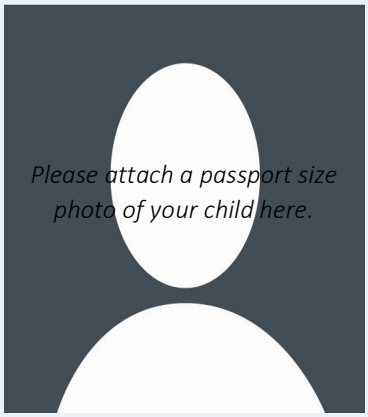
EARLY CHILDHOOD ENROLMENT FORM - 2026



Name:

ATTACHED DOCUMENTS			
Please ensure ALL of the following documents are attached to this application before submission			
Child's birth certificate/identity documents		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth		Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan	
Copies of any family law or other relevant Court Orders, parenting plans and/or legal documents		Photo identification of all parents/guardians and emergency contacts	
Health Record for the child (if applicable)		Dietary Requirements Form	
Child's Daily Routine		Media Authorisation – Child Form	

Service name: Rossi Child Care Centre	
Address: 68 Broun Avenue EMBLETON WA 6062	
Phone number: 0893710558	*Email: embletonrossi@bigpond.com*

CHILD DETAILS			
Family name			
First given name		Second given name	
Preferred first name			
Date of birth		Gender	
Child's home address			
Child normally lives with			

ENROLMENT DETAILS					
Child's start date					
Days attended (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday

CENTRELINK REFERENCE NUMBER (CRN)	
PLEASE NOTE: Parent and child have their own individual CRN number	
Child CRN	

CHILD CULTURAL CONSIDERATION	
Is your child of Aboriginal or Torres Strait Islander origin?	No ☐ Aboriginal ☐ Torres strait Islander ☐ Both ☐
Does your child speak a language other than English at home?	Yes ☐ No ☐ If yes, what language (s) other than English are spoken at home:
What is your child's cultural background?	
Relevant religious, cultural practices/celebrations you would like followed (cultural dietary)	

PRIMARY PARENT/GUARDIAN DETAILS			
[Primary Parent must also be the registered CCS claimant]			
Family name			
First given name		Date of birth	
Address			
Phone number/s	Home/Mobile: Work:		
Email address			
Occupation			
Relationship to child			
Languages other than English spoken at home			
Please provide any relevant cultural background details			
Photo Identification checked and copied		Yes ☐ No ☐	

CENTRELINK REFERENCE NUMBER (CRN)	
Please note: Parent and child have their own individual CRN number.	
Parent CRN	

SECONDARY PARENT/GUARDIAN DETAILS			
Family name			
Given name		Date of birth	
Address			
Phone number/s	Home/Mobile: Work:		
Email address			
Occupation			
Relationship to child			
Languages other than English spoken at home			

Please provide any relevant cultural background details	
Photo Identification checked and copied	Yes ☐ No ☐
Parent CRN	

FAMILY LAW, AVO'S OR OTHER RELEVANT COURT ORDER		
Please note- Without this documentation we cannot legally enforce the Order/s.		
Are there any relevant 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 ☐
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes ☐ No ☐	Attached ☐
Have photographs and names of unauthorised people been attached to this form?	Yes ☐ No ☐	Attached ☐
Briefly outline court order requirements		

CHILD'S MEDICAL INFORMATION			
To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.			
Child's Medicare number			
Medicare expiry date		Child's Medicare reference number	
Medical centre/Doctor's name		Phone number	
Doctor's address			
Dentist name			
Name of Dentist Service		Phone number	
Dentist's address			
Private health cover	Yes ☐ No ☐	Private health fund name	

Private health care membership number		Ambulance cover	Yes ☐ No ☐
Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service)			Yes ☐ No ☐

CHILD ALLERGIES/ANAPHYLAXIS			
Provide details of child's allergies.	e.g., nuts, eggs, peanuts, animals, latex, medication or other		
Medical specialist or doctor currently treating your child for this condition			
Address		Phone	
Risk of anaphylaxis		Yes ☐ No ☐	
Has a doctor diagnosed this allergy?		Yes ☐ No ☐	
Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen® or Anapen®?)		Yes ☐ No ☐	
Does your child have a current ASCIA Action Plan?		Yes ☐ No ☐	Attached ☐
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
Expiry date of the adrenaline autoinjector?			
I acknowledge that in the case of an anaphylaxis or asthma emergency, the nominated supervisor or other educator may administer medication to your child without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.	Parent/ Guardian 1 Signature		
	Parent/ Guardian 2 Signature		

MEDICAL CONDITIONS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES OR OTHER)		
Medical condition		
Has a doctor diagnosed this condition?	Yes ☐ No ☐	
Does your child take any prescribed regular medication for this condition?	Yes ☐ No ☐	
Does your child have a current medical management plan (e.g. Asthma Plan)	Yes ☐ No ☐	Attached ☐

A *Medical Management Plan, Medical Risk Minimisation Plan* and *Medical Communication Plan* has been completed for medical conditions	Yes ☐ No ☐	Attached ☐
Medication name/s		

I acknowledge medication will only be administered if: • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name instructions and dosage can be clearly read • expiry date or use by date is valid • Any verbal or written instructions provided by the medical practitioner must be provided by the parent/s Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "*Administration of Medication*" form.	Parent/ Guardian 1 Signature	
	Parent/ Guardian 2 Signature	

DIETARY REQUIREMENTS – Intolerances (e.g. lactose free, gluten, sulphites), vegetarian, cultural and religious beliefs		
Does your child have any special dietary requirements or restrictions?	Yes ☐ No ☐ If yes, please attach the completed *Dietary Requirements Form*	Attached ☐
Prohibited Food	Detailed information:	

IMMUNISATION DETAILS		
No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR). (		
Immunisation status of child at enrolment	☐ Fully immunised ☐ Catch up schedule	
AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes ☐ No ☐	Attached ☐

AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes ☐ No ☐	Attached ☐
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes ☐ No ☐	Attached ☐

DEVELOPMENTAL INFORMATION	
Please provide any relevant information relating to your child's development	
Does your child have any additional developmental needs?	Yes ☐ No ☐ If yes, please elaborate
Does your child have any problems with hearing, sight or speech?	Hearing ☐ Sight ☐ Speech ☐ If any ticked, please elaborate on their needs
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes ☐ No ☐ If yes, please elaborate on their needs
Does your child require additional support for learning because of disability?	Yes ☐ No ☐ If yes, please elaborate on their needs
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	Yes ☐ No ☐ If yes, please elaborate

AUTHORISED NOMINEES

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. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

FIRST EMERGENCY CONTACT	
Full name	
Relationship to child	
Phone number	Home/Mobile:

	Work:		
Address			
Email address			
Photo Identification checked and copied			Yes ☐ No ☐
SECOND EMERGENCY CONTACT			
Full name			
Relationship to child			
Phone number	Home/Mobile: Work:		
Address			
Email address			
Photo Identification checked and copied			Yes ☐ No ☐
Can emergency contacts listed above be contacted in the event that you are unable to be contacted in the event of an emergency?		Emergency contact 1	Yes ☐ No ☐
		Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above be contacted to collect your child from the education and care Service?		Emergency contact 1	Yes ☐ No ☐
		Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above be contacted to give consent for medical treatment to the child from a registered medical partitioner, hospital or ambulance Service, in the event that you cannot be contacted?		Emergency contact 1	Yes ☐ No ☐
		Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above provide authorisation for the Service to administer medication to the child?		Emergency contact 1	Yes ☐ No ☐
		Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?		Emergency contact 1	Yes ☐ No ☐
		Emergency contact 2	Yes ☐ No ☐

Parent/Guardian 1 signature	
Parent/Guardian 2 signature	

AUTHORISATIONS- HEALTH, ILLNESS, ACCIDENT AND EMERGENCY TREATMENT	
Do you authorise the nominated supervisor or other educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes ☐ No ☐
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?	Yes ☐ No ☐
Do you authorise the nominated supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes ☐ No ☐
Do you authorise educators to apply SPF50 sunscreen to your child prior to sun exposure (If not, please provide a letter releasing the Service of any liability)	Yes ☐ No ☐
Parent/Guardian 1 signature	
Parent/Guardian 2 signature	

AUTHORISATIONS		
I acknowledge in the event of an emergency my child may be required evacuate the Service premises under the supervision and care of educators.	Parent/ Guardian 1 signature	
	Parent/ Guardian 2 signature	
Do you provide authorisation for your child to participate in regular emergency evacuation rehearsals (every 3 months), where they will walk with Service educators and staff to the predetermined external assembly point identified within the Emergency Management Plan. I understand that ratios will be maintained at all times during the rehearsal.		Yes ☐ No ☐
Parent/Guardian 1 signature		
Parent/Guardian 2 signature		

PARENT/GUARDIAN AGREEMENT	
I agree to inform the Service in writing immediately of any changes to the above information.	Yes ☐ No ☐
I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.	Yes ☐ No ☐
I agree to keep my fees paid up to date, as per *Payment of Fees Policy*, 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, public holidays or on holidays.	Yes ☐ No ☐
If I am unable to collect my child by closing time, I will organise for one of the people listed as emergency contact/authorised nominee to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as emergency contact/authorised nominee will be called by Service staff to collect my child.	Yes ☐ No ☐
I agree to pay a late fee of $20.00 per 1 -5 -minute block or part thereof after closing time. In the event that a child is left at the Service after the scheduled closing time, the staff will attempt to contact parents and emergency contacts/authorised nominees. If parents or emergency contacts/ authorised nominees are unavailable or uncontacted, the service may need to contact the police and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the regulatory authority.	Yes ☐ No ☐
I understand that two weeks written notice to withdraw my child or reduce booked days unless otherwise arranged in writing with the Director/ Nominated Supervisor.	Yes ☐ No ☐
I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of Medication* form.	Yes ☐ No ☐
I give permission for my child to be observed by 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.	Yes ☐ No ☐
I have read the Family Handbook and am familiar with the Service's Policy Manual located in the foyer. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss 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.	Yes ☐ No ☐
I have read the Media Authorisation – Child Form and give permission for my child to be photographed for the purpose of supporting written observations, reports and other service documents. I understand and accept that photos will only be taken using service devices and will be discarded at the end of each	

month. I understand that these photos will be made available to me through the OWNA app.	

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.			
Parent/Guardian 1 name		Date	
Parent/Guardian 1 signature			

Parent/Guardian 2 name		Date	
Parent/Guardian 2 signature			

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.

OFFICE USE ONLY			
I acknowledge this *Enrolment Form* has been checked and is completed in full			
Copies of *Medical Conditions Policy* (and related policies) provided to parents/guardian		Date emailed	
Full name		Date	
Signature			