

Boulevard Early Learning Centre Admission

3-5, The Boulevard, Glen Waverly, VIC 3150, Phone 9803 4361

Child's Details

Admission Fee \$ 60/-

Surname.....Given Names.....D of B.....Sex: **M** / **F**

Address:

..... Language(s) spoken:.....

Home Telephone E-mail:.....

Child of Aboriginal or Torres Strait Islander descent? Y/ N Cultural background.....

Does the child have a developmental delay / disability/additional needs including language, intellectual, sensory or physical impairment? Yes / No. If Yes provide details.....

Family CRN:	Child's CRN:
--------------------	---------------------

The CRN Numbers are issued by Centre link (Telephone 136150). **(b) Booking Start date** /.../...

Full week M-F. ***Permanent Days** 7.30am-6.00pm *7am - 6.30pm \$5 Extra and booked regularly

Care Days	Monday	Tuesday	Wednesday	Thursday	Friday
Tick Days					

*A **Permanent** Booking reserves a place for your child - **however** all absences eg. sickness and holidays must be paid for. 4 weeks notice required for change of bookings.

(c) Information about the child's parents/ guardians, tick for parent registered with centrelink

Mother's Name: Date of Birth: Occupation Address – as per child or: Mobile Ph: H W Does the child live with the mother? Yes <input type="checkbox"/> /No <input type="checkbox"/>	Father's Name: Date of Birth: Occupation Address – as per child or: Mobile Ph: H W Does the child live with the father? Yes <input type="checkbox"/> /No <input type="checkbox"/>
Guardian (if applicable) Name Address-as per child or: Ph: H M Does the child live the Guardian? Y/N	Guardian (if applicable) Name Address-as per child or: Ph: H M Does the child live the Guardian? Y/N
Whom should the Centre FIRST contact if the child is injured or becomes ill at the Centre?.....	

First week fees is a deposit for care and will not be refunded if you choose to withdraw from care within 3 months.

Signature.....

(d) Authorised Nominee/Emergency Contacts/ Consent to collect the child from the children's service, consent to medical treatment, transportation by ambulance or to authorise administration of medication other than the parents and authorise to take the child outside the premises

List the details of people who have lawful authority to collect the child from the Centre and be notified when child has an emergency, accident, injury, trauma or illness. In the event that the child is not collected from the service and the parents or guardians cannot be contacted, this list will be used for the above purpose as well.

(Authorised nominee means a person who has been given permission by a parent to collect the child from the service) Section 170(5) of the Law.

Name.....	Name.....
Address:.....	Address:.....
.....
Ph.Home..... Work.....	Ph.Home..... Work.....
Mobile:.....	Mobile:
Relationship to the child:.....	Relationship to the child:.....

Other persons to be notified: There may be times when a child has an accident, injury, trauma or illness and the parents or guardians need to be contacted. To deal with these situations the service should notify one of the people who are authorised to collect the child after accident, injury, trauma or illness.

Name.....	Name.....
Address:.....	Address:.....
.....
Ph. Home..... Work.....	Ph.Home:..... Work:.....
Mobile:.....	Mobile:
Relationship to the child:.....	Relationship to the child:.....

I understand that my child, whilst in the care of "**Boulevard Early Learning Centre**", will not be given into the care of any person other than the parent or guardian except where authorisation has been given by the parent or guardian. **Identification** will be requested.

(e) Restricted Access: Are there any Court Orders that relate to who can have access to your child? **Y / N** . If yes please provide a copy of the court order and keep us updated with changes.

Child's medical and health information

Doctor's Name..... Telephone:.....
Address.....
MediCare No: Private Health Fund:
Maternal&Child Health Centre:
Has the child had their 3&1/2 yr year old assessment? Y/N . If yes provide copy.

All 4year old must provide assessment from health nurse to enrol in kindergarten

(f) Dietary/Medical/Cultural/Religious/additional considerations Does the child have any of the mentioned considerations we need to know? Y /N Please specify

.....

Does the child have **Anaphylaxis or allergies/asthma or any other** medical condition? Y / N
 If yes provide details and plans from the doctor. Eg. Asthma/ anaphylaxis/allergy plan.
 Does the child have epi-pen/anapen/asthma medications? Please provide the medication Y / N
 I/We agree to provide the required medications with plans from the medical practitioner.
 Complete the relevant management plan Y / N

(g) Immunisation - Has the child been immunised? Yes / No . Please provide a copy or bring the original record .**I certify** that the child's immunisation is up to date for his/her age according to the National Health and Medical Research Council's Recommendation.
 Signature.....

Child immunisation record (attach a copy) and bring the child health book for sighting.

The child health book has been sighted. Y/N Director/Educator

h) Authorisation to consent to medical treatment

In the event of accident or illness I authorise the **Boulevard Early Learning Centre** approved provider, nominated supervisor, or an educator to seek medical treatment from a registered medical practitioner, hospital or ambulance service if it is considered necessary including transportation by ambulance service. I agree to pay all associated costs if required.
 Agree to collect or make arrangements for collection of the child enrolled if he/she becomes unwell at the service
 I undertake to immediately inform the service in the event of any change to this info.

 Signature..... Date..... Print Name.....

Authorise/consent to take the child outside the education and care service premises Y/N
 (All excursions will be informed in advance as per the regulations and permission will be sought)

Signature.....Date..... Print Name.....

(i) I understand four weeks written notice is required when I/we intend to withdraw from care, failure to give this notice means that the usual payment will be charged and legal action taken for debt recovery and the costs will be paid by me/us. If you withdraw before notice period Childcare benefit will not be applicable and you pay full fees for notice. The same condition applies for the centre.

- I **acknowledge and agree** that the information provided in this application is true and correct and will be relied upon by the Childcare Centre.
- I agree to notify the carer immediately should there be any changes in circumstances from the details as outlined in the enrolment form, medical condition including living arrangements of the child and/or parent/guardian **asap** of such change.
- I understand that in the case of a default on payment for childcare fees, further action can be taken to recover the fees and associated cost will paid by me or us.
- The parent/guardian acknowledges that care may be refused in the case of a default.
- If you choose not to attend care till the last day of notice period, childcare benefit will not be applicable for the absences.

Signed..... Date.....

Privacy Policy Statement

We respect your privacy

In order to provide you with the highest standard of service, our organisation **Boulevard Early Learning Centre** is required to collect personal information from you about your children and parents/guardians before and during the Course of a child's enrolment in our service. We are committed to protecting your privacy and we abide by the National privacy principles contained within the Privacy Act 2000.

Some of the information we collect is to satisfy the services legal obligations under the relevant childcare legislation By DEEWR (Dept. Of Education & EC),FAO and other Govt agencies.

CONSENT FORMS

PUBLICITY AUTHORISATION

I give permission for my child to be photographed to appear in displays, videos, newspapers publications. The centre uses photographs for recording and displaying learning. The photos may be given to other parents. Y / N .

SUNSCREEN CREAM PERMISSION

In accordance with our Sun Smart Policy (Sunscreen to be provided by the parents), I give permission for staff to apply Factor 15/30 sunscreen to my child for outdoor activities at my own risk and I confirm that the Sun Screen provided by me do not cause any allergies to my child. Y / N .

AGREEMENT TO MEET PARENTAL REQUIREMENTS

I have read the Parent Handbook and understand that in enrolling my child I am agreeing to abide by Centre policies and the Regulations and Act governing Children's Services. I further understand that I am required to pay fees weekly, and that failure to do so may result in further action and pay the associated costs for debt recovery. Handbook is in the foyer and can be borrowed or see website [www.belearn.com.au/things to know](http://www.belearn.com.au/things_to_know). Y / N .

EMERGENCY EVACUATION

On regular basis the staff and children at the **Boulevard Early Learning Centre** practice the emergency Evacuation Procedure that entails all children leaving the centre and evacuating to a safe area or transported by bus if needed. I hereby give permission for my child/ren to participate in the evacuation leaving the centre under the supervision of staff and travelling to a safe area. Y / N .

FACE PAINTING

I give permission for my child to have face paint applied during special occasions. Y / N .

Celebration

I give permission for my child to participate in cultural festival /special occasions. Y / N .

Late Collection

If your child is not collected by closing time your Emergency contact will be asked to collect your child. There will be additional costs to pay for their overtime, which is \$ 20 per half hour per staff member. If the child being left at the Centre after 6:30 PM. Management will seek legal permission for the Child's removal or contact Police. I understand the Late Collection Policy and agree to pay all costs involved.

Is there anything else we should know about your child (attach a separate sheet) details.

All absences for sick days, public holidays and holidays are payable as usual for booked days.

I have read and understand the above information. Any changes will be informed in writing.

Signed Date. / /