

BUTTERFLIES CHILDCARE
& EARLY LEARNING CENTRE

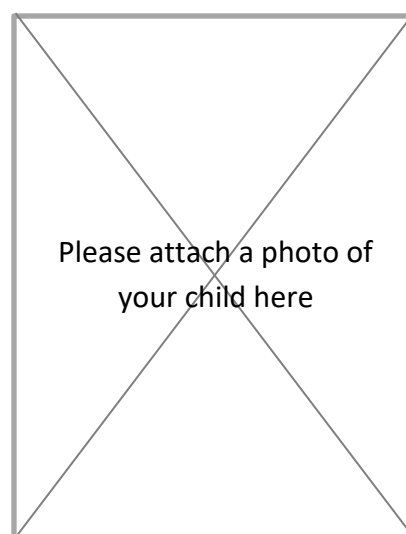
Orchard Road

Child Name: _____

Please ensure **all** of the following documents are attached prior to submitting this enrolment form. Your child cannot commence before these documents are received.

These documents must be completed by one of the child's parents, who have lawful authority in relation to the child.

Please mark to indicate that the following are attached	x
Immunisation Statement from Medicare (mandatory requirement)	
Asthma Action Plan (if required)	
Allergy Action Plan (if required)	
Copy of court orders currently in place (if applicable)	
Child & Parent CRN	
Signed all consent sections	



Butterflies Childcare and Early Learning Centre – Orchard Road

Child Details

First Name: _____ Surname: _____

D.O.B: _____ Gender: M F

Address: _____

Country of Birth: _____ Religion: _____

Language spoken: _____ Second Language: _____

Child CRN: _ _ _ - _ _ _ - _ _ _ - _ This is obtained from Centrelink

Is the child of Aboriginal or Torres Strait Islander Descent? YES NO

Parent Details

Parent 1 [Parent who is registered for Child Care Subsidy]:

First name: _____

Surname: _____

Relationship to child: _____

Gender: M / F

D.O.B: _____

CRN: _ _ _ - _ _ _ - _ _ _ - _

This is obtained from Centrelink

Country of Birth: _____

Language spoken: _____

Address: _____

Post Code _____

Email: _____

Home Phone: _____

Mobile: _____

Work Phone: _____

Employer: _____

Position/Department: _____

Address: _____

Parent 2:

First name: _____

Surname: _____

Relationship to child: _____

Gender: M / F

D.O.B: _____

CRN: _ _ _ - _ _ _ - _ _ _ - _

This is obtained from Centrelink

Country of Birth: _____

Language spoken: _____

Address: _____

Post Code _____

Email: _____

Home Phone: _____

Mobile: _____

Work Phone: _____

Employer: _____

Position/Department: _____

Address: _____

Parents must notify Butterflies Childcare & Early Learning Centre immediately, should any of these contact details change.

Days & times:

Please fill in the table below to indicate which days you require care. (Drop off and pick up times are an estimate only to assist us with staffing arrangements).

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Drop off time					
Pick up time					

Family Information

Who else lives with your child?

Name	Age	Sex	Relationship to child

Parenting arrangement

Please give details of parenting/living arrangements:

Are there any court orders? YES NO

If yes, please attach a copy to this enrolment form.

Medical Information

Details of child's Doctor

Details of Child's Dentist

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone no.: _____	Phone no.: _____

Medicare No.: _____

Private health? YES NO

Fund name: _____

Membership no.: _____

Medical Information

ANAPHYLAXIS

Does your child have Anaphylaxis? YES NO

If yes, please ask the Director or your doctor for an 'Anaphylaxis Action Plan' and complete in conjunction with your child's doctor. Please attach to this enrolment form prior to your child commencing at our service.

Please complete the table below as per your Anaphylaxis action plan.

Allergen	Symptoms	Treatment

ALLERGIES

Does your child have any allergies? YES NO

An allergy must be diagnosed by a medical practitioner. Please ask the Director or doctor for an 'Allergy Action Plan' and complete in conjunction with your child's doctor and attach it to the enrolment form prior to your child commencing at our service.

Please complete the table below as per your Allergy action plan.

Allergen	Symptoms	Treatment

If this is not diagnosed by a medical practitioner, please list this as an intolerance in the section below.

INTOLERANCES

Does your child have any intolerances? YES NO

If yes, please list the intolerance and the symptoms in the table below:

Intolerance	Symptoms if exposed

Special Dietary Requirements (Religious or Personal Preference)

Does your child have any Special Dietary Requirements due to Religious or Personal Preference? YES NO

If yes, please list the food/s your child cannot have below:

Does your child suffer from asthma? YES NO

If your child suffers from asthma, please ask Director or Doctor for an Asthma Action Plan and complete in conjunction with your child's doctor. Please attach it to this enrolment form prior to your child commencing at our service. Your child **cannot** attend without this Asthma Action Plan and their medication.

Does your child suffer from any of the following Medical Conditions? YES NO

If so, how often:

Seizures/Fits /Epilepsy	Y	N	_____
Regular high temperatures	Y	N	_____
Regular Ear infections	Y	N	_____
Regular throat infections	Y	N	_____
Eczema	Y	N	_____
Croup	Y	N	_____
Constipation	Y	N	_____
Diabetes	Y	N	_____
Febrile Convulsions	Y	N	_____

Other (please provide details)

Has your child ever been hospitalised for any reason: YES NO

If yes, please give details:

Does your child require any regular medication? YES NO

If yes, please complete the table below:

Name of medication	Reason for medication	Dose	Time to be administered

Does your child have any additional needs? YES NO

If yes, please describe:

Does your child display any challenging behaviours? YES NO

If yes, please describe:

Has your child been diagnosed with any specific learning difficulties or a disability?

YES NO

If yes, please describe and attach any relevant information:

Immunisation Information

The No Jab No Play Law is now in effect.

By law, to finalise enrolment for your child in long day care, kindergarten, family day care or occasional care you must provide the service with an immunisation status certificate that shows your child is:

- up to date with vaccinations for their age OR
 - on a vaccine catch-up schedule OR
- has a medical condition preventing them from being fully vaccinated.

Please attach a copy of your child's exemption certificate

What is an immunisation status certificate?

It is a statement showing the vaccines your child has received. The most common type of immunisation status certificate is an Immunisation History Statement from the Australian Childhood Immunisation Register (AIR).

Emergency Contact Information

In case of an emergency, Butterflies Childcare & ELC will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed.

If possible, please attach a copy of legal photo ID of each emergency/authorised person.

Please nominate 3 people (other than Parent 1 & Parent 2) to be your family authorised nominee's (emergency contacts) for _____ (insert child's full name here).

These 3 contacts must be different to the 2 contacts on page 2.

Please note the following points:

1. All emergency contacts must be 18 years or over
2. Emergency contacts are required to produce photo identification each time they pick up your child.
3. In an emergency and/or if your child is not collected by closing time, centre staff will contact the emergency contacts.
4. All details MUST be completed.

Contact 1

Name: _____ Relationship to child: _____
Address: _____
State: _____ Post Code: _____
Home Ph: _____ Work Ph: _____ Mobile: _____
Email: _____

Contact 2

Name: _____ Relationship to child: _____
Address: _____
State: _____ Post Code: _____
Home Ph: _____ Work Ph: _____ Mobile: _____
Email: _____

Contact 3

Name: _____ Relationship to child: _____
Address: _____
State: _____ Post Code: _____
Home Ph: _____ Work Ph: _____ Mobile: _____
Email: _____

I authorise the above 3 contacts to be an authorised nominee for our family. I/we authorise these 3 contacts to drop off and collect my child at any time.

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

I authorise the above 3 contacts to consent to medical treatment of, or to authorise administration of medication to, my child if I/we cannot be contacted.

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

I authorise the above 3 contacts to authorise an educator to take the child outside the education and care service premises (this would for example be in the form of written permission for an excursion).

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

Parent Consents

Medical

If your child becomes ill during the day we will contact you immediately.

Should my child develop a high temperature that continues to rise despite attempts to cool my child down, I give permission for 1 dose only of liquid paracetamol to be administered to my child following phone permission given by a Parent/Guardian/Emergency Contact to 2 staff members.

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

Has your child been administered Panadol in the past? [please circle] YES NO

I/we agree to collect or make arrangements for my/our child to be collected as soon as practicable if he/she becomes unwell whilst at the service.

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

If your child requires urgent medical attention whilst at our centre, staff will call an ambulance prior to contacting a parent or emergency contact. If an ambulance is called, your child will be accompanied to hospital by a staff member if the parent or guardian is not present and we will continue to make contact with you and your emergency contacts.

Parent/Guardians will be responsible for any cost incurred from transportation or treatment relating to any illness or injury relating to their child whilst at the centre.

I/we hereby consent to the Director or person in charge to engage the services of a doctor or ambulance in the case of an emergency involving my/our child.

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

I/we hereby consent to any necessary medical treatment or transportation by ambulance in the case of an emergency involving my/our child.

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

Sunscreen, creams & lotions

I/we give permission for my/our child to have SPF 30+ sunscreen applied to their face and all exposed skin each day prior to outdoor play when the UV level reaches 3 and above.

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

I/we give permission for my/our child to have *Curash Nappy Rash Powder* applied if a nappy rash appears throughout the day and our supplied cream/powder has run out.

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

Photo's

I/We give permission for our child's name, photographs and video recordings to be used on Storypark for programming purposes. Photo's will not be taken home by staff, volunteers or students.

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

At Butterflies Childcare and Early Learning Centre, we will engage the services of a Professional Photographer once a year to take the centre's annual photo's. These photo's will be given to you with the option to purchase if you wish.

I/we give permission for my/our child to be photographed by professional photographers appointed by Butterflies Childcare and Early Learning Centre.

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

Fee's

- I/we agree to pay a weekly fee for my/our child's attendance.
- I/we agree to keep our fee's 1 week in advance. (Current week and following weeks fees)
- I/we agree we must still pay full fee's for absent days.
- I/we agree to provide 2 weeks written notice to apply for the 50% holiday discount
- I/we agree to give the centre 2 weeks' notice in writing to cancel my/our child's enrolment at Butterflies Childcare & Early learning Centre or I/we will be charged full fee's in lieu for the two weeks .

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

Emergency Management Plan

I/we give permission for my/our child to participate in regular emergency management plan drills which will include leaving the premises on occasion to evacuate to our evacuation point. Our evacuation point can be found in our Emergency Management Plan.

Name: _____ Name: _____
Signature: _____ Signature: _____
Date: _____ Date: _____



PARENT HANDBOOK AGREEMENT

Please read through the parent handbook.

By signing the Parent Handbook Agreement, it is understood that all of the policies and procedures of Butterflies Childcare & Early Learning Centre are understood and agreed upon.

Parent Name: _____

Parent signature: _____

Date: _____

Please sign and date the Parent Handbook agreement.

Please keep the Parent Handbook for your reference.

Review Date: 01.01.2025