

A parent or guardian or person with lawful authority in relation to the child MUST complete this form. This form must be used to collect the child's enrolment information as required in regulations 31 to 35. **All sections must be completed before a child can be enrolled.**

- Enrolment Form completed (1 per child). Including medical information, Medicare number.
- Attach a photocopy of immunisations Summary **from Medicare**
- Have you purchased a crèche card? (\$15 pass minimum.)

***If any of the above information is not provided on the day of the child attending, your child will not be able to stay.***

*When enrolling a child it is recommended that an enrolment form is completed and signed off by a crèche supervisor prior to starting, as additional information may be needed and you may not be able to use the crèche facilities on that day. Crèche supervisors are available to do this between the following hours: 8am-12.30pm Monday to Friday*

Session Times	
9:00am to 10:25am	Monday to Friday
10:35am to 12:00pm	Monday to Friday

***Under no circumstances is a guardian permitted to leave the premises whilst a child is in care.***

### **Booking:**

Bookings can be made via calling reception on **5174 2111** from 8am the morning before you wish to attend. (Example, Call Sunday at 8am to book the 10.35am session on Monday). Cancellations of crèche sessions must be given a minimum of **1 hour's** notice before a booked session starts. If you are unable to meet these guidelines or you do not cancel, penalties will apply and you will be charged.

### **What to pack:**

Each child must have a labelled bag with nappies and wipes (if applicable) and/or spare clothing. Crèche will follow home routines to the best of its ability, if an infant will need a bottle whilst in care of the centre this is the responsibility of the parents/guardians to provide bottles. If the child suffers with Asthma, Anaphylaxis etc. a plan must be provided to the centre and the child must have the appropriate device each day of attendance. **Child cannot attend without the appropriate device.**

### **Snack:**

***Nuts and Nut products are banned from the Childcare service at the centre.*** The centre does not provide food for children, parents are to pack food for children excluding any nuts or nut products as other children in the centre may have a severe allergic reaction to these products. Children will be supervised by a staff member at all time while eating food to ensure that they do not feed their food to other children or fall into trouble eating their own food. Parents will be encouraged to **only pack healthy food and water** to encourage healthy eating.

### **Nappy changing and toileting:**

The centre does not supply nappies, wipes or spare clothing. This is solely the responsibility of parents/guardian. If the child becomes soiled or has an accident and appropriate materials are not provided then the parents/guardians will be collected. **Please note: if the child arrives at crèche with a soiled nappy, crèche staff are NOT permitted to change the child, it is must be changed by a parent/guardian before left in crèche care.**

### **Late Collections**

Parents/guardians who are unavoidably detained and are unable to collect their child at the negotiated collection time must ensure that crèche staff are aware. \$3 fee will apply after crèche closing times.



### APPLICATION OF ENROLMENT OF CHILD

*Confidential and subject to approval by supervisor*

A parent or guardian or person with lawful authority in relation to the child **MUST** complete this form. This form must be used to collect the child's enrolment information as required in regulations 31 to 35. **All sections must be completed before a child can be enrolled.**

Date: \_\_\_/\_\_\_/\_\_\_

Surname:	Given Names	D.O.B	Age	Male/Female
Address:				
Postal Address:				

*If the Mother or Father are not involved in the family but are known you MUST still provide the name or tick unknown in Parent/Guardian 2.*

<b><u>Parent/Guardian 1</u></b>	Member/Non Member (Please circle)	<b><u>Parent/Guardian 2</u></b>	Member/Non Member (Please circle)
Full Name:		Full Name:	
D.O.B		D.O.B	
Address: (If different to child)		Address: (If different to child)	
Phone: (H) (M) (W)		Phone: (H) (M) (W)	
Email:		Email:	

**Does the child live with:** Both  Mother  Father  Other  \_\_\_\_\_

### **COURT ORDERS**

Are there any family court orders relating to the powers, duties or responsibilities affecting the custody of, or access to the child Yes  No

If yes please provide details and a copy of original.

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### **LANGUAGE:**

Is there language spoken at home other than English: Yes  No  If so what language: \_\_\_\_\_

### **IS THE CHILD ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?**

No, not Aboriginal or Torres Strait Islander  Yes, Aboriginal  Yes, Torres Strait Islander

**CHILD HEALTH INFORMATION:**

Name of doctor/Medical Service	Phone:
Address:	Maternal & Child Health Centre:
Medicare Number:	Ambulance cover Yes <input type="checkbox"/> No <input type="checkbox"/>
	Membership number:

**Does your child have a Child Health Record:** Yes  No

*If yes please provide to the service for sighting*

Crèche use only

I, \_\_\_\_\_ hereby declare that I have sighted the Child Health Record.

Position \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Child's Immunisation record:**

Has the child been immunised? Yes  No  Are the child's immunisations up to date? Yes  No

**Note: The child cannot attend crèche until immunisations are attached to this Enrolment Form. If your child is not immunised you still must provide a letter from your GP or Centrelink stating that the child is not immunised.**

**Has the child been diagnosed with the following:**

Allergies/Sensitivities: Yes  No  Anaphylaxis: Yes  No   
Asthma: Yes  No  Diabetes: Yes  No   
Epilepsy: Yes  No  Other: Yes  No

Allergic to- \_\_\_\_\_ Anaphylaxis to- \_\_\_\_\_  
Other: \_\_\_\_\_

Details \_\_\_\_\_  
\_\_\_\_\_

***If Yes, you must attach a copy of the action plan. The action plan must be signed by a medical practitioner and have a coloured photograph attached. As part of Crèche policies and procedures, if the child is diagnosed with the Anaphylaxis the child must not attend the Crèche unless the child has an auto injection device with them. CHILD CAN NOT ATTEND WITH OUT THIS.***

**ASTHMA MANAGEMENT**

*If you wish to provide Crèche with an Asthma device but the child is not diagnosed with Asthma by a medical practitioner you must sign the below statement.*

I, (full name) \_\_\_\_\_ acknowledge and give consent that my child requires an asthma device (provide device name) \_\_\_\_\_ administered in the event that (child's full name) \_\_\_\_\_ has the following symptoms (provide details) \_\_\_\_\_ and I provide consent to the staff of Crèche to provide my child or administer my child the above listed asthma device to my child if the symptoms occur. I understand that a Crèche staff member will complete a risk management form prior to administering the device, which I have read and agreed upon.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**CHILD'S MEDICAL INFORMATION**

**Does the child have any dietary restrictions:** Yes  No

If yes, provide details: \_\_\_\_\_

**Does the child have any special needs:** Yes  No

If yes, provide details and any management procedure to be followed with respect to the special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHOTOGRAPHIC CONSENT**

I give permission for my child to be photographed by Sky Fit' Crèche staff, I understand that these are for the service use only Yes  No

I give permission for my child to be photographed/and or videotaped for media reportage Yes  No

**HEADLICE CONSENT**

I give permission for Sky Fit' Crèche staff members to inspect my child's hair for head lice Yes  No

**TOILET TRAINING**

**Is your child toilet trained?** Yes  No

**If yes, what stage are they at?** \_\_\_\_\_

**Details of person/s that has consent to authorise collection, administration of medication, notify and care for child and who can authorise an educator to take the child outside the education and care services**

**premises.** *There may be times when the child may need to be collected, delivered or may have an accident, injury, and trauma, require medication administered or illness and the parents/guardians/persons with lawful authority cannot be contacted. In order to care for the child and deal with these situations the children's service will notify the one of the following people who are authorised and can provide consent.*

**MUST PROVIDE ATLEAST TWO PERSONS OF CONTACT.** *If you are unable to provide two contacts please complete the statement below.*

I (full name), \_\_\_\_\_ am not able to provide additional contact details of an authorised person/s in the event that SKY Fitness Crèche are unable to contact the Parents/Guardians/Person with lawful authority. SKY Fitness Crèche will adhere to company policies and procedures, if a situation is to arise that Parents/Guardian/Persons with lawful authority cannot be contacted.

**Signature:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

Full Name:	Full Name:
Phone: (H) (W) (M)	Phone: (H) (W) (M)
Address	Address
Relationship to child:	Relationship to child:

## AUTHORISATION TO COLLECT

Note: SKY Fitness Crèche will not allow any person to collect your child other than those listed below. Any change will only be accepted by written authority by the parents/guardians/person with lawful authority. This may include another SKY FITNESS member or a gym partner.

Full Name:	Full Name:
Phone: (H) (M) (W)	Phone: (H) (M) (W)
Address	Address
Relationship to child:	Relationship to child:

### CONDITIONS

By enrolling my child I agree to the following conditions:

1. Child is only accepted into the crèche from 8 weeks of age.
2. I am willing for my child to participate in all activities offered in the crèche. I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child to participate in a particular activity.
3. Although every care will be taken, Centre Staff are free from all responsibility for accidents or loss of property in connection with any child's participation.
4. The Centre reserves the right to exclude child from the Crèche for misbehaviour that is deemed inappropriate. **NOTE: in the event of suspension or expulsion from the Crèche, it is the parents' responsibility to have the child collected immediately.**
5. The Centre reserves the right to refuse any child or person entry to the Crèche.
6. I agree to adhere to session times and will not exceed these times.

### AUTHORISATION

In the event of an accident or illness suffered by my child, I understand that the staff of the SKY Fitness Traralgon Crèche/Childcare service will try their best and contact me the parents/guardian. When it is impractical or impossible to communicate with me the parent/guardian, I authorise the Crèche/Childcare staff to obtain on my behalf, such medical, surgical treatment or Ambulance service as may be deemed necessary and in the best interest of the child. I also agree to pay any expense associated with the treatment given to my child/ward.

### DECLARATION

I declare that the information above is complete and accurate, and I have read, understood and agree to the conditions outlined above.

I understand and agree that all times my child shall be at my own risk and I will not hold the Company, the centre or its staff liable for any personal injury which may result to my child or loss of property except for any liability by the Company if it fails to render its services with due care and skill or supplies any material in connection with those services which is not reasonably fit for the purpose for which they are supplied.

Confidentiality of Enrolment Records

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's Services Regulations 2011 (regulation 35(1) (d-e))

The Education and Care Services National Law Act 2010 (National Law) and the Education and Care Services National Regulations 2011 (National Regulations) use some different terminology from that used in the Children's Services Act 1996 and the Children's Services Regulations 2009.

"Lawful Authority" is not referred to in the National Law or the National Regulations. Instead there is a reference to 'parental responsibility'. The term is referred to in the definition of parent in the National Law (above) and is defined in the Family Law Act 1975 as "all the duties, powers, responsibilities and authority which, by law, parents have in relation to children".

**PARENTS:** All parents have the powers and responsibilities in relation to the children that can only be changed by court order. These refer to all the duties, powers, responsibilities and authority are referred to as parental responsibility. It is they are not affected by the relationship between the parents, such as whether or not they have lived together or married. A court order may take away the authority of a parent to do something, or give it to another person.

**GUARDIANS:** A guardian of a child also has parental responsibility. A legal guardian is given parental responsibility by a court order. This includes situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care of the child.

**PARENTAL RESPONSIBILITY:** A person other than a parent can be allocated parental responsibility, that is, all the duties, powers, responsibilities and authority which, by law, parents have in relation to children, under a decision or order of a court.

**AUTHORISED NOMINEE** means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.

Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Crèche Use Only

Date of Enrolment \_\_\_/\_\_\_/\_\_\_ Staff Name \_\_\_\_\_ Signature \_\_\_\_\_