



Welcome to Little Peoples Place Early Learning Centre

Little Peoples Place Child Care provides the following additional services and our Centre Coordinators will explain these for you in detail:

- Strength Based Programs.
- Vacation Care.
- **Calender of Events** special events provided throughout the year.

Please note the following important points:


- \$50 Admin fee will be charged on Enrolment
- Fees can only be paid by Ezidebit
- A booking fee of 2 weeks fees is required on enrolment.
- Booking fee is non-refundable if you change your mind.
- Fees are to be paid in advance of care.
- Fees in arrears will result in a loss of your booking.
- All Sick, absent and Public Holidays are payable.
- 2 weeks written notice for cancellation of care is required.
- All children must be signed In and Out each day.
- A new enrolment form must be completed annually.

Additional Information for all parents and children:

All Little Peoples Place Child Care staff are required to complete centre training and provide a First Aid Certificate, Medical Certificate and Working with Children Check.

All Qualified staff must provide certified copies of Diploma of Children's Services or Early Childhood Teaching Degrees.

Any Changes that are requested to be made to this Enrolment Form must be signed and agreed to by all Parents that have been stated

Little Peoples Place Early Learning Centre Enrolment Form		
Element 6.1.1	Families are supported from enrolment to be involved in the service and contribute to service decisions.	

Child Details

First Name		Middle Name	
------------	--	-------------	--

Surname		Date of Birth	
Name usually called		Please provide a copy of the Child's Birth Certificate or equivalent:	Yes/No (Please Circle)
Home address(s)		Child's Sex	Male / Female (Please circle)
		Language used at home	
		Child's CRN	
Country of Birth :		Nationality:	
Are you: Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/>			

Please Circle Which Days You Require:

Monday Tuesday Wednesday Thursday Friday

Start Date : _____ Finish Date: _____

(Office Use Only)

Family Details

Family Profile: (i.e. Single/two parent family, 1 sibling etc..)

Please outline the Child's cultural background and if relevant any cultural practices you would like followed:

Please outline the Child's religious background and if relevant any religious practices you would like followed:

Please outline any dietary restrictions or considerations the Child may have e.g. likes and dislikes, Cultural beliefs regarding consumption of foods etc. (Details of allergies will be expanded on in the Medical section of the form):

Please outline any special/additional needs the Child may have:

Medical Information

Family Doctors Name : _____ Phone Number: _____

Organisation: _____

Address: _____

Family Dentists Name: _____ Phone Number: _____

Organisation: _____

Address: _____

Medicare Number: _____ Ambulance Fund: _____

Health Insurance Fund: _____ Private Health No: _____

Please provide us with any other information we should know about your child (For example, favourite activities, fears, routines, special words (please translate if applicable), toileting and sleeping practices etc)

Curriculum

At Little Peoples Place Early Learning Centres we programme for every child that attends. Programming is based on observations of the child's development and interests both at the centre and at home. Educators utilise their knowledge and skills to offer activities, experiences and routines to further develop your child's skills. We work in conjunction with parents to assess and meet your child's needs and interests. Parent input letters will be sent home asking "what you did on the weekend" and what are your child's specific and current interests, please return these to your child's educator as soon as possible. All programming records are available at all times should you wish to see them. Parent interviews are available to enable you a lengthy uninterrupted discussion with your child's educator to review their development. Should you wish to book an interview please see the Director or Qualified Carer in your room. Alternatively Educators are always willing and available to discuss matters regarding your child daily.

Does your child have any current interests that may assist us to start implementing them into the curriculum?

Is there any area of your child's development you would like special attention given to?

Do you have any special skills you may be able to share with the children and educators to assist us in their learning and experiences?

I give permission for my child to attend the -
Baby Room Toddler Room Kindy Room
upon Little Peoples Place enrolment (please circle)

Parent 1
Signature _____

Parent 2
Signature _____

Parent 3
Signature _____

Parent Details

<u>Parent 1</u>		<u>Parent 2</u>	
Relationship to Child:		Relationship to Child:	
Full Name:		Full Name:	
Usually called:		Usually called:	
Parent 1 CRN for CCB:		Parent 2 CRN for CCB:	
Date of Birth:		Date of Birth:	
Country of Birth:		Country of Birth:	

Please provide any relevant cultural background details:		Please provide any relevant cultural background details:	
Home Address:		Home Address:	
E Mail Address:		E Mail Address:	
Telephone: M: H: W:		Telephone: M: H: W:	
Does the Child live with you? (Please Circle)	Yes / No	Does the Child live with you? (Please Circle)	Yes / No
Occupation:		Occupation:	
Place of employment:		Place of employment:	

Details of other individual considered to be parent (parent 3)			
Relationship to Child:			
Full Name:			
Usually called:			
Parent 3 CRN for CCB:			
Date of Birth			
Country of Birth:			
Please provide any relevant cultural background details:			
Home Address:			
Telephone: M:	H:	W:	
Does the child live with you? (Please Circle)			
Occupation:			
Place of Employment:			

Medical Authorisation (To be signed by all Parents Stated in this enrolment form if agreed with)

Do you authorise for the Nominated Supervisor or other educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Parent 1 -
	Parent 2 -
	Parent 3 -
Do you authorise for the Nominated Supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Parent 1 -
	Parent 2 -
	Parent 3 -

<p>Do you authorise for the Nominated Supervisor or other educator to seek to transport the Child in an ambulance?</p>	<p>Parent 1 - _____</p> <p>Parent 2 - _____</p> <p>Parent 3 - _____</p>
<p>Do you authorise for the Nominated Supervisor or other educator at the service to administer panadol or nurofen as per the manufacturer's recommendations that suit the Child (e.g. age, weight etc).</p> <p>A Nominated Person will be contacted each time the Child may require this.</p> <p>Should you only wish the Child to be administered with panadol or nurofen under certain circumstances, please outline these below.</p> <p>Name of product to be used (including trade name and form of strength): (If this varies from the product we use please note that you will be asked to provide this product)</p> <p>Dosage to be administered:</p> <p>Condition or circumstance when this should be administered:</p> <p>Fever or temperature over:</p> <p>I understand the potential risks and side effects of this medication for my child.</p> <p>In the event of an emergency I agree to collect my child as soon as possible.</p>	<p>Parent 1 - _____</p> <p>Parent 2 - _____</p> <p>Parent 3 - _____</p>
<p>In order to prevent a double dosage of medication being given to your child, please be advised that you must inform us if you have or haven't given your child their morning dosage before they arrive at the service. If you have not advised us, we will make contact before giving your child medication.</p>	<p>Parent 1 - _____</p> <p>Parent 2 - _____</p> <p>Parent 3 - _____</p>
<p>Do you authorise for the Nominated Supervisor or other educator at the service to administer general first aid products as per the manufacturer's recommendations (e.g. paw paw creams or nappy creams, Stingoes)</p>	<p>Parent 1 - _____</p> <p>Parent 2 - _____</p> <p>Parent 3 - _____</p>

Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. - <i>Education and Care Services National Regulations, Part 4.2, Regulation 94.</i>	Parent 1 -
	Parent 2 -
	Parent 3 -

Excursions and Incursions (To be signed by all Parents Stated in this enrolment form if agreed with)

Do you authorise for the Nominated Supervisor or other educator at the service to take the child outside the service's premises for relevant learning experiences, such as routine excursions. Routine excursions include activities such as visiting the local park or shop and are bounded by a 1km radius. Further details will be provided when such events are planned. Notice will be given either in written or verbal form.	Parent 1 - _____ Parent 2 - _____ Parent 3 - _____
In the event that an emergency occurs while on these excursions, do you authorise the Child to follow the emergency procedures that have been planned.	Parent 1 - _____ Parent 2 - _____ Parent 3 - _____
Do you authorise for the Child to participate in any incursions the service may organise. For example, an incursion on fire safety presented by someone from the local fire station. Further details will be given when these events are planned, either by verbal or written notification.	Parent 1 - _____ Parent 2 - _____ Parent 3 - _____

Court Orders Relating to the Child

1) Are there any 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?

(Please Circle)

No / Yes

If yes, please provide all relevant documentation and paperwork

2) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

(Please Circle)

No / Yes

If yes, please provide all relevant documentation and paperwork

3) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

(Please Circle)

No / Yes

If yes, please provide all relevant documentation and paper

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

Emergency Contact Person 1

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the child care service. *Education and Care Services National Regulations - Part 4.7, Regulation 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.

Name of Individual:

Relationship to Child:

Address:

Telephone: | M:

| H:

| W:

Declaration of Consent for being Emergency Contact Person 1 for the child

I _____ (Print Full Name)

Agree to be the emergency contact number 1 for the child and therefore will be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person

Date:

Medical Authorisation for Child: Emergency Contact Person 1

(To be signed by all Parents Stated in this enrolment form if agreed with)

Can this person 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?

Parent 1 -

Parent 2 -

Parent 3 -

Authorisation to take Child outside of service: Emergency Contact Person 1

(To be signed by all Parents Stated in this enrolment form if agreed with)

Can this person be contacted to give consent for the Child to be taken outside the

Parent 1 -

service's premises in the event that you cannot be contacted?	Parent 2 - _____
	Parent 3 - _____

Emergency Contact Person 2

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the child care service. *Education and Care Services National Regulations - Part 4.7, Regulation 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.			
Name of Individual:			
Relationship to Child:			
Address:			
Telephone:	M:	H:	W:

Declaration of Consent for being Emergency Contact Person 2 for the child

I _____ (Print Full Name)
Agree to be an emergency contact number 2 for the child and therefore will be contacted in the case of an emergency involving this child.
Signature of Emergency Contact Person _____
Date: _____

Medical Authorisation for Child: Emergency Contact Person 2

(To be signed by all Parents Stated in this enrolment form if agreed with)

Can this person 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?	Parent 1 - _____
	Parent 2 - _____
	Parent 3 - _____

Authorisation to take Child outside of service: Emergency Contact Person 2

(To be signed by all Parents Stated in this enrolment form if agreed with)

Can this person be contacted to give consent for the Child to be taken outside the service's premises in the event that you cannot be contacted?	Parent 1 -
	Parent 2 -
	Parent 3 -

Details of Other People who can Collect the Child

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations - Part 4.7, Regulation 161*

In the event that you or your nominated emergency contact cannot collect the Child, educator will use this list to arrange someone to collect the Child. This list may be added to throughout the year. Please list people in the preference you would like them to be contacted. Individuals must be able to produce identification when collecting the Child.			
Name:			
Relationship to Child:			
Address:			
Telephone	M:	H:	W:
Name:			
Relationship to Child:			
Address:			
Telephone	M:	H:	W:
Name:			
Relationship to Child:			
Address:			
Telephone	M:	H:	W:
Name:			
Relationship to Child:			
Address:			
Telephone	M:	H:	W:
Name:			
Relationship to Child:			

Address:		
Telephone	M:	H:
		W:

Sunscreen Protection

As per our Sun Protection Policy we suggest all children to be protected against the sun with SPF 30+ sunscreen when exposed to sunlight. Our service uses Woolworths Home Brand for all children. If your child is allergic, sensitive or you would like another brand used, please be advised that we ask that you provide this brand. We ask that each family apply SPF 30+ sunscreen to their child prior to their arrival at the service in the morning. Copies of our Sun Protection Policy are available for families to view. Please ask our educators to supply you with one.

Please Circle and sign which boxes are applicable to you.

YES - I will apply SPF 30+ sunscreen to my child before coming to the service.	Parent 1 - _____
	Parent 2 - _____
	Parent 3 - _____
YES - Reapply SPF 30+ sunscreen to my child throughout the day to my child as required.	Parent 1 - _____
	Parent 2 - _____
	Parent 3 - _____
NO - I will not apply SPF 30+ sunscreen to my child before coming to the service.	Parent 1 - _____
	Parent 2 - _____
	Parent 3 - _____
NO - Do not reapply SPF 30+ sunscreen to my child throughout the day.	Parent 1 - _____
	Parent 2 - _____
	Parent 3 - _____

Photography Policy

I consent to my Child being photographed during their time at Little Peoples Place Willagee. These photos may be displayed at the service and used throughout the enrolled
--

children's portfolio documentation or may be used to promote the service within the community. Our Photography Policy is available to view at any time, please ask educators for a copy. No outside agency or individual will be allowed to photograph the children without parental consent.

If the Child has a specific medical requirement, the Child's photo will be displayed on a sheet that details how to respond to the Child's medical requirements. This will be displayed in the service's kitchen. Please consent to your child's photo being displayed for this purpose.

Please Circle which boxes are applicable to you.

<p>YES - I consent to my child being photographed while at the service and the photos being displayed and used for promotional purposes.</p>	<p>Parent 1 - _____</p> <p>Parent 2 - _____</p> <p>Parent 3 - _____</p>
<p>YES - I consent to my child being photographed and the photos being displayed at the service and in other enrolled children's learning portfolios, but these photos cannot be used for promotional purposes.</p>	<p>Parent 1 - _____</p> <p>Parent 2 - _____</p> <p>Parent 3 - _____</p>
<p>NO - I do not consent to my child being photographed.</p>	<p>Parent 1 - _____</p> <p>Parent 2 - _____</p> <p>Parent 3 - _____</p>
<p>YES - I give permission for my child's photo to be displayed on a Respond to Medical Condition sheet within the service</p>	<p>Parent 1 - _____</p> <p>Parent 2 - _____</p> <p>Parent 3 - _____</p>
<p>NO - I do not give permission for my child's photo to be displayed on a Respond to Medical Condition Sheet within the service.</p>	<p>Parent 1 - _____</p> <p>Parent 2 - _____</p> <p>Parent 3 - _____</p>

School Aged Children Only (Before and After School Services)

Does your child currently attend school? Yes No

Which School does your child attend? _____

What year are they currently in? _____

What is your child's current class number? _____

What is the name of your child's current teacher? _____

Will you require us to drop off your child at school? Yes No

Will you require us to pick up your child from school? Yes No

Schools Contact Number: _____

Please indicate below what days and drop off and collection times are required.

Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time: _____	Drop Off Time: _____	Drop Off Time: _____	Drop Off Time: _____	Drop Off Time: _____
Collection Time: _____	Collection Time: _____	Collection Time: _____	Collection Time: _____	Collection Time: _____

Privacy Disclaimer

Little Peoples Place acknowledges and respects the privacy of its clients. The information that is being collected by Little Peoples Place is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipients of this information will be Little Peoples Place, it's authorised educators 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 the service's Confidentiality Policy.

I, _____ (Parent 1 Full Name)

I, _____ (Parent 2 Full Name)

I, _____ (Parent 3 Full Name)

As a person who has lawful authority of the child referred to in this enrolment form for Little Peoples Place, I:

- Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- Consent to the educator's at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.
- Declare that I have read & understood and know the location of the policies of Little Peoples Place and will abide by those policies
- Consent to the educators administering medication if so requested by me or those I have nominated to do so on my behalf.
- Have read and agree with the fees, payment structure and policies of Little Peoples Place and agree to pay fees one week in advance
- I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form.
- I agree that the Child's place at the service is subject to the Priority of Access scheme as outlined by the Child Care Management System.
- I agree to the Child to be observed and programmed for by students who may be employed at 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 at as part of an assessment.
- I agree that I will assist with my child's learning and the service's documentation methods by completing Family Input documentation.

Parent 1 Signature	Date:
Parent 2 Signature	Date:
Parent 3 Signature	Date:

Office (Tick) Use Only:

Date Enrolled:	Copy of Immunisation:	
Priority: 1 2 3	Copy of Birth Certificate:	
Supervising Officer Signature:	Originals Sighted:	

Parent Declaration



Dear Families

Little Peoples Place is on facebook and Instagram. Please like us so that you can take advantage of being one of the first to see photographs of your child's day, hearing about the experiences they have enjoyed, any centre news and reading about up-coming events.

Photographs of your child will only be uploaded with written permission from a Parent/Guardian. This can be done by filling out the form below.

Thank you Little Peoples Team

I (insert parent name) _____ agree / do not agree for appropriate photographs of my child/children (insert child's name) _____ to be uploaded and displayed on Facebook under the name Little Peoples Place.

Signed _____

Date _____

Updated - Feb 2018	Review - Feb 2019	Sourced - Management Regulations
--------------------	-------------------	----------------------------------