

Indigo Enrolment Form



Childs First Name: _____ Last Name: _____

Sex: M F

Address (if different to yours): _____

Childs Customer Reference Number (CRN): _____

Start Date For Care: _____ (tick if this is an estimated date)

Birth Certificate Number _____ DOB _____ Place of Birth _____

Centre Name _____ Type of Care Centre Based Care Outside School Hours Care

Care Requirements	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival Time					
Departure Time					

Will you be claiming Child Care Subsidy? No Yes Other _____

Will your child be using another centre? No Yes If Yes, how many days: _____

Casual Care : Do you wish to claim Child Care Subsidy (CCS) on any additional days of care used? No Yes

	Parent one (Parent who will authorise the enrolment through their myGov account. This parent is responsible for the account.)	Parent two/other
	Dr / Mr / Mrs / Ms / Miss	Dr / Mr / Mrs / Ms / Miss
First name		
Last name		
Relationship to child		
Customer Reference Number (CRN)		
Date of Birth		
Home address		
Suburb & Post Code		
Postal address (if different to above)		
Suburb & Post Code		
Email address		
Home phone		
Mobile phone		
Work phone		
Place of Work (company)		
Work address		
Suburb & Post Code		
Occupation		
Ethnicity/Language spoken		

Child's Doctor	Child's Dentist
Doctors address	Dentist address
Doctors phone	Dentist phone
Medicare Number	Ambulance Fund

Authorisations - I authorise the educators of the centre to give the following people the associated authorisations.

- Authorisation to drop off/collect my child/children:** I authorise the educators of the centre to give the following people access to drop off/collect my child/children:
Notes: Authorised persons must be willing and able to collect your child/children, including in the case of an emergency
At least 2 persons must be nominated before enrolment commences
"Drop Off" means persons from whom your child/children will be received at the premises from. "Collect" means persons authorised to collect your child/children from the premises. "Yes" means you give authority.
- Permission to authorise medication to be given to my child/children:** I authorise these people to direct the educators of the centre to give medication to my child/children
- Authorisation to sign excursion form for my child/ren:** I authorise these people to sign my child's excursion form on my behalf.

Educators will not allow your child/children to go with anyone except where permission is given

Authorised Persons			
	Person 1	Person 2	Person 3
First Name			
Surname			
Relationship to the child			
Mobile			
Home phone			
Work phone			
Address			
Permission to Drop off/Collect	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Permission to contact in an emergency	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Permission to authorise medication	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Permission to authorise excursions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of Guardianship and Custody:
The biological father and mother have a legal right to drop off and pick up their child unless the centre is provided with a copy of an appropriate court order (if any). In a defacto relationship, where one partner is not the biological parent, they can only drop off/collect the child if they are entered on this enrolment form as either "Parent two/other" or an "Authorised person" and listed above.

Court Orders - (Note: Regulations require us to record details of any Court Orders)
Please provide details of any Court Orders relating to the (i) long term care, welfare and development of your child; (ii) residence of your child; or (iii) contact of a person with your child. _____
Copy on file: Yes Date: _____

Priority of Access: The centre must comply with enrolment priority guidelines set down by the Department of Education and Training, Australian Government. Please indicate your category by ticking the appropriate box below.

Priority 1: Child/ren at risk of serious abuse or neglect

Priority 2: Child/ren of a single parent or parents who satisfies the work/training/study test of section 14 of the Family Assistance Act

Priority 3: Any other Child/ren

The guidelines also require priority within these categories to be given to children in the following families. Please indicate if your child/ren is in any of these by ticking the appropriate box below.

Aboriginal/Torres Strait Islander family Family with a disabled person Lower income family

Non- English speaking background family Socially isolated family Single parent family

Other children living at home - Names and Dates of Birth	Child 1	Date of Birth
	Child 2	Date of Birth
	Child 2	Date of Birth

General Authorisations:

Your permission is sought for the following authorisations	Please write Yes or No	If Yes, please authorise by signing below
I agree that my child may be taken to places specified below. I understand that I will be asked for my written authority for any outing outside those noted. 1) Community Facilities e.g Playground, Library, within walking distance from the centre. 2) School drop off/pick up if attending Outside School Hours Care (OSHC)		
I give permission for sunscreen lotion, antiseptic creams, insect repellent and general first aid equipment to be applied to my child, when needed.		
When I provide any non medicated creams and ointments to the centre, I give permission for the educators at the centre to apply these to my child, when needed. Eg, teething gel, nappy rash cream		
I give permission for my child to be photographed whilst participating in the learning program for internal display and service display. These photos may also be used for print/online promotion and general marketing, used in the webpage and on social media without compensation to me. (No child's surname will be published in advertising material or online)		
I understand that I will be asked to complete a separate permission form for my child/ren where photographs are to be used outside of this service for purposes such as the newspaper/local media.		
I give permission for my child to receive individual observations by childcare students on accredited training programs in the centre		
I give the centre permission to display a health plan (Asthma, Anaphylaxis and Allergies), including a photo of my child, within the centre, for the safety of my child.		
I give permission for my child/ren to leave the premises as a part of the Emergency Drills conducted by the centre.		
I give permission for my child _____ to be enrolled into the _____ room. I acknowledge that my child is developmentally ready and I am aware of the staff to child ratio for this age group.		

Mandatory Authorisations:

The authorisations below are mandatory; if unsure please don't hesitate to discuss them with the Centre Manager	Please authorise by signing in each box below
In the case of my child having an infectious disease, I agree to exclude him/her from the centre for the period of time recommended by my doctor. A medical clearance will be required on their return.	
In the event of an emergency and where parents and emergency contacts listed cannot be reached, I authorise the staff to seek medical, dental or hospital attention.	
In the event of an emergency, I authorise for my child to be transported by the centre bus, an employee's vehicle and/or ambulance	
I agree that any medical expenses incurred whilst my child is attending the centre will be my responsibility	
In the case of an emergency Anaphylaxis reaction I give permission for my child to be administered with a generic Epipen by an Indigo staff member.	

Terms and Conditions - please read and sign your agreement

- 1 I have viewed the childcare centre and consent to the enrolment of my child.
- 2 I acknowledge having received and read Indigo's Parent Handbook and I understand I will be notified of any changes via email or the centres notice board.
- 3 I agree to comply with all Government requirements in relation to the Centre and its service.
- 4 I agree that in the case of an accident or injury and in the event that I cannot be contacted, medical care may be sought and given to my child. I agree to meet any expenses incurred.
- 5 I agree that in the case of an emergency where Asthma or Anaphylaxis first aid is administered, the medical expenses for replacment of this equipment will be added to my account.
- 6 In cases where I claim Childcare Subsidy (CCS), I am aware that it is my responsibility to keep my information with Centrelink up to date, such as a current Income Assessment, accurate information regarding the Activity Test and up to date Immunisation Records. Parent one will be responsible for the cost of the account, and will be required to approve the application of Child Care Subsidy to the centre through their myGov account. The Child Care Subsidy will be applied to my account in accordance with information provided to the centre by the Department of Education and Child Care Subsidy System (CCSS).
- 7 I am aware that 2 weeks notice is required for reducing or cancelling care this must be given in advance and in writing, otherwise fees will continue to be charged.
- 8 a) I am aware that prior to my child starting care I must **PAY 2 WEEKS FEES IN ADVANCE**.
b) I am aware that **FEES FOR PUBLIC HOLIDAYS ARE PAYABLE**.
c) I am aware that **SICK DAYS AND NON ATTENDING DAYS (SUCH AS ANNUAL LEAVE) ARE PAYABLE**. *(Please be advised that parents eligible for CCS will recieve assistance for the first 42 absent days per financial year, thereafter the full cost of the fees will be payable by the parent)*
- 9 I am aware that I can request to be charged the reduced holiday fee schedule for Annual Leave to hold my booking.
I am aware that the Holiday rate can be applied to for a maximum of 2 weeks of regular bookings per calendar year (Full weeks
- 10 I have read and understood Policy 2.3.2 Late Collection of Children from the service and am aware of the \$1 per minute payment to the rostered educator.
- 11 I am aware that if my child is booked in After School care and he/she does not require care that day I MUST contact the centre by no later than 1pm. If Indigo do not receive notification by 1pm we reserve the right to charge a fee of \$10 to your account.
- 12 If my child has not been collected within 30 minutes of the centres closing time and in the event I cannot be contacted, nor the emergency contacts, then the Department for Child Protection and Family Support or Crisis Care will be contacted and advice sort as to the appropriate action.
- 13 I am aware that fees may be adjusted with due notice given to parents.
- 14 I am willing to make other arrangement for the care of my child, If requested by the centre.
- 15 I agree to inform the Centre Manager of any changes that may affect the priority of Access or affect the amount of fees payable.
- 16 In the case of respite care, should the position be required by a family already working/studying, alternative days or temporary temination of care maybe necessary.
- 17 The Centre reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the best interest of the Centre. It agrees to give the parents reasonable notice of its intention to exercise this right and will refund any payments in credit.
- 18 I agree that fees will be paid using DebitSuccess (Direct Debit) and will always be a minimum of 1 week in advance.
- 19 If my account is referred to a debt collection agency, I agree to pay all fees and charges associated with recovering the outstanding amount specified on the statement, including interest, the centre legal costs, bank fee charges and all other expenses incurred in attempting to recover the debt and any fees and commisions or other amounts paid to a collection agency to act on the behalf of Indigo.
- 20 I understand that responsibility for my children in the car park lies with the parent or guardian.
- 21 I understand that it's a requirement for enrolment that my child/ren are immunised. I agree to abide by the Federal Governments requirements on immunisation.
- 22 ***I have read and understood all the conditions in this Enrolment form, and when asked, have had explained relevant information about the services offered by the Centre for the care of my child***

Parent Declaration

Full Name of Child _____

I/We _____ agree to abide by the Terms and Conditions outlined above.

Signature of parent/guardian 1: _____

Date _____

Signature of parent/guardian 2: _____

Date _____

Child Details



Given Names: _____ Last Name: _____
Date of Birth _____ Sex: M F
Is your child? Aboriginal Torres Strait Islander Neither

Health (note regulations require us to sight immunisation evidence e.g child health book. We will copy this and file with enrolment. If a child/ren aren't immunised they are ineligible to attend)

What is your child's current immunisation status?
 Not Immunised Birth 2 mths 4 mths 6 mths 12 mths 18 mths 4 yrs
 Chicken Pox Pneumococcal Other _____

What is your child's present health status? _____

Has your child been diagnosed with any of the following conditions: Please note an "Action Plan" signed by your doctor may be required

Allergic Reaction (Anaphylaxis) to bees, medicine, face paint etc _____
 Asthma _____
 Behaviour Difficulties _____
 Regular visits to a specialist (e.g speech) _____
 Special Medical Condition _____
 Regular Medications _____

Action Plan received
 Action Plan received
 Action Plan received
 Action Plan received

Eating Requirements - Please provide detail of any:

Special Dietary needs/preferences/allergies/intolerances (e.g vegetarian, religious beliefs etc) _____
 Food likes? _____
 Food dislikes? _____

Does your child attend school? - If so please fill in the section below

School Name and Address _____
School Contact Number _____
Teachers Name and Room Number _____
School Start Time _____ School Finish Time _____ Early Closure _____

Authority to Transport

I, _____ parent/guardian of _____
(Parent/Guardian name) (Child's Full name)
give permission for the staff of Indigo /OSHC to transport my child by vehicle or walking between
_____ and _____
(name of School) (name of OSHC venue or Indigo Centre)
on the following days Monday Tuesday Wednesday Thursday Friday
Parent/Guardian Signature _____ Date _____

More About ME!

*In all the world there is nobody else like me! Since the beginning of time, there has never been another person like me.
Nobody has my smile, my eyes, my nose, my hair, my voice, my hands or my feet.
That's because I'm one of a kind, a very special one of a kind.*

<i>My name is</i>		<i>I am (age)</i>	
<i>3 words to describe me</i>		<i>My birthday is</i>	
<i>My favourite book is</i>		<i>My favourite song is</i>	
<i>I'm happy when</i>		<i>My friends names are</i>	
<i>I like to play</i>		<i>Something special to me</i>	
<i>Things that scare me</i>		<i>I don't like</i>	

About My Family

We respect that families are the first and most influential teachers in a child's life, that is why we actively encourage collaboration with parents, siblings and other family members in the education and care of your child. We aim to build partnerships which are based on foundations of mutual trust, respect and understanding of each others expectations

<i>My family consists of</i>		<i>I have pets and they are (what animal) Their names are</i>	
<i>Together my family and I like to</i>		<i>We like to visit</i>	
<i>Occupations in my family are</i>		<i>I am close with? (any other family members)</i>	

My Culture

Children are born belonging to a culture, which is not only influenced by traditional practices, heritage and ancestral knowledge, but also by the experiences, values and beliefs of individual family and communities

<i>I was born in (which country) My Family heritage comes from</i>		<i>We speak (which language) at home</i>	
<i>What are some common words we can include in our day from your home language</i>		<i>What religion are you/your child</i>	
<i>Are there any specific holidays you celebrate (please provide name and dates)</i>		<i>Are there any religious, cultural, family practices we need to be aware of</i>	