

Unique Unicorns Enrolment Form

CHILD DETAILS

Surname _____

Given names _____

Preferred name _____

Home address _____

Suburb _____ Postcode _____

Days Required: Monday Tuesday Wednesday Thursday Friday (Please circle)

Arrival Time: _____

Departure Time: _____

Intended Start Date: _____

Gender ☐ Male ☐ Female Date of birth ____/____/____

* Birth certificate sighted – Yes/No.

Cultural background _____

Please advise us of any cultural or religious practices you would like us to follow

Is your child of aboriginal or Torres Strait Islander descent? ☐ Yes ☐ No

What language is spoken at home? _____

Child's CRN _____

If your child has siblings, please advise their names and ages.

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

How did you hear about us? _____

(Optional) If your child is going to school next year, please advise the name of the school.

(Optional) Do you authorise the service to exchange information with the school to assist your child's transition to school?

Parent/Caregiver 1 ☐ Yes ☐ No Signature _____

Parent/Caregiver 2 ☐ Yes ☐ No Signature _____

MEDICAL INFORMATION

Medicare Number _____

Private Health Fund ☐ Yes ☐ No Fund name _____ Fund Number _____

Doctor's Name _____ Doctor's phone number _____

Doctor's address _____

(Optional) Dentist's Name _____ (Optional) Dentist's phone number _____

(Optional) Dentist's address _____

Immunisations

Are your child's immunisations up to date? ☐ Yes ☐ No

Please attach one or more of the following documents:

- ☐ A current Australian Childhood Immunisation Record (ACIR) Statement
- ☐ A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule
- ☐ An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor

ACIR Immunisation History and Exemption forms are available on the Department of Human Services website <http://www.humanservices.gov.au/> The ACIR can be contacted on 1800 653 809 or email acir@medicareaustralia.gov.au

I have read the Immunisation and Disease Prevention Policy which is located on our website www.uniqueunicorns.com.au and agree to comply with the immunisation requirements outlined in the policy. I

understand my child's enrolment or attendance at the service may be terminated if I do not comply with the requirements in the policy.

Parent/Caregiver 1 Signature_____

Parent/Caregiver 2 Signature_____

The Approved provider or an Educator has sighted the child health record. Yes/No (please circle)

Name: _____ Signed: _____

Specific Health Care Needs

Does your child have any specific health care needs or medical conditions eg asthma, allergies, anaphylaxis, diabetes? ☐ Yes ☐ No

If yes, please provide details

* If yes, please provide a Medical Management Plan for your child (these are prepared by and signed by the child's doctor). The Plan should cover what triggers the medical condition or allergy, first aid needed, doctor's contact details, plan review date and include a photo of your child. Centre has received a copy and is kept on file Yes/No

DIET

Does your child have any dietary restrictions that you have not already mentioned? ☐ Yes ☐ No

If yes, please provide details

ADDITIONAL NEEDS

Has your child been diagnosed with any special needs or learning difficulties? ☐ Yes ☐ No

If yes, please provide details

PARENT/CAREGIVER DETAILS

Where answer is same as Parent One write same

Surname	_____	_____
Given Names	_____	_____
Preferred name	_____	_____
Date of birth	_____	_____
Occupation	_____	_____
Name of work place	_____	_____
Address of work place	_____	_____
Home address	_____	_____
Driver's License	_____	_____
Home phone	_____	_____
Work phone	_____	_____
Mobile	_____	_____
Best contact number	_____	_____
Email	_____	_____
Marital Status	_____	_____
Parent's CRN	_____	_____
Cultural background	_____	_____
Preferred language	_____	_____
Language spoken at home	_____	_____

AUTHORISATIONS AND EMERGENCY CONTACTS

Do you authorise the Approved Provider, Nominated Supervisor or an educator to seek medical treatment for your child from a registered medical practitioner (includes dentist), hospital or ambulance service, and/or to transport your child by ambulance in an emergency?

Parent/Caregiver 1 ☐ Yes ☐ No Signature _____

Parent/Caregiver 2 ☐ Yes ☐ No Signature _____

You may authorise another person to collect your child from the service. If your child needs to be collected because they are unwell, we will contact this person if we cannot contact you or you are unable to collect your child. This person must be over the age of 18 years and provide identification when collecting the child. Please obtain their consent before listing them as an emergency contact.

Parent Permission:

- I authorise this person to collect my child from your service ☐ Yes ☐ No
- Can we notify this person of any emergency involving your child if we cannot immediately contact you? ☐ Yes ☐ No
- Can this person consent to medical treatment or the administration of medication if we cannot contact you? ☐ Yes ☐ No
- Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you? ☐ Yes ☐ No

Parent/Caregiver Signature _____**Date** _____**Contact One:**

Name _____

Relationship to child _____

Home phone	Work phone	Mobile
_____	_____	_____

Address _____

Email _____

Contact Two:

Name _____

Relationship to child _____

Home phone	Work phone	Mobile
_____	_____	_____

Address _____

Email _____

COURT ORDERS

Are there any court orders, parenting orders or parenting plans covering the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

☐ Yes (please attach) ☐ No

PHOTOGRAPHY

I consent to:

- ☐ My child being photographed by educators and staff members at the Service for educational purposes or to support their medical documentation
- ☐ My child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements.
- ☐ The photographs taken by educators and staff members being used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles.
- ☐ The photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments.
- ☐ The posting of photographs taken by educators and staff members on the Service's social media account.

I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.

☐ Yes ☐ No **Parent/Caregiver Signature** _____

REGULAR OUTINGS

We may undertake regular outings to places eg the park or post office. Before the first outing, we will obtain your authorisation, outlining all relevant details and risks involved. If the risks do not change for subsequent outings to the same venue over the next 12 months, do you authorise the Nominated Supervisor or educators at the service to take your child on the regular outings ☐ Yes ☐ No

Parent/Caregiver Signature: _____

PERMISSION

I give permission for: Name of Child _____

- A.** Sunscreen lotion is supplied by the centre, and put on each child before outside time I give permission for sunscreen to be applied to my child

signed: _____

- B.** I give permission for my child to be given 1 dose of panadol/nurofen only, if his/her temperature is 38' or higher. I understand that I will be notified and if necessary I will collect my child from the centre. Panadol/Nurofen must be supplied by the parent and have a chemist label with child/ren name and directions for usage.

Signed: _____

C. I give permission for bonjela to be applied to the gums of my child when necessary.

Signed: _____

D. I give permission for sudo cream to be applied to my child at nappy change times, if necessary.

Signed: _____

DECLARATION

As a person who has lawful authority of the child referred to in this enrolment form for Unique Unicorns ECDC I:

- declare that the information in this enrolment form is true and correct and I will immediately inform the service in the event of any change to this information
- agree to collect or make arrangements for the collection of my child if he/she becomes unwell at the service
- will not send my child to the service if he/she is contagious or showing signs of illness, as per our exclusion policy, governed by Staying Healthy in Child Care.
- understand my child must have any required medication (including Epipen) with them at the service at all times or they will be unable to attend
- understand and agree that a first aid trained staff member may administer first aid when necessary
- declare that I have read and understood the Code of Conduct and policies of Unique Unicorns ECDC and will abide by them. These policies include the Medical Conditions Policy, Administration of Authorised Medication Policy, Delivery and Collection of Children Policy, Infectious Disease Policy, Immunisation Policy, Behaviour Guidance Policy (in Relationships with Children Policy) and Privacy and Confidentiality Policy
- have read and will comply with the fees and payment structure of Unique Unicorns ECDC
- agree to update any information relating to my emergency contacts, the people I have authorised to collect my child, and my child's medical or dental professionals (including their contact details)
- agree to provide updated information about my child's immunisations whenever he or she is vaccinated
- agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy
- agree for my 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
- agree to provide information about my child's life, family and community to support the achievement of meaningful learning outcomes
- understand that the Nominated Supervisor may suspend or terminate my child's place at the service if he/she feels that the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member

Parent/Caregiver 1 Signature _____

Date _____

Parent/Caregiver 2 Signature _____

Date _____

