Banyan Park Early Learning Centre
Middlegate Road, PO Box 488, Norfolk Island 2899
Ph. 22415, director@banyanparkni.com, admin@banyanparkni.com

ENROLMENT FORM

CONFIDENTIAL

Child's Name	
Preferred Name (if applicable)	
Gender	Male / Female
Date of Birth	
Cultural Background	
Languages Spoken	
Name and Date of Birth of Siblings	
Attendance	

	Monday	Tuesday	Wednesday	Thursday	Friday
Anticipated Arrival Time					
Anticipated Departure Time					

Enrolments are for 50 weeks a year, not including the two weeks the Centre is closed over Christmas/New Year.

	Parent / Guardian One	Parent / Guardian Two
Name		
Date of Birth		
Relationship to Child		
Home Address		
Phone – Home		
Phone – Mobile		
Email Address		
Occupation		
Name of Employer		
Address of Workplace		
Phone – Work		
Cultural Background		
Languages Spoken		

AUTHORISATION FOR COLLECTION/EMERGENCY CONTACT/MEDICATION/MEDICAL TREATMENT

Are there any **court orders and/or parenting plans** affecting the custody or residency of your child, or access to your child, that staff should be aware of? **Yes / No**
If yes, please give details below. A copy of the court order and/or parenting plan is also required.

The Centre requires you to provide **at least two authorised contacts**, and keep the service updated with any changes to these nominees. I understand that my child will not be released into the care of a person who has not been listed on this form. I will ensure that all authorised nominees are advised of their responsibility to ensure they collect my child by the centre closing time**.** *Photo identification will be required for any person collecting your child(ren) who has not been introduced or is not known to our staff. Centre policy is that persons authorised to collect children must be 16 years of age or over.*

1. Person Authorised to Collect My Child (Other than Parent/Guardian)

Name		
Relationship to Child		
Phone	(Home)	(Mobile)
Address		
I give this person authority to:	Collect my child from Banyan Park Early Learning Centre	Yes / No
	In the event that you (the parent/guardian) are unable to be reached:	
	Be notified of an emergency involving your child	Yes / No
	Consent to medical treatment for your child, including seeking hospital treatment and/or transportation in an ambulance	Yes / No
	Complete paperwork on your behalf, including completing a medication form and signing an incident report	Yes / No
	Give permission for your child's participation on excursions or in fundraising activities (eg. school photos)	Yes / No

2. Person Authorised to Collect My Child (Other than Parent/Guardian)

Name		
Relationship to Child		
Phone	(Home)	(Mobile)
Address		
I give this person authority to:	Collect my child from Banyan Park Early Learning Centre	Yes / No
	In the event that you (the parent/guardian) are unable to be reached:	
	Be notified of an emergency involving your child	Yes / No
	Consent to medical treatment for your child, including seeking hospital treatment and/or transportation in an ambulance	Yes / No

	Complete paperwork on your behalf, including completing a medication form and signing an incident report	Yes / No
	Give permission for your child's participation on excursions or in fundraising activities (eg. school photos)	Yes / No

3. Person Authorised to Collect My Child (Other than Parent/Guardian)

Name			
Relationship to Child			
Phone	(Home)	(Mobile)	
Address			
I give this person authority to:	Collect my child from Banyan Park Early Learning Centre		Yes / No
	In the event that you (the parent/guardian) are unable to be reached:		
	Be notified of an emergency involving your child		Yes / No
	Consent to medical treatment for your child, including seeking hospital treatment and/or transportation in an ambulance		Yes / No
	Complete paperwork on your behalf, including completing a medication form and signing an incident report		Yes / No
	Give permission for your child's participation on excursions or in fundraising activities (eg. school photos)		Yes / No

4. Person Authorised to Collect My Child (Other than Parent/Guardian)

Name			
Relationship to Child			
Phone	(Home)	(Mobile)	
Address			
I give this person authority to:	Collect my child from Banyan Park Early Learning Centre		Yes / No
	In the event that you (the parent/guardian) are unable to be reached:		
	Be notified of an emergency involving your child		Yes / No
	Consent to medical treatment for your child, including seeking hospital treatment and/or transportation in an ambulance		Yes / No
	Complete paperwork on your behalf, including completing a medication form and signing an incident report		Yes / No
	Give permission for your child's participation on excursions or in fundraising activities (eg. school photos)		Yes / No

HEALTH INFORMATION

Medicare Number:

Family Doctor: Phone:

Family Dentist: Phone:

Families are advised the Centre does not have child accident/medical insurance. In the event of an accident where medical attention is required and the treatment is not covered by Medicare, families are liable for all costs incurred.

Does your child have any of the following medical conditions: **Asthma, Diabetes, or Anaphylaxis**? Yes / No

If yes, please provide details below. A **management plan** will need to be established with your family, Centre staff and your child's medical practitioner. *If your child develops any of these conditions during the next 12 months please ensure you speak with the Centre Director.*

Is your child taking any **medication** on an ongoing basis? Yes / No If yes, please list below:

Has your child ever suffered from a **serious illness, injury or required hospitalisation**? Yes / No If yes, please list details below:

Does your child have any **allergies or food intolerances**? Yes / No If yes, please list below:

Any other comments or information about your **child's health** that you feel the staff at the Centre should be aware of:

PERMISSION TO USE PRODUCTS

The Centre requires permission to use the following products (please tick):

Product / Activity	Permission to Use		Not Applicable
	Yes	No	
Sunscreen			
Band Aids			
Aeroguard			
Webcol Skin Cleansing Swab			
Sudocream – Nappy rash			
Hair Combing			
Face Painting – Special event days only			

If you would like us to apply a <u>different brand</u> of sunscreen, nappy cream, or another product (like insect repellent) on an ongoing basis, list this below. *Please note, this product is to be provided by the family, and clearly labelled with your child's name.*

IMMUNISATION

All children who attend Banyan Park Early Learning Centre are required to be up to date with their immunisations, or be on a medically approved catch up schedule. Please provide a ***copy of your child's Immunisation History Statement (from the Australian Immunisation Register – AIR), and ensure that the centre records are kept up to date as their next immunisations are given.***

My child is:

☐ up to date with their immunisations (please provide a copy of the Australian Immunisation Register (AIR) statement, available from Medicare online)

☐ on a medically approved catch up schedule (please provide evidence of this with a statement from the Hospital)

Next update due (please circle):

4 months 6 months 12 months 18 months 4 years Other: _____

Please note that when a vaccine preventable disease is present or suspected at the service, children who have not supplied an up to date immunisation record will be treated as unimmunised and excluded from the service for the recommended period of time. This is to protect the child and to prevent further spreading of the disease. Normal fees will apply during times of immunisation related absence.

ROUTINES – FOR CHILDREN AGED 0-3s ONLY

MEAL TIMES –

Is your child:	☐ breastfed? ☐ bottle fed? Expressed breast milk or formula? (please circle) ☐ drinking cow's milk (or alternative) from a cup?
For children under 12 months, how many feeds does your child require a day? Please list the times, and include the amount of breast milk/formula required at each feed.	
Children over 12 months of age are encouraged to use a training cup rather than a bottle. To assist your child's transition to the Centre, we ask you to encourage / continue this practice at home.	
Is your child using a training cup or a regular cup?	Yes / No
If so, can they hold the cup independently?	Yes / No
Is your child able to:	☐ eat finger foods? ☐ use a spoon with help? ☐ use a spoon/fork independently?
Does your child feed him/herself at home?	Yes / No
Does your child have any particular dietary requirements eg. vegetarian, religious restrictions?	Yes / No If yes, please provide details:

NAPPIES AND TOILETING

Is your child:	☐ in nappies? Cloth or disposable? (please circle) ☐ toilet training? ☐ independently toilet trained?
Are there any special words that mean toilet/nappy change to your child?	

ROUTINES – FOR CHILDREN AGED 0-5s

SLEEP AND REST

Does your child:	☐ sleep during the day? If yes, please list time/s: ☐ rest during the day? ☐ have no rest/sleep? Quiet activities will be provided as an alternative during our rest period after lunch.
If your child sleeps, do they have a:	☐ nappy? ☐ dummy? ☐ sleeping bag? ☐ comforter eg. blankie, soft toy? If yes, please specify:
Does your child have any special routines around sleep time?	
Is there any important language to use at this time?	
The Centre follows recommended Red Nose safe sleeping practices by placing babies on their backs with their face uncovered. We do not use pillows, doonas or bumpers and will remove any soft toys from the cot once the baby has settled. Babies will be covered by a blanket tucked into the bottom of the cot or placed in a sleeping bag.	

OTHER

Does your child have fears about anything in particular eg. loud noises?	
Are there any words that we need to know that have special meaning for your child? Please provide translation of key words if required.	
What are your child's favourite activities/toys?	

LEARNING AND DEVELOPMENT

Has your child attended any other early childhood education and care services?	Yes / No If yes, please provide details:
Does your child have any additional learning requirements?	Yes / No If yes, please provide details:
Is your child attending any health services eg. speech therapy, occupational therapy (OT), physio?	Yes / No If yes, please provide details:
Do you have any concerns about your child's learning or development?	Yes / No If yes, please provide details:
What do you want most for your child while they are at the Centre?	
Is there any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child eg. religious beliefs, family situation, recent significant events?	
What qualities are you looking for in our team of educators?	
What information do you consider important to know each day and what is the best means of communication for you?	
We are a community based centre and our success depends on the active participation of our families. We require volunteers to fill specific roles on our Management and Social/Fundraising Committees, but we also welcome your participation in all forms. Do you have any particular skills or talents we could draw on? eg. Gardening, Maintenance, Languages, Sewing. Or perhaps your business or workplace could be of use?	

We are looking forward to welcoming your family to the Centre. If you have any suggestions that you would like to put forward please feel free to approach our team of educators or the Management Committee. We also hope that you will speak to us if you have any concerns about the service we are providing. Parent participation is a strong focus of our community based centre, and we hope that you are able to be involved in the Centre's operation and that we can develop a strong partnership between home and the Centre.

Please read and sign the following:

Policies (please tick)

☐ I agree to abide by the **rules, practices and policies** of the Centre. The Centre policies are available in the foyer and can be emailed on request.

Fees and Notice Period (please tick)

☐ One person in my family will become a member of the Banyan Park Playcentre Inc. Association and will pay the annual **membership fee** of $1.

☐ I understand that it is a requirement of my child's enrolment at the centre that I pay a **bond of $300**.

☐ I agree to keep my **account two weeks in advance** at all times.

☐ I will give four weeks' **notice** of any alteration to the days my child attends, or pay fees in lieu.

Community Participation (please tick)

☐ I understand that **active family involvement** is a requirement of my enrolment at the Centre. My family can participate on the Management Committee, volunteer at fundraising events, and attend Working Bees.

Medical (please tick)

☐ I give permission for the staff of Banyan Park Early Learning Centre to apply **first aid treatment** in the event it is required. If an accident or other emergency occurs resulting in the need for **immediate medical attention**, I hereby give my permission for the Director and/or Responsible Person in charge to arrange for my child to be transported to the Hospital. I also give permission for any immediate and necessary emergency procedures to be administered by medical personnel (eg. ambulance officers and/or staff at the Hospital).

☐ I give permission for my child to be administered the appropriate dosage of **paracetamol (Panadol brand)** according to the age/weight as described on the bottle should his/her temperature exceed 38°C. I understand the Centre will inform me as soon as possible of such action, either before or after the event, and further understand that I must then arrange for the collection of my child as per the Centre's Medication and Infectious Disease Policies.

Local Area Walking Excursions (please tick)

☐ I give permission for my child to be taken by staff of Banyan Park Early Learning Centre out of the premises for **outings in the immediate local area** (which do not involve transport by vehicle). Risk Management Plans are always completed for outings of this nature. You will be informed of any excursion that requires your child to travel in a vehicle, and will be asked to sign a separate permission form for each such excursion.

☐ I give permission for the staff of Banyan Park Early Learning Centre to escort my child off the premises to safety in the event of an **emergency evacuation**.

Photos and Videos (please circle)

- I **do /do not** give permission for the centre to take and use photographs/videos of my child for educational purposes, including developmental records and displays within the centre.

- I **do /do not** give permission for the centre to take and use photographs/videos of my child for newsletters, newspaper articles, brochures, our centre website and for other marketing purposes. eg: Banyan Park Facebook page

- I **do /do not** give permission for the centre to take and use photographs of my child/children and post these on OWNA, a secure online platform with individual logins for each child.

- I **do /do not** give permission for photographs/videos of my child to be shared with other families when they are engaged in play with other children (ie. photos with multiple children).

- I **do / do not** give permission for students or visitors to the centre to take photographs/videos of my child. Please note that you will be advised before each such occasion.

Child's Name: _____

Parent/Guardian 1 Name: _____ Signature: _____ Date: _____

Parent/Guardian 2 Name: _____ Signature: _____ Date: _____

The information collected on this form and use of this information complies with the Commonwealth Privacy Act 1988 - Privacy Amendments Act 2021. It is to be treated as confidential and used specifically for the purpose of administration in regards to the education and care of your child.