1's Occupation: _____ Parent 2's Occupation (FIFO?) _____

Best email address for us to contact you on: _____

Permission for child's photo to be on our facebook page: Yes/No

Would any family members like to share a specific skill or hobby with us? _____

Allergies/ Epipen/Medical / Health Problems: _____

Any creams / ointments not to be used on your child: _____

Any special needs or considerations including dietary: _____

Does your child have any particular likes or dislikes? _____

Dummy, bottle or special toy / comforter? _____ Type of milk? _____

Daytime routine including need for sleep? _____

Does your child have siblings, pets and close family members? Including the names in which they refer to them as:

Family Members: _____ Siblings: _____

_____ Pets: _____

Any cultural, religious beliefs or requirements? _____

Aboriginal or Torres Strait Islander Descent? _____

Languages spoken at home? _____

Who will be regularly dropping off and collecting your child? _____

What are your aspirations for your child whilst attending our service? _____

Where did you hear about Little Possums? _____



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Please list up to two people (over 18) **other than** the primary parent/guardian that you authorise to deliver and collect your child from the service, these people will also be contacted if required to give medical consent in case of an emergency (if we are unable to contact either parent / guardian).

1. Name: _____

Address: _____

Relationship to child: _____ Work Phone: _____

Home Phone: _____ Mobile: _____

2. Name: _____

Address: _____

Relationship to child: _____ Work Phone: _____

Home Phone: _____ Mobile: _____

3. Name: _____

Address: _____

Relationship to child: _____ Work Phone: _____

Home Phone: _____ Mobile: _____

4. Name: _____

Address: _____

Relationship to child: _____ Work Phone: _____

Home Phone: _____ Mobile: _____

*Please inform each of these authorised people that they will be required to log in to the Qikkids Kiosk in the main foyer as themselves, using their own phone number to electronically sign your child in or out of the service.



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Authorisation: Please tick box (must be completed)

- I hereby give permission for a representative from Little Possums Early Years to seek medical advice and attention in the case of an emergency and agree to pay for any expense incurred for medical treatment and transport.
- I agree in case of an emergency evacuation the Educators at Little Possums will evacuate my child to the designated muster point at the right of the service, until the emergency services arrive and give direction.
- I give permission for my child to be photographed whilst at Little Possums for programming purposes, for the inclusion of the Storypark program.
- I give permission for my child to be photographed and to be used on our Facebook page and website.
- I give permission for my child to attend walks /outings within the grounds / buildings of Little Possums Early Years Education.
- I give permission for daily Journals to be emailed to me through Storypark and other parents of children in the group of children attending, these will include photos. These photos will be for my personal use only and I will not place these on social media.
- I agree to collect or make other arrangements for the collection of the child referred to in this enrolment if he/she becomes unwell.
- I have read and agree with the fees, payment structure, policies and procedures regarding payment to Little Possums Early Years, any legal costs incurred for collection of fees will be paid by the parent.
- Only with parent consent, I agree for my child to be observed and programmed for by students who may be employed by the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies as part of an assessment.
- I agree that I will assist with my child's learning and the services documentation methods by completing family input documentation
- I have read and understand the conditions in the parent handbook
- I will notify the centre immediately if I have any changes to the enrolment form.

Parent / Guardian Signature: _____ Date: _____

Office Use Only:

Date of Acceptance of Enrolment to Little Possums Early Years: _____

Date of first day for child: _____

Approved by: _____

Signature: _____