

Jabiru Childcare Centre

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Enrolment Agreement

Welcome

We look forward to caring for your child and welcoming your family into the Jabiru Childcare Centre. If you have any suggestions or ideas please feel free to approach the Centre Manager or any other staff member. Your input is very valuable and greatly appreciated. Please contact the Centre Manager if you have any concerns about the service we provide. We welcome you and look forward to developing a friendly, warm and trusting relationship with you and your child.

Enrolment Information

Please read this form carefully and answer **ALL** sections. In any sections that do not apply, write "N/A". Please ask for clarification or assistance if required.

Child Information

First Name:		Surname:	
Sex (M/F):		Date of Birth:	
Cultural background:		Town/Country of Birth:	
Address:			
Language at Home:		Other Languages:	
Child CRN:		Medicare No:	
Siblings:			
Other Members of Household:			
Booking days: <i>(Please circle)</i>	M, T, W, Th, Fri Week Casual Half day session am / pm (for pre-schoolers only)		
Start date:			

Office use only:	Group:	Start date:	Group Leader noted:	Partnership form:
Orientation:	Parent H/Book:	CRN's: CCB/CCR:	Direct Debit:	Entered Kidsoft:

Please read the following carefully and indicate your agreement by circling your response in blue or black pen:

In enrolling my child _____, I agree to the following:

I understand that an operational plan is located in the foyer and will be expected to familiarise myself with the policies therein. I understand that if I do not agree with the policies, I have the option of withdrawing my child from care.

Yes/No

I understand that, in accordance with the priority of access guidelines, my place may be lost to higher priority families in the event that there are no other places available. I understand that I will be given written notice of this 14 days in advance if it is to occur.

Yes/No

I understand and accept that fees must be paid in accordance with the fee policy and that my child may be refused care if these requirements are not met. I understand that I will be liable for any additional costs incurred by the shire for debt recovery of outstanding fees.

Yes/No

I agree to keep my child at home while suffering from an infectious or contagious illness or while having a temperature above 38 degrees. In accordance to the Sick Child Policy, I understand my child cannot attend if she/he has been given Panadol or paracetamol products in the morning before attending the centre (this makes it difficult to identify the symptoms of illness). I agree to remove my child from the centre if he/she becomes suddenly ill.

Yes/No

I understand that in the event my child becomes suddenly ill or has an accident and the parent/guardian/emergency contacts cannot be contacted, the Manager or any other responsible staff member, as agents for the parent/parents, shall have discretionary power to seek immediate medical, dental, hospital, ambulance or chosen alternative services at my expense.

Yes/No

I will ensure that a responsible adult will bring my child to the Centre and that any special needs and/or information will be passed on to appropriate staff members.

Yes/No

I agree to drop off and to collect my child from the Centre as arranged on time. I understand and accept the late fee charges as stated in the Operating Plan.

Yes/No

I agree to make my child's bookings and cancellations two weeks in advance. I understand that if my child is away for any reason whatsoever I will not be reimbursed for this care.

Yes/No

I understand that West Arnhem Regional Council and staff take no responsibility for lost property.

Yes/No

I agree that if I have any concerns about any aspect of my child's care that I will promptly speak to the appropriate person as per the procedure outlined in the Operating Plan to enable a positive environment to be retained within the centre.

Yes/No

I will supply a piece of fruit or vegetable or alternative each day that my child is in attendance and any other special dietary requirements that are not supplied by the Centre.

Yes/No

I will ensure my child wears a shirt that covers his/her shoulders and brings a hat each day for sun protection. I will also apply sunscreen each morning before or on arrival I agree that Sunscreen and insect repellent can be applied to my child as necessary.

Yes/No

I will promptly notify the centre manager of any changes in my address, telephone numbers, place of work, family situation, updated immunisation records or any other relevant information.

Yes/No

I consent to my child being comforted with a cuddle when necessary.

Yes/No

I am happy for my child to have photographs taken for display in the centre. I consent to my child's photograph being used for publicity and fundraising for the centre. I consent to my child being photographed by other parents on special events such as birthday celebrations etc.

Yes/No

I will maintain effective and respectful communication with centre staff at all times. **Yes/No**

I agree at all times to be courteous and respectful to staff, parents, children and visitors using the centre. **Yes/No**

Throughout the year the centre conducts practice evacuation drills to ensure the children, staff and visitors are aware of the procedures in place in case of emergency. I give permission for my child to leave the centre and walk over to the West Arnhem Regional Council Office and/or local Cyclone shelter (Jabiru Community Hall or Jabiru Court House) during these practice drills. **Yes/No**

I understand that accidents are a natural part of childhood and childcare and that some accidents/incidents are spontaneous events that can not be prevented. **Yes/No**

I understand and accept that my child is likely to be in mixed aged family grouping prior to 9.30am and after 3pm each day whilst attending the centre. **Yes/No**

I understand that at times due to staffing issues my child may be in a combined mixed age group to ensure staff/child ratios are met. **Yes/No**

Parent Comments:

Parent/Guardian 1 Signature: _____

Date: _____

Parent/Guardian 2 Signature: _____

Date: _____

Manager Signature: _____

Date: _____

Parent Information

	Parent /Guardian1	Parent/Guardian 2
First name:		
Surname:		
Relationship to child:		
Date of Birth:		
Residential Address:		
Suburb & Postcode:		
Postal Address:		
Home Phone:		
Work Phone:		
Mobile Phone:		
Family CRN (Centrelink):		
Workplace/Occupation:		
Cultural/Religious Background:		
Email contact: Bills/Newsletter will be emailed to you		

Other Emergency Contacts (Must be over 18 years of age & not parent/guardians)

These people will be phoned if you are unable to be contacted i.e. you are late to pick up, child is sick, etc

1. Name: _____
 Relationship to Child: _____

Phone Numbers: h) _____ w) _____ mob) _____

Is this person authorised to collect your child – yes / no (please circle one)

Is this person authorised to consent to medical treatment – yes / no (please circle one)

2. Name: _____

Relationship to Child: _____

Phone Numbers: h) _____ w) _____ mob) _____

Is this person authorised to collect your child – yes / no (please circle one)

Is this person authorised to consent to medical treatment – yes / no (please circle one)

Persons NOT authorised to collect:

Access Information / Court Orders / Parenting Plans/Orders attached Yes / No

Child Medical Information

Name of Doctor / Medical Centre: _____ Phone Number: _____

Is your Child fully immunised? **Yes/No**

Please attach a copy of your child's immunisation details for our records.

If you choose not to immunise your child; please be aware that your child will be excluded in the case of an outbreak in the town of any vaccine preventable diseases. **Yes/No**

Does your Child have any allergies or restrictions that determine their diet? **Yes/No**

If YES, please describe:

Medical History/ Conditions:

- Asthma _____ (please provide an Asthma Care Plan)
- Anaphylaxis _____ (please provide a Anaphylaxis Action Plan)
- Allergies _____ (please provide an Allergy Action Plan)
- Other _____ (please provide Action Plan for arising symptoms associated with the medical condition)
- Medical History _____

Please carefully read appendix 10 of the Operating Plan for "Administration of Medication" and apply as necessary.

Does your Child take any regular medication? **Yes/No**

If YES, please describe name of medication and dosage:

Additional Needs

Does your child have any physical, emotional or learning limitations that may require additional attention? **Yes/No**

If YES, please describe the nature of the limitation, its cause and treatment and what may be required to assist your Child in our care and is it currently being assessed by a service provider (eg. Doctor, Speech therapist etc) and provide support documentation:

Child Behavioural Patterns

How well do you anticipate your child will react to the childcare environment?

How does your child react to stressful situations?

How does your child react to being away from you and have been cared for outside the home/family?

What is your usual method of behaviour guidance with your child?

How would you describe your child's personality?

Does your child have any fears? Please describe.

Routines

Is your child toilet trained? Yes/No

Do you have any concerns about your child's toileting Yes/No

If YES, please describe:

Does your child have any special words to indicate toileting needs? Yes/No

If YES, please describe: _____

Does your child have a daytime rest / sleep? Yes/No

If YES, what time and how long?

Does your child require a nappy for sleep? Yes/No

Does your child require a comforter for sleep (eg dummy, teddy) and do you give permission for your child to have their comforter during rest times? Yes/No

If YES, please describe:

Additional Information

Does your child take milk or formula? If YES, what type? Yes/No

How many feeds does your child have per day? _____

What times? _____

Please describe your child's bottle feeding habits (eg. Temperature of bottle, do they hold own bottle, will they drink it all at once or bits at a time etc):

Does your child feed him/herself? Yes/No

Does your child drink from a cup? Yes/No

Does your child use a spoon? Yes/No

Is there anything else you would like us to know about your child?

Child's Name: _____

Program & Early Childhood education – Family partnership

What are your goals for your child attending our service?

What areas/skills would you like us to focus on with your child?

What is your child's interests at the moment?

What are your child's strengths?

What are the areas your child has challenges with?

What does your family enjoy doing on weekends & holidays?

What ideas for play and learning would you like to see happen at the service?

As part of programming we incorporate the Early Years Learning Framework which covers the following outcomes:

Outcome 1 – Children have a strong sense of identity

Outcome 2 – Children are connected with and contribute to their world

Outcome 3 – Children have a strong sense of wellbeing

Outcome 4 – Children are confident and involved learners

Outcome 5 – Children are effective communicators

The program focuses on developing the child holistically and fostering the child's development through play based experiences. We aim to instil fairness, kindness, resilience and compassion within the children so that they learn valuable life skills for the future. We also foster children's development in social, emotional, physical & cognitive areas throughout the program.

Parent Support

Do you have any ideas that you would like to see included in the program, menu or routines?

Would you be prepared to come in and share some of your knowledge or special skills with the children?
