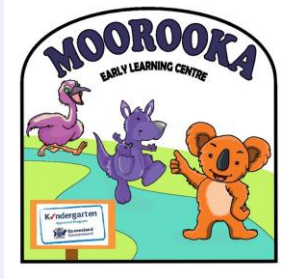


# Welcome to Moorooka Early Learning Centre

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



|                           |     |      |     |       |     |
|---------------------------|-----|------|-----|-------|-----|
| <b>Days of attendance</b> | Mon | Tues | Wed | Thurs | Fri |
| Session Start             |     |      |     |       |     |
| Session End               |     |      |     |       |     |
| Child's Start Date:       |     |      |     |       |     |

## ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

|                                     |  |
|-------------------------------------|--|
| Child's birth certificate           | Childcare Subsidy Confirmation               |
| Immunisation record                 | Medical conditions documents (if applicable) |
| Complying Written Agreement         | Completed EziDebit Authorisation             |
| Family Photo for our belonging wall | Media Consent Form                           |

|   |   |
|---|---|
| <i>Service name:</i> Moorooka Early Learning Centre |   |
| <i>Address:</i> 14 Sherley Street, Moorooka         |   |
| <i>Phone number:</i> 3892 4429                      | <i>Email:</i> director@moorookaearlylearning.com.au |



| OFFICE USE ONLY |             |
|-----------------|-------------|
| Date Entered:   | Entered By: |

**CHILD DETAILS**

|                                   |  |                      |               |
|-----------------------------------|--|----------------------|---------------|
| Given Name(s):                    |  |                      |               |
| Middle Name:                      |  | Surname:             |               |
| Name Usually Called:              |  |                      |               |
| Date of Birth:                    |  | Sex (Please circle): | Male / Female |
| Centrelink Reference Number (CRN) |  |                      |               |
| Child's home address:             |  |                      |               |
| Child lives with:                 |  |                      |               |

**PRIMARY PARENT**

|                        |            |  |     |
|------------------------|------------|--|-----|
| Parent Name:           |            |  |     |
| Address:               |            |  |     |
| Phone Number/s:        | (M)<br>(W) |  | (H) |
| Parent Date of Birth:  |            |  |     |
| Email address:         |            |  |     |
| Relationship to child: |            |  |     |
| Country of Birth:      |            |  |     |
| Parent CRN             |            |  |     |
| Occupation             |            |  |     |
| Place of employment    |            |  |     |
| Hours of work:         |            |  |     |

**SECONDARY PARENT**

|                        |            |  |     |
|------------------------|------------|--|-----|
| Parent Name:           |            |  |     |
| Address:               |            |  |     |
| Phone Number/s:        | (M)<br>(W) |  | (H) |
| Parent Date of Birth:  |            |  |     |
| Email address:         |            |  |     |
| Relationship to child: |            |  |     |
| Country of Birth:      |            |  |     |
| Parent CRN             |            |  |     |
| Occupation:            |            |  |     |
| Place of employment:   |            |  |     |
| Hours of work:         |            |  |     |

**CULTURAL CONSIDERATION**

|  |          |
|--|----------|
| Language spoken at home:   |          |
| Ethnicity:   |          |
| Religion:  |          |
| Is the Child of Aboriginal or Torres Strait Islander Descent?  | Yes / No |
| Please outline any cultural practices you would like followed:   |          |
| Please outline the Child's religious background and if relevant any religious practices you would like followed: |          |
| Religious celebrations:  |          |

**MEDICAL INFORMATION**

|   |  |                          |  |
|---|--|--------------------------|--|
| Medicare Number:  |  |                          |  |
| Medicare Expiry Date:   |  | Number of child on card: |  |
| Please outline any dietary restrictions or considerations e.g. like and dislikes. (Allergies listed in section below) |  |                          |  |

**Child's Registered Medical Practitioner or Service Details:**

|                      |  |
|----------------------|--|
| Service Name:        |  |
| Practitioner's Name: |  |
| Contact Numbers:     |  |
| Address:             |  |

**Child's Registered Dental Practitioner or Service Details:**

|                      |  |
|----------------------|--|
| Service Name:        |  |
| Practitioner's Name: |  |
| Contact Numbers:     |  |
| Address:             |  |

|  |          |
|--|----------|
| Private Health Cover (Please Circle):  | Yes / No |
| Private Health Fund Name:              |          |
| Private Health Care Membership Number: |          |
| Ambulance Cover:                       | Yes / No |

|   |  |                 |
|---|--|-----------------|
| <p>Does the child have any specific health care needs or conditions, including allergies or anaphylaxis?</p>  | <p>Yes / No</p> <p>If yes, please provide a medical management plan, which the child's medical practitioner has prepared.</p> <p>The Plan should include:</p> <p><input type="checkbox"/> A photo of the child</p> <p><input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis</p> <p><input type="checkbox"/> First aid needed</p> <p><input type="checkbox"/> Contact details of the doctor who signed the plan</p> <p><input type="checkbox"/> When the Plan should be reviewed.</p> |                 |
| <p>Does the child have any dietary restrictions?</p>  | <p>Yes / No</p>  | <p>Attached</p> |
| <p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> <li>• The label must contain the child's name and</li> <li>• Parents must provide any verbal or written instructions provided by the medical practitioner.</li> </ul> <p>Any medication, including non-prescription medication like nappy creams must be authorised by parents</p> |  |                 |
| <p>Parent Signature :</p>   |  |                 |
| <p>Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?</p>  | <p>Yes / No</p>  |                 |
| <p>Parent Signature</p>   |  |                 |
| <p>Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?</p>   | <p>Yes / No</p>  |                 |
| <p>Parent Signature:</p>  |  |                 |
| <p>Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle)</p>   | <p>Yes / No</p>  |                 |
| <p>Parent Signature:</p>  |  |                 |
| <p>Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.</p>   |  |                 |
| <p>Parent Signature:</p>  |  |                 |

**DEVELOPMENTAL INFORMATION**

|  |  |
|--|--|
| <p>Please provide us with any other information we should know about your child<br/><i>(For example, toileting and sleeping practices, food dislikes etc.)</i></p> |  |
|--|--|

**FAMILY INFORMATION**

|  |  |
|--|--|
| Does the child have any siblings? If so, please provide their names and ages.  |  |
| Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names and ages. |  |

**Child's General Routine (rest times, meal times etc)**

| TIME | ROUTINE |
|------|---------|
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |

**COURT ORDER**

|   |   |          |
|---|---|----------|
| Are there any court orders, 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  | Attached |
|   | If yes, please provide all relevant documentation and paperwork |          |
| 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  | Attached |
|   | If yes, please provide all relevant documentation and paperwork |          |

**Please note that without this documentation we cannot legally enforce the Order/s.**

### EMERGENCY CONTACTS

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

**Please obtain the person’s consent before listing them as an emergency contact**

|  |  |          |
|--|--|----------|
| Full Name:   |  |          |
| Relationship to child:   |  |          |
| Address:   |  |          |
| Phone Number:  |  |          |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) |  | Yes / No |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted? (Please Circle)   |  | Yes / No |
| Can this person be contacted to give consent to the transportation of the child by an ambulance service?   |  | Yes / No |
| Can this person give authorisation for the Service to take the child on regular outings?   |  | Yes / No |
| Parent Signature:  |  |          |

### SECOND EMERGENCY CONTACT

|  |  |          |
|--|--|----------|
| Full Name:   |  |          |
| Relationship to child:   |  |          |
| Address:   |  |          |
| Phone Number:  |  |          |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) |  | Yes / No |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted? (Please Circle)   |  | Yes / No |
| Can this person be contacted to give consent to the transportation of the child by an ambulance service?   |  | Yes / No |
| Can this person give authorisation for the Service to take the child on regular outings?   |  | Yes / No |
| Parent Signature:  |  |          |

### CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

|  |          |
|--|----------|
| You and your partner must care for your child at least 2 nights per fortnight or have 14% care | Yes / No |
| Are you liable for fees for care provided at an approved child care service?                   | Yes / No |
| Do you meet residency requirements?  | Yes / No |
| Does your child meet immunisation requirements?  | Yes / No |
| Have you completed the Child Care Subsidy assessment on the myGov website?                     | Yes / No |
| Have you received confirmation about your Child Care Subsidy?                                  | Yes / No |

*Please attach a copy of your Child Care Subsidy Assessment from Centerlink*

### QKFS PLUS SUPPORT FUNDING

If your child is of eligible age and meets any of the three criteria below, you may be eligible for the QKFS Plus Kindy Support subsidy which is designed to reduce out of pocket expenses.

Do you hold a Health Care Card?    Yes   /   No

|              |  |
|--------------|--|
| Name on Card |  |
| Type of Card |  |
| Card Number  |  |
| Expiry Date: |  |

*We require a photocopy of your card to keep on file, please bring this card into the centre for photocopying as soon as possible.*

Is your child currently attending another Queensland Government Kindergarten Approved Program? This could be at another Long Day Care Service or a C&K Service

**Yes   No**

If yes, is this Service claiming funding for your child?

**Yes   No**

Have you nominated which service you wish to access as your funded kindergarten program? If so please state which service you have nominated.

**Yes   No**

**Please Note:**

If you need assistance with filling out this form please speak to the Director who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

## ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

### HEALTH & SAFETY:

|   |     |    |
|---|-----|----|
| 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 Service) | YES | NO |
| Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)  | YES | NO |
| Have Band-Aids or sticking plasters applied when necessary  | YES | NO |
| Have staff apply Nappy Cream/Paste (supplied by parents)  | YES | NO |
| Have staff apply Teething Gel (supplied by parents)   | YES | NO |
| Have staff apply Insect Repellent (supplied by parents)   | YES | NO |

### Current Fee Schedule

Fees are determined by your Childcare Subsidy assessment. Sessions are allocated based on hours available per fortnight.

| Applicable to all age groups               |   |                   |
|--|---|-------------------|
| Hours granted per fortnight                | Session Type  | Fees per session  |
| 24hrs per fortnight                        | [a] 6 hrs from 9am – 3pm at discretion of management  | [a] \$90/session  |
|  | [b] 12 hr session   | [b] \$99/session  |
| 36hrs per fortnight<br>72hrs per fortnight | 9 hr session  | \$99/session      |
| 100hrs per fortnight                       | [a] 10hr session  | [a] \$99/ session |
|  | [b] 10hr session x 5 days   | [b] \$95/session  |
| Inclusions:                                | Nappies, wipes and sunscreen  |                   |
| Additional Surcharges                      | Once off admin fee upon enrolment : \$50 (non-refundable)<br><br>MELC organises incursions throughout the year for all age groups depending on their interest areas. Some of these incursions do attract a small surcharge for families that is determined at time of booking. Surcharges are generally between \$8-\$10 and are communicated in advance. |                   |

Fees are payable weekly via EziDebit.



## Complying Written Arrangement for Child Care Subsidy

Dear families, please confirm acceptance of the following items so that our Service can receive Child Care funding on your behalf and reduce your fees.

### Parties to the Agreement

|                 |  |
|-----------------|--|
| Between         |  |
| And             | Moorooka Early Learning Centre (86454987039) |
| For the Care of |  |
| By              | Moorooka Early Learning Centre               |

### Routine/ongoing care

| Day       | Care Required | Session start | Session end | Fee                | Unit    |
|-----------|---------------|---------------|-------------|--------------------|---------|
| Monday    |               | : am          | : pm        | refer fee schedule | Session |
| Tuesday   |               | : am          | : pm        | refer fee schedule | Session |
| Wednesday |               | : am          | : pm        | refer fee schedule | Session |
| Thursday  |               | : am          | : pm        | refer fee schedule | Session |
| Friday    |               | : am          | : pm        | refer fee schedule | Session |

### Casual/flexible care

| Day | Fee                | Unit    |
|-----|--------------------|---------|
| Any | refer fee schedule | Session |

I confirm:

- the details I have provided above are true and correct
- I have agreed to the days of care and the start and end times of these sessions
- care may be provided on a casual or flexible basis where available at the Service in addition to routine care and
- I am liable to pay fees for my child's care as indicated above and in line with other information the Service makes available to me (such as a Fee Schedule) which are subject to change over time based on advice from the Provider.

\_\_\_\_\_  
Parent/Guardian Signature

Date / /

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service \$50 enrolment fee prior to my child starting and am aware that the enrolment fee is non-refundable.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to giving two weeks written notice to withdraw my child or reduce booked days
- I agree apply sunscreen upon arrival to the service and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter

stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.

- I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I have read the Parent Handbook and am familiar with the Service’s Policy Manual. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.
- I give permission for my child’s records to be handed on to future owners of Moorooka Early Learning Centre.
- I give permission for my children to participate in regular fire drill procedures.
- I have provided accurate and up to date information on the Written Arrangement
- I, or someone I know has a skill they could share with the children.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

|               |  |                 |  |
|---------------|--|-----------------|--|
| Word of Mouth |  | Internet Search |  |
| Advertisement |  | Social Media    |  |
| Website       |  | Other: _____    |  |

**Privacy Disclaimer**

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

**2018 Media Consent Form**

Media/ Photographs/ Video/ Audio Release

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

**Photographic/Video/Audio Communication Release**

I authorise Moorooka Early Learning Centre and the current Early Childhood Educators to take and use any photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's likeness (the material), either in full or in part, in conjunction with any wording or artworks for the following purposes (please tick all that apply)

- Personal Learning Portfolio (for observations, documentation and recording purposes)
- Centre newsletters, photographs of special events sent home to all families at the Centre via email or via the closed Facebook Group – "MELC Parent Portal"
- Centre Website
- Centre promotional material

- I do not give permission for my child's photograph, name or work to be published in any form of media by Moorooka Early Learning Centre

Comment:

---

---

---

Primary Caregivers Name: \_\_\_\_\_

Primary Caregivers Signature: \_\_\_\_\_

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

**Information for the Primary Caregiver**

I understand that the above forms of media may be accompanied by my child's first name and up to the first three initial of their last name (in the event of 2 children having the same first name). I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrolment

### My Story (for lead educators)

My name is \_\_\_\_\_ Date \_\_\_\_\_ and this is my story.

My Parents Names are: \_\_\_\_\_ and

\_\_\_\_\_

I have \_\_\_\_\_ siblings. Their names are:

\_\_\_\_\_

My pets names are: \_\_\_\_\_

My family's cultural heritage is:

\_\_\_\_\_

At home I like to play with, (toys, friends etc):

\_\_\_\_\_

\_\_\_\_\_

I have learnt to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Over the next six months I would like to achieve:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behaviours my parents would like to be followed up:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am scared of: (storms, balloons etc):

\_\_\_\_\_

\_\_\_\_\_

I am very interested in:

\_\_\_\_\_

\_\_\_\_\_

My favourite book is:

Other information

Does your child separate easily? \_\_\_\_\_

Does your child have a comforter or special toy? \_\_\_\_\_

Any other information that you feel in important?

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Thank You for taking the time to complete this profile it will help us in the development of our teaching program.

*Please attached a Family Photo Below for our Kindy Family Tree*

