



# Little Possums Early Years

## daycare + kindy

### Little Possums Early Years - Child Enrolment Form

#### Attached Documents

Please ensure ALL of the following documents are attached to this application before submission:

Child's birth certificate/identity documents	Child Customer Reference Number (CRN)	
AIR Immunisation History Statement	ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth	Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan	
Copies of any family law or other relevant court Orders and/or legal documents	Direct Debit form	

#### Child's Details

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender at Birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Child's CRN# \_\_\_\_\_ Residency Status: \_\_\_\_\_

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

Child Normally Lives With: \_\_\_\_\_

#### Primary Parent/Guardian (Registered for CCS):

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address (if other than above): \_\_\_\_\_

Primary Parent CRN# \_\_\_\_\_



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## Secondary Parent/Guardian

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address (if other than above) \_\_\_\_\_

## Family Law, AVO's or Other Relevant Court Order

*Education and Care Services National Regulations - Regulation 160 (3c, d)*

Are there any relevant court orders, parenting orders or parenting plans in relation to the child.	Yes/No  If yes, please provide all relevant documentation and paperwork.	Attached
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/No  If yes, please provide all relevant documentation and paperwork.	Attached
Briefly outline Court order requirements:		

Please note that without this documentation we cannot legally enforce the Order/s.

## Medical Information

*Education and Care Services National Regulations - Regulation 160 (3a, l, j) Regulation 162(d, g)*

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare reference number	
Doctor's name			
Medical Centre		Phone number	



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Doctor's address			
Dentist name			
Name of Practice		Phone number	
Dentist's address			

## Child's Medical Details and Health Conditions

<p><b>Allergies-</b> provide details of child's allergies. These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other:</p>			
Allergy to:			
Medical specialist or doctor who may be currently treating your child for this condition:			
Phone contact:		Address:	
Risk of Anaphylaxis?	Yes/No	Has a doctor diagnosed this allergy?	Yes/No
Does your child have a current ASCIA Action Plan?	Yes/No	Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes/No
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis:			Yes/No
<p>If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).</p>			
<p>Please be advised that in the case of an anaphylaxis or asthma emergency, the Nominated Supervisor or other educator may administer medication to your child without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.</p>			
<p><i>Education and Care Services National Regulations - Regulation 94</i></p>			
Parent 1 Signature:		Parent 2 Signature	



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Does your child have any special dietary requirements or restrictions? Yes/No

Prohibited Food	Detailed information

## Medical Conditions other than Allergies and Anaphylaxis

(Asthma, Severe Asthma, Epilepsy, Diabetes, other.)

Medical condition			
Has a doctor diagnosed this condition?			Yes/No
Does your child have a current Action Management Plan (eg Asthma Plan)			Yes/No
If yes, is this plan attached?			Yes/No
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90)			Yes/No
If yes, is this plan attached?			Yes/No
Does your child take any prescribed regular medication for this condition?			Yes/No
Medication Name/s			
<p>Medication will only be administered if:</p> <ul style="list-style-type: none"> <li>• it is prescribed by a medical practitioner</li> <li>• it is in the original container with the original label</li> <li>• the label contains the child's name</li> <li>• instructions and dosage can be clearly read</li> <li>• expiry date or use by date is valid</li> <li>• any verbal or written instructions provided by the medical practitioner must be provided by the parent/s</li> </ul> <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like nappy creams, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>			
Parent 1 Signature:		Parent 2 Signature:	



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## Immunisation Details

Education and Care Services National Regulations - Regulation 160 (3a, i, j), Regulation 162 (f, h, i)

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

Immunisation Status of Child at enrolment	Comment: Fully immunised/catch up schedule	
Australian Immunisation Register (AIR) no more than 2 months old,	Yes/ No	Attached
A valid immunisation certificate or declaration by the chief health officer.	Yes/ No	Attached
AIR immunisation history form, no more than 6 months old, if the child is on the catch-up schedule	Yes/ No	Attached

## Development Information

	<i>Please provide any relevant information</i>
Does your child have any problems with hearing, sight, or speech? <input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Speech	
Does your child have a physical disability or delay, including intellectual, sensory, or physical impairment?	
Does your child require additional support for learning because of disability?	
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	
Has your child begun toilet training?	
Is this the first time your child has been in care? If no, please indicate the type of early education and care your child has experienced previously.	



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Is your child used to being with other adults and children?	
Does your child have any comforters? (security blanket, dummy, bottle etc)	

## Ongoing Products

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
Sudocrem	Sudocrem	Nappy Rash
Homebrand Factor 50+	Supermarket Homebrand	Sun Protection

Parent to sign: \_\_\_\_\_ Date: \_\_\_\_\_

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



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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.

Parent to sign: \_\_\_\_\_ Date: \_\_\_\_\_

## **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 or a member of the committee to be considered for approval at the next committee meeting.

The member code of conduct is available on request, 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](mailto:secretary@littlepossums.asn.au)



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### Complying Written Arrangement/ Enrolment Notice with Little Possums Early Years

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 operates permanent bookings through the year, some 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 \$103.40 per day	3 Year old Pre-Kindy Room \$107.80 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.

(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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*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?) \_\_\_\_\_

Permission for child's photo to be on our facebook page: \_\_\_\_\_

Allergies/ Epipen/Medical / Health Problems/Dietary: \_\_\_\_\_

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

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: \_\_\_\_\_

Cultural/religious beliefs and Practices? \_\_\_\_\_

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? \_\_\_\_\_

Office use only: additional information Y/N



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## Emergency Contacts

*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, l, ii, 1b)*

Please list at least two people (over 18) **other than** the primary and secondary parent/guardian that you authorise to deliver and collect your child from the service and are also authorised to be contacted in case of emergencies.

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. 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. and 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.

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: \_\_\_\_\_



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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 authorise the Nominated Supervisor/Educator to administer paracetamol in the event my child registers a temperature of 38°C or higher as per Incident, Injury, Trauma and Illness Policy, your child must still be collected from the service and an Administration of Medication Record signed.
- 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 group observations 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 give permission for my child to use digital technologies whilst in the service.
- 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.
- I agree to collect or make other arrangements for the collection of the child referred to in this enrolment if he/she becomes unwell within 30 minutes.
- I have read and agree with the fees including late 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 the service with updating important information regarding my child's learning and development.
- I have read and understand and will follow, support and abide by the centre policies and information stated in the family handbook.
- I will notify the centre immediately if I have any changes to the enrolment form.
- I agree to provide 1 week's written notice to withdraw my child or reduce booked days.

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: \_\_\_\_\_