

# Enrolment Application Form

This form must be completed, signed and lodged with the centre prior to commencement of care by a parent or guardian. This person must be 18 years or older and have the legal right to sign for the child. All questions must be answered honestly and correctly to facilitate government funding for child care. Ask our Director to assist you if unsure about any sections.

## CHILD DETAILS

Given names \_\_\_\_\_

Sur name \_\_\_\_\_

Home address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Gender  Male  Female Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Cultural Background \_\_\_\_\_

Religious Background \_\_\_\_\_

\* Please provide [a copy of your child's birth certificate](#)

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)

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

## PARENT DETAILS

Parent One

Parent Two

Where answer is same as Parent One write same

Surname	_____	_____
Given Names	_____	_____
Preferred name	_____	_____
Date of birth	_____	_____
Occupation	_____	_____
Home address	_____	_____
	_____ Postcode _____	_____ Postcode _____
Home phone	_____	_____
Work phone	_____	_____
Mobile	_____	_____
Best contact number	_____	_____
Email	_____	_____
	_____	_____
Parent's CRN	_____	_____
Country of birth	_____	_____
Preferred language	_____	_____
Cultural Background	_____	_____
Religious Background	_____	_____
Does the child live with you?	_____	_____

## MEDICAL INFORMATION

Medicare Number	_____	Do you have ambulance cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Private Health Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fund name	_____	Fund Number	_____
Doctor's Name	_____	Doctor's phone number	_____		
Doctor's address	_____				

## Immunisations

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

\* Please provide a copy of your child's Australian Childhood Immunisation Records (ACIR) Statement. (You can get a copy by calling 1800 653 809, by email on [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au), from a Medicare or Centrelink office or online at [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online) ).

If your child's immunisations are not up to date, please attach one of the following documents:

- 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

## 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/Action Plan/Risk minimisation plan/Communication 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.

## 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

---

---

---

## AUTHORISATIONS AND EMERGENCY CONTACTS

1. In the event of a serious incident or emergency where treatment is required, do you authorise the centre staff to immediately provide first aid and/or arrange for emergency treatment (medical, dental, hospital, ambulance, or transport in an ambulance), if parents, guardians or a nominated person cannot be contacted?(Please note that this will be at the parents expense)

Parent  Yes  No      Signature \_\_\_\_\_

2. Do you consent to educators applying the Centre provided sunscreen(SPF50+ Sun Protection)?

Parent  Yes  No      Signature \_\_\_\_\_

BlueBerries does NOT provide any other non-prescribed products to be applied externally to the skin including lotion, creams, powders and/or sprays nor any internally taken non-prescribed products. When parents would like the Centre to administer those non-prescribed medication, please submit "**External (Non-Prescribed) application Form**" and for either any Internal or prescribed medication, please find "**Medication Administration Form**" Centre admin.

3. 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 therefore live a maximum of 30 minutes from the service and must provide identification when collecting the child. Please obtain their consent before listing them as an emergency contact.

### Contact One

Full Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_      Work phone \_\_\_\_\_      Mobile \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Parent**

- 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 One Signature \_\_\_\_\_

**Contact Two**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone	Work phone	Mobile
_____	_____	_____

Address \_\_\_\_\_

Email \_\_\_\_\_

**Parent**

- 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 Signature \_\_\_\_\_

**Contact Three**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone

Work phone

Mobile

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

Email

\_\_\_\_\_

**Parent**

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 Signature

\_\_\_\_\_

**Contact Four**

Name

\_\_\_\_\_

Relationship to child

\_\_\_\_\_

Home phone

Work phone

Mobile

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

Email

\_\_\_\_\_

**Parent**

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 Signature

\_\_\_\_\_

## 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 including facebook

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.

Parent       Yes       No      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 outing?

Parent       Yes       No      Signature \_\_\_\_\_

## DECLARATION

### As a person who has parental responsibility for the child referred to in this enrolment form for BlueBerries 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
- understand there may be costs involved in the provision of professional medical, ambulance or hospital services to my child as a result of a medical emergency or accident at the service, and I agree to pay those costs
- 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 sick/unwell
- 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 and will abide by them. These policies include the Medical Conditions Policy, Administration of Medication Policy, Arrival and Departure Policy, Control of Infectious Disease Policy, Immunisation Policy, Behaviour Guidance Policy (in Relationships with Children Policy), Emergency and Evacuation Policy and Privacy and Confidentiality Policy, Sick children policy
- have read and will comply with the fees and payment structure of BlueBerries ChildCare
- 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 for my child to be observed for by educators who are employed at the service and stored on our online education Platform Kindyhub
- 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
- **understand that my child will participate and may be removed from the Centre for the purpose of fire drills and evacuation rehearsals regularly scheduled as part of the Regulatory Authority requirement**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



# Privacy Notice

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through our website, social media page, Kindyhub Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the Early Years Learning Framework and QKLG. This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, child care benefit information, Medicare number, , immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences and needs, including special needs.

We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent or we are complying with an Australian law.

We aim to keep the personal information we hold accurate, up-to-date and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency.

We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is the Approved Provider or Nominated Supervisor who may be contacted **by telephone on 07 56464320 or email [info@blueberrieschildcare.com](mailto:info@blueberrieschildcare.com) or by mail Level15, 2Como Crescent, Southport, QLD 4215.**

We will provide a copy of any updates to our Privacy and Confidentiality Policy on our Service Noticeboard and include the changes in our Newsletter.

-----Office Signature Below-----

**Room Leader:**

**Nominated Supervisor:**

**Approved Provider:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_