

My child will be attending: Methodist Ladies' College After School Care			
School: Methodist Ladies' College		Room:	Year:
How did you hear about us?			
Family who attend	School	Internet	Other
Have you attended a Wanslea service previously?			Yes No
Do you have another child being cared for by a different service?			Yes No

CHILD DETAILS			
Surname:		DOB:	
Given Names:		Gender:	Male Female
Child CRN:			
Address:			
Primary Language:			
Country of Birth:			
School:			

Is your child of Aboriginal or Torres Strait Islander origin?	Yes	No
If Yes; Aboriginal? Torres Strait Islander?	Yes	No
	Yes	No
Will your child be attending another Child Care Centre?	Yes	No
Do you wish to receive your child care benefit as a weekly deduction?	Yes	No

CARE REQUIREMENTS

After School Care: Monday Tuesday Wednesday Thursday Friday Casual

AUTHORISED CONTACTS

Lawful Authority:

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. A court order; such as under the Family Law Act, may take away the parents authority, or may give authority to another person.

Guardians

The guardian of a child also has lawful authority. A legal guardian is given legal authority by a court order.

ENROLLING PARENT/ GUARDIAN DETAILS

Authorised Contact

Surname:		DOB:	
Given Names:		Gender:	Male Female
Relationship to Child:			
Parent CRN:			
Address Line 1:			
Address Line 2:		P/Code	
Phone	(H)	(M)	(W)
Email:			
Primary Language:			
Country of Birth:			
Occupation:		Employer:	
Address:			
Employment Status:			

SECOND PARENT/ GUARDIAN DETAILS

Authorised Contact

Surname:		DOB:	
Given Names:		Gender:	Male Female
Relationship to Child:			
Parent CRN:			
Address Line 1:			
Address Line 2:		P/Code	
Phone:	(H)	(M)	(W)
Email:			
Primary Language:			
Country of Birth:			
Occupation:		Employer:	
Address:			
Employment Status:			

Family Status:

Female Sole	Male Sole	Shared Custody	2 Parent Family	Guardian
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Reason for Care:

Child at Risk	Work/Study	Disability	Respite	Social
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Do you have any court orders, parenting orders or parenting plans?

If Yes; attach a copy 









Yes

No

EMERGENCY / COLLECTION AUTHORITY <i>(If parents are unable to be contacted, the below people will be called)</i>			
PERSON ONE:			
Name:		Relationship to Child:	
Address:			
Phone (Home):		Mobile:	
Medical Authorisation	Delivery/ Collection of Child	Excursion Authority	
PERSON TWO:			
Name:		Relationship to Child:	
Address:			
Phone (Home):		Mobile:	
Medical Authorisation	Delivery/ Collection of Child	Excursion Authority	
PERSON THREE:			
Name:		Relationship to Child:	
Address:			
Phone (Home):		Mobile:	
Medical Authorisation	Delivery/ Collection of Child	Excursion Authority	
PERSON FOUR:			
Name:		Relationship to Child:	
Address:			
Phone (Home):		Mobile:	
Medical Authorisation	Delivery/ Collection of Child	Excursion Authority	

MEDICAL INFORMATION			
Doctor's Name:		Phone:	
Address:			
Dentist's Name:		Phone:	
Address:			

CHILD'S CURRENT HEALTH

Does your child have allergies? <i>If Yes, please attach details</i> 	Yes	No
Has your child been diagnosed as; At risk of anaphylaxis? <i>If Yes, please provide copy of action plan</i> 	Yes	No
Does your child suffer from Asthma? <i>If yes, please provide copy of action plan</i> 	Yes	No
Please provide details about any relevant medical history:		
Current medical treatment? <i>If yes, please provide copy of action plan</i> 	Yes	No
Does your child have a Disability that may require additional support? <i>If yes, please provide details and contact Coordinator</i> 	Yes	No
Does your child have any Special needs; including cultural, religious, child protection, dietary requirements or other? <i>If yes, please provide details and contact Coordinator</i> 	Yes	No
Immunisations/ Birth Certificate:		
Are Immunisations up-to-date?	Yes	No
Proof of immunisation provided: 	Yes	No
<i>If No, please provide a written statement confirming your child's non-immunised status. In the event that there is a suspected or identified vaccine preventable disease, unimmunised children will be excluded from the service for the recommended minimum exclusion period. Children without complete and/or current immunisation records will be considered unimmunised.</i>		
Birth certificate, extract of Birth Certificate or equivalent document provided: 	Yes	No

AUTHORISATION FROM ENROLLING PARENT

Medical Authorisation:

In the event of my child contracting an infectious disease, I agree to exclude him/her from the centre for the period of time recommended by my doctor or health professional.	Yes
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I give permission for the staff to call on medical advice in the case of an emergency	Yes
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Medicare No:	Private Health Fund:
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I agree that any medical expenses incurred whilst my child is attending the centre will be my responsibility, including prescription charges and ambulance costs.	Yes
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The centre staff will administer Panadol in the event of an emergency, or as directed by medical staff. The staff will do their best to inform you prior to administering, but in the event that no authorised contacts can be reached, Panadol will be administered.

Other Authorisation:

I give permission to the Educator for my child to be photographed for:

My child' file	Centre display	Newsletters	Promotional	Website
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I give permission for my child to have their face painted whilst at the centre:	Yes	No
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I give permission for my child to use the centre's sunscreen: <i>If No, please provide own sunscreen or a note from your child's doctor requesting that they not wear sunscreen</i>	Yes	No
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I give permission for my child to use the centre's hand sanitiser:	Yes	No
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For outings or excursions, parents will be required to sign "Excursion Authorisation" forms	Yes	No
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TERMS AND CONDITIONS OF CARE

1.	I have completed the Vacation Care enrolment form, and consent to the enrolment of my child/ren. I acknowledge having read the centre handbook and I understand any changes to such, will be displayed on the centre's notice board or quarterly newsletters.
2.	I agree to comply with all Government requirements in relation to the centre and its service.
3.	Two weeks written notification of cancellations must be given. Failure to do so will result in a cancellation fee being charged which is the equivalent of two weeks FULL FEES, as Child Care Benefit is only paid for the time a child actually attends a centre.
4.	I understand fees are payable by our EZIDEBIT system two weeks in advance. Fees are payable on public holidays, student free days and any other days when my child is absent from the centre for any reason such as sickness or personal convenience. All days off will be charged as per normal. I understand that if fees are not paid, my child/ren's continued enrolment at the centre cannot be guaranteed.
5.	I understand that in the event of any outstanding fees not paid by the undersigned, will be put in the hands of the debt collection agency, and all costs incurred through this process are payable by the undersigned.
6.	I am aware that if I fail to pay the fees, any fee relief payable will be cancelled, and I will become responsible for the total amount of fees.
7.	I agree in the case of an accident or injury, medical care may be sought and given to my child in the event that I cannot be contacted, and agree to meet any costs involved.
8.	A child may be prevented from attending the centre if suffering from a medical condition which may affect the health of other children.
9.	I authorise staff to check my child's hair for head lice should they be present at the centre.
10.	The centre staff will refuse to release the attending child to anyone other than the enrolling parent/guardian or persons nominated and authorised on the enrolment form.
11.	I acknowledge that I am required by Child Care Regulations, to sign my child/ren in with a time each day on arrival and out with a time when collected from the centre. Full fees will be charged if sign in sheets are not signed correctly.
12.	I am aware that it is my responsibility to maintain a Family Income Assessment for Child Care Assistance purposes and that it is done at Centrelink.
13.	I understand that it is my responsibility to notify the Centre of our Customer Reference Numbers (CRN's) even if I will not be claiming child care benefits.
14.	I acknowledge that the centre policies are available at all times to view. I understand that any changes to these policies will be carried out with consultation to families, staff and management and any changes will be displayed in the foyer and in newsletters.
15.	I give permission for my child to be observed for staff, student or visitor purposes. Students and visitors will be

	from accredited training programs and will work in conjunction with your child's Educators.
16.	I understand in an emergency situation where evacuation is necessary, that my child may need to leave the premises under the direction and supervision of staff.
17.	Parents/guardians are responsible for children in the car park and surrounding areas of the centre.
18.	I understand that the centre staff are unable to administer any medications (except in the case of an emergency) to my child unless I have completed a written authority and/or it has been prescribed by a medical practitioner.
19.	In the event that prescribed medication is not provided to the centre my child will be unable to attend until this is amended.
20.	I have read this contract, and received relevant information about the service offered by Wanslea Early Learning and Development Inc for the care of Child's Name: _____ Date: _____

I, as the ENROLLING PARENT/GUARDIAN AGREE to abide by the conditions and agreements as set out by Wanslea Early Learning and Development Inc.	Yes
I will notify the centre of any changes to this Child Enrolment Record:	Yes
ENROLLING PARENT/GUARDIAN SIGN:	

Please SAVE AS Childs Surname and email this form to:

mlc@wanslea.asn.au

Alternate formats of this form are available if required. In accordance with the Privacy Amendment (Private Sector) Act 2000 the personal information collected about families will be used in a confidential manner by Wanslea. Clients are able to access their own information. All enquiries should be directed to the Chief Executive Officer on 9245 2441.