



# ENROLMENT FORM

54 Breaden Drive, Cooloongup, WA, 6168, PH: 9528 1796 or 0400 454 628

info@bluebirdearlylearning.com.au, FB: Bluebird Early Learning Centre, www.bluebirdearlylearningcentre.com.au

Parent / Guardian 1		Parent / Guardian 2	
CRN		CRN	
First Name		First Name	
Last Name		Last Name	
Relation to Child		Relation to Child	
DOB		DOB	
Driver's licence No		Driver's licence No	
Any former names		Any former names	
Home Address		Home Address	
Postcode		Postcode	
Home Phone		Home Phone	
Mobile		Mobile	
Email		Email	
Ethnicity		Ethnicity	
Language Spoken		Language Spoken	
Marital Status		Marital Status	
Occupation		Occupation	
Work place		Work place	
Work Address		Work Address	
Postcode		Postcode	
Work Phone		Work Phone	
Email		Email	
Child's Details			
CRN			
First and Last Name			Age
Date of Birth	Place of Birth		SEX M / F
Please provide your Child's Birth Certificate and Immunisation Records			Yes / No
Any other names by which the Child is known			
Address of Child (if different to Parent 1)			
Ethnicity		Religion	
Court Orders Yes / No			
Parenting Plans in place Yes/No			
Intended Start Date			
<b>Days Required</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>
	<b>Thu</b>	<b>Fri</b>	
Arrival time:			
Departure time:			
Is this Child attending another Centre in the same week? Yes / No How many hours per week?			
Health – Does your child have:			
Health or developmental concerns?			
Any allergies or medical conditions? Yes / No			
If so, please complete a separate form "medical conditions risk minimisation & communication plan" The Director will provide this and discuss with you.			
Have an Action Plan (no older than 12 months)			
We recommend the use of Medic alert bracelets or Pendants			
Any behaviour / learning difficulties? Yes / No			
Please provide details.			

A diagnosis from a doctor or therapist? Yes / No If yes please provide details and documents
Regularly visit a specialist / therapist?
Take regular medication?
Other Health Information we need to know?

<b>Medical Details</b>
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Doctor	Dentist
Address	Address
Phone	Phone
Medicare No	

The Centre supplies products to be used on Children for purposes such as first aid, sun protection, insect bites, rashes or sores. Please specify if you have a specific brand of product that you would like for your Child to use. It is your responsibility to bring for your Child the brand that you have specified.

Product	Yes, we can use this on your Child	No, Please specify the brand that you will supply
Sun cream		
Band aids		
Nappy rash cream		
Baby powder		
Wet wipes		
Bonjella		
Insect repellent		
Insect sting cream		
Antiseptic Solution		

I am aware that for all medications I must give written authorisation Yes / No

I have read and agree to follow the Centre's Policy on Administration of medication Yes / No

I hereby give written consent to the carrying out of appropriate medical, dental or hospital treatment, in the event that such action appears to be necessary because my Child has been injured or is ill at the premises. Note: Nothing in this clause limits the authority of a Medical Practitioner or Dentist to carry our emergency medical or dental treatment on a child without the consent of the child's parent as referred to in section 174 of the Act. In the case of emergencies, I hereby give written consent to ambulance transportation for my child.

SIGNED BY PARENT \_\_\_\_\_ DATE \_\_\_\_\_

<b>General needs</b>
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Does your Child have any special dietary needs?

What is your family's cultural background? We would love for you to share any information with us.

Does your family celebrate and participate in cultural events?

If no, please provide details:

Are there any words in another language that we can use to make your Child's day smoother?

We love family involvement! Are there any skills or talents ie: cooking, sewing etc that you can share with us?

Please refer to the Red Nose Safe Sleeping guide [Safe Sleeping Practices for Newborns | Red Nose Australia](#)  
Our Educators follow these recommendations which include only placing babies to sleep on their back, no teddies or soft toys in their cot and no bottles in cots. These are the best practises, and we are legally obliged to follow them.

Please complete the "All about me" form (attached) This is very important as our Educators use this to familiarise themselves with your child's requirements and interests.

Miscellaneous		
Other Children living at home?		
Other information we need to know?		
Siblings attending another Centre		
Name	Name	
Are you claiming CCB for this Child?	Are you claiming CCB for this child?	
Transitioning and combined age play		
<p>We use the separation of age groups to group Children together that are of similar age. As a guide we group together Babies 0-2, Toddlers 2-3, Kindy 3-6</p> <p>The grouping of Children in this way means that Educators are able to cater for their developmental, emotional and physical needs at a level that is appropriate for the Child's age. However in saying this, some Children develop differently to others and may be ready to move up to the next age group before or after they turn the next year. Children are able to transition either 6 months before or after they turn the next year. So for example a baby that is ready to start transitioning to the toddler's room can do so at 18 months old if the Educators and staff feel they are at the appropriate level of development.</p> <p>Or a baby who is up to 2 years and 6 months can still be in the Babies room, even though they are over 2. Educators encourage transition times to help ease Children into their new rooms and become familiar with the Educators, Children, routines etc. This means that they are not formally on the next age group roll, but are having visits either for short periods or the whole day in the next room.</p> <p>We also have times of combined play, such as in the mornings or afternoons where children have the opportunity to play with different age groups for short periods. This is a great way to socialize with different peers, and for siblings to interact.</p> <p>The Educator in your Child's room will discuss your child's progress with you and the possibility of transitioning when the time is right.</p> <p>I understand and give permission for my Child to transition and have combined age play.</p>		
SIGNED BY PARENT _____ DATE _____		
Emergency contacts / authority to collect		
<p>Educators of this Centre will have authority to give the following people access to your Child/ren. People listed must be over 18 years old. Please ensure these emergency contacts are willing and able to collect your Child in the event of an emergency. The listed people may also be contacted in such times as your Child being ill or injured. Staff will request to sight photographic identification of the person collecting your Child. Parents' names cannot be listed if they are already on the front page.</p> <p>Educators <b>will not</b> allow your Child to go with any person who is not listed.</p>		
Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
First Name	First Name	First Name
Last Name	Last Name	Last Name
Address	Address	Address
Home ph	Home ph	Home ph
Mobile	Mobile	Mobile
Work phone	Work phone	Work phone
Work name	Work name	Work name
Work address	Work address	Work address
Relation to Child	Relation to Child	Relation to Child
Permissions		
<p>I give permission for my Child's photo / video to be used for programming purposes using "Seesaw" Yes / No</p> <p>I give permission for my Child's photo / video to be used for the Centre's facebook / Instagram / web page Yes / No</p> <p>I give permission for my Child to have access / contact with the Centre's pets Yes / No</p>		

## Privacy Statement

The Centre is required to collect personal and health information from or about families within the following forms:

- Enrolment Form
- Attendance Register
- Accident/Illness Reports
- Authorisations to Give Medication
- Medical Certificates
- Statement of Child Care Usage Forms
- Family Assistance Office Assessment Forms

This information is required to ensure the health and safety of your child whilst in our care, and to meet legislative requirements set down in:

- Education and Care Services National Regulations 2012
- Education and Care Services National Law (WA) Act 2012
- National Quality Framework for Early Childhood Education and Care
- Child Care Service Handbook (2011 - 2012)

The information you give is used by those authorised educators who need to access the information to meet the above requirements, and may also be disclosed to the following authorities:

- Authorised Government Officers
- Authorised Officers of the Australian Children's Education and Care Quality Authority
- Family Assistance Office Review Officers (Child Care Benefit)

All personal information is kept in a secure place to protect it from unauthorised access, modification or disclosure. You are entitled to access personal and private information kept about you and your family on request and may ask for inaccurate information to be up-dated or corrected.

Failure to provide the required information will result in non-acceptance of your child's enrolment.

You may contact the Director to discuss this further.

PARENT NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## Parent Statement

I confirm that all information given in this form is accurate and true to the best of my understanding. I agree to the terms and conditions outlined. I am aware that Centre's Policies and Procedures are located in the foyer and are available for my perusal at any time. I have been given a copy of the Family Handbook.

I agree to pay my start-up fee and weekly fees using the Centre's debit success system. If my fees decline, I understand that I will be required to bring in cash or internet transfer the overdue amount in order to continue care. I understand that I will be charged late fees of \$1.00 per minute if my Child is not collected by 6pm. This fee will be added to my account and deducted with my fees.

PARENT NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Updated July 2021

## Family Enrolment and Orientation Feedback

To continually improve our service, we would appreciate any feedback or suggestions that you can offer for us. You may want to see more information about specific contents of the Handbook. Please write down any ideas that you may have below:

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Please circle your rating of the orientation process & enrolment pack.

1 ☹️

5 😊

Was the Parent Handbook informative? 1 2 3 4 5

Was the enrolment form easy to fill out and relevant? 1 2 3 4 5

Was your tour of the Centre informative and pleasant? 1 2 3 4 5

Did you find the Director & Staff friendly and helpful?

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Did your Child respond positively to their visit?

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Was your Child's orientation informative & pleasant? 1 2 3 4 5

How did you hear about us?

Facebook / Instagram / word of mouth / google search / returning Family / drove past

other: \_\_\_\_\_

Your assistance is much appreciated.

Thankyou,

The Bluebird Early Learning Team

