

EIKOH SEMINAR (AUSTRALIA) PTY. LIMITED

ST. IVES CHASE KINDERGARTEN - 9449.8829
ROSEVILLE KINDERGARTEN - 9416.3002

NORMANHURST CHILD CARE CENTRE - 9487.5455
WEST RYDE LONG DAY CARE CENTRE - 9858.5333

Copy of Birth Certificate attached: 9

ACIR Immunisation History Statement attached: 9
ACIR Immunisation Conscientious Objector: 9

Does this child need a Medical Plan: 9
Medical Management Plan attached: 9

ENROLMENT FORM - CONFIDENTIAL

CENTRE: St.Ives ___ Roseville ___ Normanhurst ___ West Ryde ___ **Commencement Date:** _____

CHILD'S SURNAME: _____ GIVEN NAME: _____

OTHER NAMES KNOWN BY: _____ DATE OF BIRTH: _____ MALE / FEMALE: _____

ADDRESS: _____ POST CODE: _____

PHONE: (Home): _____ FAMILY RELIGION: _____

DOES YOUR CHILD NEED ANY SPECIAL CONSIDERATIONS SUCH AS CULTURAL, RELIGIOUS, DIETARY REQUIREMENTS OR
ADDITIONAL NEEDS: _____

NAMES AND AGES OF OTHER CHILDREN IN THE FAMILY: _____

LANGUAGE/S CHILD SPEAKS AT HOME: _____

IS YOUR CHILD OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? **No** **Yes** (Aboriginal) **Yes** (Torres Strait Islander)

PARENT 1 NAME: (Title) _____ OTHER NAMES KNOWN BY: _____

LANGUAGES SPOKEN AT HOME: _____ ETHNIC BACKGROUND: _____

OCCUPATION: _____ PHONE No.(BUS): _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

HOME ADDRESS: _____

PHONE No. (HOME): _____ (MOBILE): _____

E-MAIL: _____

PARENT 2 NAME: (Title) _____ OTHER NAMES KNOWN BY: _____

LANGUAGES SPOKEN AT HOME: _____ ETHNIC BACKGROUND: _____

OCCUPATION: _____ PHONE No.(BUS): _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

HOME ADDRESS: _____

PHONE No. (HOME): _____ (MOBILE): _____

E-MAIL: _____

GUARDIAN'S NAME: (Mr/Mrs/Ms/Dr/Other) _____

OCCUPATION: _____ PHONE No. (BUS): _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

HOME ADDRESS: _____

PHONE No. (HOME): _____ (MOBILE): _____

DOCTOR'S NAME: _____ PHONE No: _____

ADDRESS: _____

MEDICARE NO: _____ **CHILD'S No:** ___ **HEALTH FUND DETAILS:** _____

EMERGENCY and COLLECTION OF CHILDREN CONTACTS:

I AUTHORISE THE FOLLOWING PERSONS AS Authorised Nominees to:

- Key:**
- (E) – be notified of an **emergency** involving my child if parents are uncontactable.
 - (D) – collect my child from the service on a **daily** basis with my prior notification.
 - (M) – consent to **medical** treatment of, or to authorise administration of medication for my child.
 - (O) – authorise an educator to take my child outside of the services premises.

Contacts other than Parents	E	D	M	O
Name: _____ Relationship to Child: _____ Phone No.: _____ Mobile No.: _____ Address: _____				
Name: _____ Relationship to Child: _____ Phone No.: _____ Mobile No.: _____ Address: _____				
Name: _____ Relationship to Child: _____ Phone No.: _____ Mobile No.: _____ Address: _____				
Name: _____ Relationship to Child: _____ Phone No.: _____ Mobile No.: _____ Address: _____				

CUSTODY DETAILS:

Are there any custodial issues or court orders being observed? (Yes) _____ (No) _____

If yes, please give details and provide a copy: _____

ANY OTHER CHILD PROTECTION ISSUES: _____

SIGNATURE: _____

DAYS OF ATTENDANCE:

(Please tick) MONDAY () TUESDAY () WEDNESDAY () THURSDAY () FRIDAY ()

HOURS OF ATTENDANCE: FROM: _____ TO: _____

ROUTINES:

ANY PARTICULAR FEARS? _____

IS YOUR CHILD TOILET TRAINED? _____

DOES YOUR CHILD SLEEP DURING THE DAY? _____

WHAT DO YOU EXPECT YOUR CHILD TO ACHIEVE WHILST AT THE CENTRE? _____

HAS YOUR CHILD PREVIOUSLY ATTENDED DAY CARE? (Please circle) YES or NO

IF SO, WHERE? _____

MEDICAL HISTORY:

DOES YOUR CHILD HAVE ANY ALLERGIES? (INCLUDING FOOD ALLERGIES): _____

DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS? _____

HAS YOUR CHILD EVER EXPERIENCED ANY DEVELOPMENT DELAYS &/OR ANY SERIOUS HEALTH PROBLEMS? IF YES, PLEASE EXPLAIN: _____

ILLNESSES - The Centre is unable to care for sick or contagious children. In the event of my child, _____ contracting an infectious disease, I agree to exclude him/her from Kindergarten for the appropriate length of time set down by the NSW Public Health Act, 1904. The Director will require a Medical Certificate before the child can be re-admitted to the Kindergarten.

I have read the Health Policy and Medical Conditions Policy and agree to the above terms.

Signed: _____ Date: _____

IN THE CASE OF EMERGENCY - In the event of an emergency, illness or accident where medical, dental, hospital or any other treatment is required concerning my child, I give consent for the approved provider, a nominated supervisor or an educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and for transportation of the child by an ambulance service.

Signed: _____ Date: _____

POLICY ON ADMINISTRATION OF PARACETEMOL:

“HEALTH POLICY:

2.3 EMERGENCY MANAGEMENT OF HIGH FEVER

Normal Temperature up to 38°C.

If a Baby / Toddler / Child’s temperature is **38°C** or over:-
(Ensure child’s temperature is taken under the arm using a digital thermometer only).

- Remove layers of clothing but ensure they don’t become too cold.
- Calm child and observe
- Give child fluids - water
- If it makes the child feel more comfortable sponge bath child with lukewarm water. Do Not use cold water (Do not allow the child to become too cold, if the child is too cold re-dress the child).
- Re-check child’s temperature to see if it continues to rise after 10 minutes.

If temperature continues to rise after 10 minutes, complete the following steps:

- Contact the child’s parent, guardian or nominated person and ask them to collect the child as soon as possible. Advise them to take the child to their Doctor.
- Check the child’s records to find if permission for Paracetamol has been given. Obtain specific consent by telephone, fax or email from parent, guardian or nominated person regarding whether a dose of Paracetamol should be given.

Paracetamol should only be administered to a child who has a temperature of **38.5°C or above** and is in **discomfort or pain**.

Paracetamol **will only be administered to a child**, if that child has been **in attendance at the centre for at least 4 hours** on that day and with the appropriate consent from the parent, guardian or nominated person.

If a child is less than 3 months and has a fever above 38°C contact the child's parent and ask them to take the child to the Doctor. Do not give paracetamol but try to reduce fever using above methods. If temperature continues to rise after 10 minutes call an ambulance.

- If the child’s temperature is above 38.5°C and consent has been given by the parent, guardian or nominated person, administer one dose of paracetamol. (Dosage of paracetamol should be based on the age of the child.) Be aware that there are numerous dose forms and concentrations of paracetamol for children.

Children aged **under 2 years** of age should use **Infant Panadol** (1 month-2 years)

Children aged **over 2 years** of age should use **Children’s Panadol** (2-5years).

- Ensure the child is well hydrated by offering small, frequent amounts of cool water to drink until the child is collected by their parent, guardian or nominated person.
- Complete an accident/illness form ready for the child’s parent, guardian or nominated person to sign when collecting the child.

After 20 minutes, if the child’s temperature has not reduced and continues to rise call “000” immediately.

In some cases, a child may have febrile convulsions, which are physical seizures caused by the fever. An ambulance should be called if the child has a seizure.”

AUTHORISATION OF ADMINISTERING PARACETEMOL:

I authorise my child _____ be given Panadol if required. Health Policy details the procedures governing the administering of the above drug.

Signed: _____

Date: _____

PERMISSION TO OBSERVE:

I give permission for staff to complete developmental observations of my child _____.
I understand that at times these observations may include photos and other children depending on the context of the observation.

Signed: _____ Date: _____

EIKOH CHILD CARE CENTRE APP:

I/We give permission for our child _____, and consent for the Centre to collect, use and display my child’s information on the Eikoh Child Care Centre App. This includes photos, videos, text and information relating to the daily routine within the centre. I understand that these photos may be shared with other families in the centre including extended family i.e. grandparents.

If you wish other family members i.e. grandparents to be added please indicate this via email to the Centre.

Please note, if you wish to cancel your child’s position at the centre, the App data will be accessible to you for 4 weeks from the time leaving notice is received by the Centre Director(s) before your child’s account becomes inactive. This will provide you with an opportunity to download any media that has been previously published by the Centre i.e. photos, videos, text and information relating to the daily routine within the Centre.

Parent/Guardian 1: _____ Parent/Guardian 2: _____
Email 1: _____ Email 2: _____
Signed: _____ Signed: _____
Date: _____ Date: _____

PHOTO/VIDEO CONSENT

I give permission for my child _____ to be included in photos or videos taken in the centre by staff or other parents. I understand that these may be displayed or sold within the Centre or emailed to families within the service in the daybook.

Signed: _____ Date: _____

PROFESSIONAL PHOTOGRAPHY CONSENT

I give permission for my child _____ to be included in the yearly professional individual and class photos that are taken at the centre by a professional photography company. I understand that information such as my child’s name, age, class days of attendance will be provided to the Centre’s chosen company for publishing with the photos.

Signed: _____ Date: _____

FACE PAINTING

Occasionally we may participate in a face painting experience within the Centre. I give permission for my child _____ to participate in face painting experiences.

Signed: _____ Date: _____

SUNSCREEN PERMISSION SLIP

I authorise my child _____ to have 30+ sunscreen applied to their face and arms by a staff member prior to going outside.

Signed: _____ Date: _____

EMERGENCY EVACUATION PERMISSION SLIP

In an emergency or for the purpose of practising emergency evacuation procedure I understand that my child _____ may need to be taken off the premises under supervision to ensure their safety.

Signed: _____ Date: _____

Email TO RECEIVE CENTRE INFORMATION

Please indicate your best email contact to receive newsletters etc. from our centre.

Signed: _____ Date: _____

FINISHING AT THE CENTRE

I understand that if I wish to cancel my child's position in the Kindergarten or reduce my child's attendance days I will need to give 4 weeks paid notice to the Centre's Director in writing.

Signed: _____ Date: _____

RECORD OF DATE AND PLACE OF BIRTH (Office Use only)

Original of one of the following documents needs to be sighted by the Authorised Supervisor/Director:

- Birth Certificate _____ date sighted
- Passport _____ date sighted
- Australian Citizenship Certificate _____ date sighted

IMMUNISATION RECORDS:

ACIR Immunisation History Statement or Conscientious Objection Form to be provided **prior** to child starting at the centre.

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CHILD CARE SUBSIDY

CENTRE: St. Ives: ____ Roseville: ____ West Ryde: ____ Normanhurst: ____

- I intend to claim CCS as a reduction in fees through the Child Care Centre if eligible. I will/have applied for this through the Family Assistance Office (FAO).
- My child _____ also attends another childcare service.

I understand that if I claim CCS and my child/ren attends any other child care service during the financial year, that it is my responsibility to inform the centre of the hours of care used in any other service.

I understand that if there is a change to my Child Care Subsidy eligibility that any additional funds owed to the centre must be paid by me to my child's account.

Family CRN (customer reference number) _____

Child CRN (customer reference number) _____

Parent claiming CCS Date of Birth: _____

Signed:

Print Name:

Date:

<p>Office use only</p> <p>Complying Written Arrangement (CWA) signed by family <input type="checkbox"/> (initial)</p>
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EIKOH SEMINAR AUSTRALIA PTY LTD.

FIRST AID PERMISSION NOTE

Dear Parents,

Throughout the year we may be required to use various first aid materials, nappy creams etc. on your child due to grazes, nappy rash etc. Please sign next to each item below if you authorise us to use the following on your child for first aid and nappy change reasons:

Child's Name: _____ **Dated:** _____

Savlon Antiseptic Cream: _____
(Name) (signature)

Stingoes Spray: _____
(Name) (signature)

Dettol Antiseptic Wash: _____
(Name) (signature)

SudoCream for nappy rash: _____
(Name) (signature)

Curash nappy rash cream: _____
(Name) (signature)

Curash nappy rash powder: _____
(Name) (signature)

Band-aids (Bandaid Brand): _____
(Name) (signature)

If you have any questions related to these products, please speak to your child's teacher.

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Enrolment Form Attachment

IN THE CASE OF EMERGENCY - In the event of an emergency, illness or accident where medical, dental, hospital or any other treatment is required concerning my child, I give consent for the approved provider, a nominated supervisor or an educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and for transportation of the child by an ambulance service.

Signed: _____

Date: _____