

# TINY TOWN CHILDREN'S CENTRE ENROLMENT BOOKLET

Child's Name:

Passport size Photo of  
Child

Please Tick to indicate Documents are Attached	X
1. Child Birth Certificate	
2. Immunisation Records	
3. Parent CRN Eligibility	
4. Child CRN Eligibility	
5. Photo Identification of all Parents and emergency Contacts	
6. All other Relevant Documentation	

7/6 Woodlake Blvd Durack 0830  
(08) 8932 1944

[tinytownchncentre@bigpond.com](mailto:tinytownchncentre@bigpond.com)

Service Hours: 7:00am – 5:30pm Monday – Friday

Tiny Town Children’s Centre requires this form to be completed and all documentation attached prior to your child’s first day of childcare with us. This information must be completed by one of the Child’s Parents/ Career, who have lawful authority in relation to the child.

Please notify us of any change of detail, as soon as they arise.

**Childs details:**

Child CRN:	
First Name(s):	
Middle Name:	
Surname:	
Preferred Name:	
Date of Birth:	
Country of Birth:	
Language(s) Spoken at Home:	
Religion:	
Home Address:	
	Post Code:
Is your Child:	Aboriginal      Torres Strait Islander      Neither

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

**Commencement Date:** \_\_\_\_\_

## Parent/Guardian Details:

### PRIMARY PARENT

CRN:	
Title:	First Name(s):
Surname:	
Relationship to Child:	
Date of Birth:	Country of Birth:
Does the child live with you?    Yes    No    Shared Care	
Comments/Details:	

Home Address:	
Postcode:	
Home Phone:	Mobile Phone:
Occupation:	
Organisation Name:	
Work Address:	
Postcode:	
Work Phone:	Personal Email:

### Tick boxes to Authorise:

Do you authorise this person to:

Authorise consent to medical treatment or to authorise administration of medication to the child	
Authorise an educator to take the child outside Tiny Town Children's Centre	

**SECONDARY PARENT**

Title:	First Name(s):		
Surname:			
Relationship to Child:			
Date of Birth:	Country of Birth:		
Does the child live with you?	Yes	No	Shared Care
Comments/Details:			
Home Address:			
			Postcode:
Home Phone:	Mobile:		
Occupation:			
Organisation Name:			
Work Address:			
			Postcode:
Work Phone:	Personal Email:		

**Tick boxes to Authorise:**

Do you authorise this person to:

Collect the child from Tiny Town Children’s Centre, care service	
Drop-off at Tiny Town Children’s Centre, care service	
Authorise consent to medical treatment or to authorise administration of medication to the child	
Authorise an educator to take the child outside Tiny Town Children’s Centre	

**EMERGENCY/AUTHORISED PERSON CONTACTS**

In case of an emergency, Tiny Town Children’s Centre will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed.

Please attach a copy of legal photo ID of each emergency/authorised person.

**CONTACT ONE**

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address:	
Postcode:	
Home Phone:	Mobile Phone:
Work Phone:	Email:

**Tick boxes to Authorise:**

Do you authorise this person to:

Collect the child from Tiny Town Children’s Centre, care service	
Drop-off at Tiny Town Children’s Centre, care service	
Authorise consent to medical treatment or to authorise administration of medication to the child	
Authorise an educator to take the child outside Tiny Town Children’s Centre	

**CONTACT TWO**

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address:	
Postcode:	
Home Phone:	Mobile Phone:
Work Phone:	Email:
Tick boxes to authorise:	Pick-up                  Drop-off                  Emergency
Contact Two Signature:	

**Tick boxes to Authorise:**

Do you authorise this person to:

Collect the child from Tiny Town Children’s Centre, care service	
Drop-off at Tiny Town Children’s Centre, care service	
Authorise consent to medical treatment or to authorise administration of medication to the child	
Authorise an educator to take the child outside Tiny Town Children’s Centre	

### **CONTACT THREE**

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address:	
Postcode:	
Home Phone:	Mobile Phone:
Work Phone:	Email:
Tick boxes to authorise:	Pick-up                  Drop-off                  Emergency
Contact Three Signature:	

#### **Tick boxes to Authorise:**

Do you authorise this person to:

Collect the child from Tiny Town Children's Centre, care service	
Drop-off at Tiny Town Children's Centre, care service	
Authorise consent to medical treatment or to authorise administration of medication to the child	
Authorise an educator to take the child outside Tiny Town Children's Centre	

### **COURT/CUSTODIAL ORDERS**

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

YES

NO

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

YES

NO

**Please attach a copy of all relevant documentation. Without copies of the current court orders or documentation, Educators of Tiny Town Children's Centre cannot enforce parent requests.**

## MEDICAL INFORMATION

Family Doctor Title:	First Name(s):	Surname:
Medical Centre Name:		
Address:		
Postcode:		
Contact Phone Number:		

Medicare Number:	Ambulance Cover: YES NO
Health Insurance Fund: YES NO	Insurance Number:
Health Insurance Name:	

## CHILD HEALTH INFORMATION

### Immunisation Record

Please attached a copy of all relevant documentation regarding the following.

Is your Child Fully Immunised YES NO Dates:

**A copy of your Child's Immunisation record must be sighted by a member of Tiny Town Children's Centre and a copy attached to this form.**

Does your Child suffer from any allergies YES NO

If Yes, please provide relevant details below including your Child's Allergy, side effects, treatment and action:

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Does your child have a diagnosed disability or special needs YES NO

If Yes, please provide relevant details below:

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Does your child take prescribed medication or treatment on regular basis? YES NO

If Yes, please provide relevant details below:

Does your child suffer from anaphylaxis?

YES

NO

If Yes, please provide relevant details below:

## **DIETARY REQUIREMENTS**

Does your child have any special dietary or cultural beliefs or particular food dislikes or likes?

If Yes, please provide relevant details below:

Please list any other details that could help us in providing your child with the most suitable dietary options:

## **MORE ABOUT YOUR CHILD**

Please provide the names and ages of your child's Siblings:

Name	Age


Does/ Can your child participate in festivals and Celebrations?      YES      NO

Please provide details below:

Does your Child sleep in a bed or cot?      Bed      Cot

Please describe your Child's Sleeping times/ habits (including day/night, comforters, and fears/phobias)

Is your child Toilet Trained or Training?      YES      NO

Please provide details, if necessary:

## **TINY TOWN CHILDREN'S CENTRE ENROLMENT AGREEMENT**

Please read the following agreement carefully before signing, please speak with the Centre if there is anything in the document that you are unsure of  
Please tick the following Clauses to Authorise:

## General

I/We give permission for this child to:

Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the centre)	YES		NO	
To transport my child to and from preschool if required. Bus excursion permission form to be completed prior.	YES		NO	
Have Sunscreen applied prior to sun exposure	YES		NO	
Have Band-aids or sticking plasters applied when necessary	YES		NO	
Have staff apply Nappy cream (Supplied by parents) clearly labelled with a pharmacy label and medication form completed	YES		NO	
Have staff apply teething Gel (Supplied by parents) clearly labelled with a pharmacy label and medication form completed	YES		NO	
Have staff apply insect repellent	YES		NO	

## Photos and Video Footage:

I/We give permission:

For photos and video footage to be taken of my/our child for centre use and staff training purposes (Photo's and video's will remain at the centre)	YES		NO	
For photos and video footage of my/our child to be used for Programming purposed and to be shared with educators of the service	YES		NO	
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the centre for students to present to lecturer and class for viewing and marking)	YES		NO	
For photos and video footage of my/our child to be used on the Tiny Town Children's Centre social media and other internet purposes, such as advertisement and used in organisation's resources	YES		NO	
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies?	YES		NO	

## Illness and Exclusion

### Rationale

Families that utilize education and care services place a high level of trust and responsibility on educators in the belief that, in their absence, their children will be kept safe and their health and wellbeing protected.

All children have the right to develop to their full potential in an environment which provides for their health, safety and wellbeing. Effective infection control procedures assist services to protect all persons from, and minimize the potential risk of, disease and illness.

Children that are unwell pose a risk of infection to other children and educators/staff.

The Education and Care Services National Law Act 2010 requires that the approved provider/nominated supervisor take reasonable care to protect children from foreseeable risk of infection. The Education and Care Services National Regulations require the service to take appropriate action to prevent the spread of an infectious disease at the service and to notify parents/guardians as soon as possible if there is an occurrence of an infectious disease at the education and care service.

Tiny Town Children's Centre operates to provide care for well children and aims to ensure a safe and healthy environment for all children in its care. The service is not able to provide the 1:1 support that the sick child requires to ensure their wellbeing and has a responsibility not to compromise the health and safety of other children and staff members.

## Procedures

*This procedure is to be implemented in conjunction with the Administration of Medication Policy. Please refer to that policy for guidance before administering any medication.*

### Onset of Illness at the Service

- If a child becomes unwell whilst at the service, the parents/guardians will be notified and asked to pick the child up as soon as possible. If the parents cannot be contacted, the emergency contacts will be contacted to collect the child. It is an expectation that parents, or authorized persons collect the child as soon as possible after notification.
- If a child reaches a temperature **at or over 38 degrees; and is also displaying signs of ill health** such as drowsiness, paleness, breathing difficulty or distress, **the educator will:**
  1. Inform the Director or responsible person in charge;
  2. Contact parent/guardian and ask them to collect the child;
  3. Educators will take physical steps to try to reduce the child's temperature i.e. removing excess clothing, laying child in a cool place, such as in the Air-con, encouraging the child to drink cool water etc. whilst waiting for medical treatment;
  4. If the child seems well and happy, there is no need to treat a fever. If the child is unhappy, and the parent gives permission, the educator may give 1 dose of Panadol to bring temperature down. The parent then must sign a medication form on collection of their unwell child.
- If an infant of child has had several consecutive loose stools or Diarrhea, the child will need to be collected by the parent/guardian to avoid the risk of infection or illness spreading in the service. The child needs to be excluded until the diarrhea has stopped for at least 24 hours.
- If the child has any kind of wound, including ear and or eye infections, that cannot be contained in a hygienic manner, for the safety of the child and the other children the child will be excluded until well.
- It is up to the Directors discretion to deem a child well enough to attend the service, based on the child's wellbeing and considering the risk their illness may have on other children and Educators of the service.
- If the parents/guardian cannot be contacted and emergency contact cannot collect the child, medical treatment will be sought at the parent's expense.
- Where an illness has been present in the service, we will provide this information to parent/guardian to assist with medical treatment.
- All illness at the service is recorded on an *Incident, Injury, Trauma & Illness Record*.
- In the event of an outbreak of a communicable disease at the service, educators, staff, families and the local public health unit will be notified immediately and in accordance with the NHMRC

recommended notifiable diseases, to help minimize the number of children or staff that become unwell.

I/We:

1. I have viewed the Tiny Town Children's Centre and consent to the enrolment of my/our child.
2. Understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment release and authorise release of the child.
3. Received and read the Centre's Parent handbook and understand any changes to such will be displayed on the centre notice board in the entrance of the centre.
4. Agree to comply with all Government requirements in relation to the centre and its service.
5. Understand that children who are third priority under the priority of Access Guidelines may be required to alter their days or give up their place at the centre in order to provide a place for a higher priority child. The priorities are as follows:
  - First priority:** Child at risk of serious abuse or neglect
  - Second priority:** Children whose parents satisfy work/training/ study test under section 14 of the Family Assistance Act.
  - Third Priority:** Any other child
6. Agree that in the case of an accident or injury, the centre will attempt to contact me/us and where I/we cannot be contacted, medical care and/or Ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred
7. *Are aware that the child will be excluded from care at the centre if he/she has contracted a contagious illness or condition*
8. Understand that the child will be accepted back into the centre upon provision of a "Clearance certificate" for the child from a medical practitioner
9. Agree to provide the Centre with all information regarding the health of my/our child
10. Understand that the centre may be used as a training and observation centre by students aiming to/ or already working with young children
11. Are aware that the centre may occasionally have visitors or volunteers at the centre, and consent to my/our child being in the presence of volunteers or visitors, with the centre's appropriate supervision
12. Agree to pay the weekly fee on the due day through direct debit to the centre Bank Account. Fees must remain 2 weeks in advance at all times.
13. Are aware that to cancel childcare we are required to give notice in writing Two weeks prior to the date of withdrawal, otherwise fees will continue to be charged. During this period, we are aware that if our child does not attend we are liable to pay full fees.

- 14. Are aware that fees for public holidays are payable if the day is a usual day of attendance
- 15. Are aware that fees are payable for all booked days, including absent days, i.e. Sick days and family holidays
- 16. Understand that should this account be referred to a Debt collection Agency an additional fee of 15% of the outstanding amount will be incurred.

I/We have read, understood and agree to abide by the conditions of this contract.

Parent/ Guardian

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Parent/ Guardian

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

How did you find out about Tiny Town Children’s Centre?

Word of Mouth		Internet Search	
Website		Facebook	
Advertising		Other (Please expand)	