

MY LITTLE FEET

ENROLMENT FORM, AGREEMENT AND PERMISSION



Do you need an interpreter to Please use **ONE** form for each child- Please use **BLOCK LETTERS** guide you through this enrolment package? Yes No

Do you need an interpreter to be present during your child/s orientation? Yes No

INFORMATION ABOUT THE ENROLING CHILD

Childs Full Name _____ Childs Preferred name _____

Gender: Male Female Date Of Birth: ____/____/____ Please bring proof of date of birth
(to be sighted by centre director)

Child's Reference Number (CRN) _____ Home Phone Number _____

Residential Address _____ Post Code _____

Postal Address _____ Post Code _____

Important Information about custody of your child

Who has legal custody of the child? _____

Is there a court determined parenting order plan in place for your child ? Yes No If yes you must supply a copy to the centre **Please Note:** it is the parent's responsibility to ensure that these documents are updated in writing at all times.

Is there any other information about the Child's living arrangements that we need to know about: yes No

Please specify _____

Child's Doctor _____ Child's Dentist _____

Doctor's Address _____ Dentist's Address _____

Doctor's Ph: _____ Dentist's Ph: _____

Enrolment Details

Preferred days of enrolment Monday Tuesday Wednesday Thursday Friday

Are these days flexible? Yes No

Please indicate the studio you prefer to enrol your child in? We will endeavour to meet you request where possible

Studio Name	Age Group	Staff: Child Ratio	Requirements
Nursery	6 weeks to 15 months	1:4	
Toddler	15 months to 24 months	1:5	
Toddler/Junior Kindy	18 months to 30 months	1:5	Toilet Training
Kindy	30 months to 48 months	1:5	Must be toilet trained
Pre-School	36 months to 60 months	1:11	Must be toilet trained

What time each day will you require care (i.e 7am to 3pm)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Does your child attend another child care centre yes No If yes, please specify _____

Are you applying for Child Care Benefit (CCB)? Yes No

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INFORMATION ABOUT PARENT / LEGAL GUARDIAN OF ENROLLING CHILD

Parent / Legal Guardian

Full Name _____ Title _____ Date of Birth _____
Residential Address _____ Post Code _____
Postal Address _____ Post Code _____
Phone (Home) _____ (work) _____ (mobile) _____ Email _____
Nationality _____ Language Spoken _____ Occupation _____
Work Address _____ Post Code _____
Relationship to the child: Mother Father Guardian Other (If other please specify) _____

Have you contacted the Family Assistant Office Regarding eligibility for CCB?

Customer Reference Number (CRN) _____

Please bring proof of your date of birth (to be sighted by centre director)

Parent / Legal Guardian

Full Name _____ Title _____ Date of Birth _____
Residential Address _____ Post Code _____
Postal Address _____ Post Code _____
Phone (Home) _____ (work) _____ (mobile) _____ Email _____
Nationality _____ Language Spoken _____ Occupation _____
Work Address _____ Post Code _____
Relationship to the child: Mother Father Guardian Other (If other please specify) _____

Have you contacted the Family Assistant Office regarding eligibility for CCB?

Customer Reference Number (CRN) _____

Please bring proof of your date of birth (to be sighted by centre director)

Special Talents

Our program is boosted by the special skills and abilities that our parents / guardians have. Any skills (regardless of how inconsequential they may seem to you) can complement the program that we offer our children.

I would be interested in giving some time to assist in room with special projects Yes No

I have special talent to share, play a musical instrument, speak another language, artistic talent, draft, sew, cook etc.

Yes No

Please Specify: _____

Communication

Please tell us how we can best communicate information about the Centre? Please Tick

Newsletter E-mailed Newsletter Notice Board

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Please tell us all the important information about your child

What is your child's cultural background / Nationality _____

Primary Language of the family _____

Does your child have any religious, cultural or personal beliefs that require consideration from our centre Yes No

Please specify _____

Does / Can your child participate in festivals / celebrations? Yes No

Please specify _____

Does your child have any special comforter? Yes No

Please specify _____

Does your child have any fears? I.e. animals, thunder, etc.? Yes No

Please specify _____

Child Health Record

Child's Name..... Child's Date of Birth.....

Medical Conditions

Does your child have:

- Asthma **Yes/No** (if yes please complete the Action Plan for Asthma contained in this enrolment package)
- Allergic Reactions **Yes/No** (if yes please complete the Action Plan for Allergic Reactions contained in this enrolment package)
- Anaphylactic Reactions **Yes/No** (if yes please complete the Action Plan for Anaphylactic Reactions contained in this enrolment package)

If yes to any of the above please specify details :

Does your child have any medical conditions other than the above mentioned **Yes/No**

If yes to the above please specify details :

Is your child at risk of a life threatening reaction **Yes/No**

We require you to fill out an Action plan if you have answered yes to any of the above conditions. If there is not a relevant action plan for your child's medical condition, please ask your Doctor or Specialist to provide you with one.

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Siblings

Does your child have any siblings? Yes No

Full Name	Gender	Age	School / Childcare

In case of an emergency

While all efforts are taken to prevent illness or injury to your child, we reserve the right to seek emergency medical attention for your child if deemed necessary by Centre Staff. In the event of an emergency every effort will be made to contact parents / guardians and emergency contacts. If we are unable to do this, staff at the centre will contact the Queensland Ambulance Service for transport and authorised treatment as deemed necessary by medical staff. The parent will notify the centre in writing of any restrictions regarding medical treatment of the child.

I _____ authorise the staff of the centre to seek emergency medical treatment for my child / children as listed on the front of this application should this be considered necessary and agree to meet all cost incurred by this treatment and or transport.

Parent / Guardian Signed _____ Date _____

Emergency Contacts

These contacts will be called to collect the child / children in case of an emergency if the centre staff are unable to contact the parents / guardians. By placing the names on this list, you understand that you are giving permission to the centre staff to release your child / children into the care of these people.

Details	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Full Name			
Relationship To Child			
Address			
Contact Phone Number			
Signature Of Contact			

I _____ authorise the staff of the centre to contact the above nominated person/s advising them to collect my child or children as listed on the front of this application should this be considered necessary in case of emergency if the centre staff are unable to contact the parents. I understand that I am giving permission to the centre staff to release my child or children into the care of these people.

Parent Guardian Signed _____ Date _____

MY LITTLE FEET ENROLMENT FORM, AGREEMENT AND PERMISSION



Authorised Collectors of your Child

I give permission for the persons listed below and my emergency contacts to drop off and collect my child or children listed on this application. I further agree to keep the centre updated in writing of any changes to the contacts. I understand that in keeping with the Child Care Act 2002 my children will not be released into the care of a person under the age of 18 years or any person not listed on this form as a parent, emergency contact or authorised collector. I understand that non-custodial parents (as determined by a current court order only) will not be giving access to the child or children.

Details	Authorised Collector 1	Authorised Collector 2	Authorised Collector 3
Full Name			
Relationship To Child			
Address			
Contact Phone Number			
Signature Of Contact			

Please note that unfamiliar authorised collectors and emergency contacts of the child or children will be required to present photographic ID such as an drivers licence, 18+ card, Senior's card or passport before they will be granted access to the child or children

I _____ authorise the staff of the centre to release my child, as listed on the front of this application, to the above nominated person/s. I understand that I am giving permission to the centre staff to release my child or children into the care of these person/s. I have advised all authorised collectors that my child must not be dropped off before commencement of business and must be collected by close of business. Failure to do so will result in a late collection fee initially of \$20 for the first 10 min \$2 per minute for every minute after.

Parent/ Guardian Signed _____ Date _____

Enrolment Agreement and Permission

I understand and agree to the following information in regards to:

Fees and attendance

- I Agree that all fees must be two weeks in advance at all times to secure my placement.
- Two weeks fees are payable upon initial enrolment to secure your child or children's placement at the centre (Fee Bond). This payment is held until cessation of care as a security over unpaid fees.
- I understand and agree to abide by the fee policy including payment for days sick and absent, public holidays, Rostered days off, holidays and any late fees resulting from late collection.
- I agree that two weeks' notice is required to cancel or reduce bookings .
- I understand the importance of recording my child's attendance and agree to do so on each day of my child's booked attendance. I understand that failure to sign in and out correctly will result in full fees being payable without child care benefit reduction

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Illness and medication

- I agree to keep my child, as listed on the front of this application, away from the centre when she/he is suffering from an infectious disease as per the illness policy of the centre
- I understand, that for my child listed on the front of this application, to receive prescribed medication whilst at the centre I must complete a medication form for the administration of any medication. I understand that un-prescribed medication cannot be administered to my child. I have read and will abide by the centre's medication policy.

Administration of Paracetamol

- I authorise staff to administer paracetamol to my child as listed on the front of this application should they have a fever and all attempts have failed to reduce the temperature. I understand that the centre provides children's Panadol colour free baby drops for children 1 month to 2 years and Children's Panadol 1-5 years Colour free suspension for children 1-5 years. I understand that all attempts be made to contact me prior to administering the recommended dosage. I understand that only 1 dose of panadol can be administered and that my child will need to be picked up within the hour of being contacted.

I authorise the above (Parent/ Guardian signature) _____

I do not authorise the above (Parent/ Guardian signature) _____

Foreign Substances

- I authorise the staff to apply creams, lotions and powders to my child's skin, as listed on the front of this application, as they see necessary. (includes but not limited to sunscreen, insect repellent, nappy creams and baby powder)

I authorise the above (Parent/ Guardian signature) _____

I do not authorise the above (Parent/ Guardian signature) _____

Evacuation of the premises

- In the case of a required emergency evacuation I authorise the staff to escort my child as listed on the front of this form, off the premises to safety without requiring my written consent. I understand that this would be the only reason my child would be removed off the premises by Centre staff without my written authorisation.

I authorise the above (Parent/ Guardian signature) _____

Special Events

I give my child as listed on the front permission to

- Celebrate birthdays Yes No
- Celebrate Easter Yes No
- Celebrate Christmas Yes No
- When children bring in cakes for various celebrations do you give your child permission to partake and share in the cake Yes No
- Take part in short walking excursion (specific permission will be sort prior to excursion) Yes No
- Transport my child to and from school if required or available Yes No

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Photographs and Publicity

I do/do not give permission to take photos of my child as listed on the front and use them for photo displays, programming, newsletters and newspaper articles

- For centre staff and students to observe and document observations for my child to assist in the development of a program Yes No

I authorise the above (Parent/ Guardian signature) _____

I do not authorise the above (Parent/ Guardian signature) _____

Child Safety Guidelines

1. For the health, safety and wellbeing of all children attending the centre, please ensure the following items are removed from your child's bag
 - Cigarettes
 - Cigarette lighters
 - Matches
 - Creams
 - All medications (pain relief, teething gels, antibiotics)
 - Poisons
 - Safety pins
 - Rubber bands
 - Hair ties and accessories (bobby pins, clips etc)
 - Mobile phones
 - Cosmetics
 - Keys
 - Plastic bags
 - Any other items that could potentially cause harm to a child.
2. Ensure all gates and doors are closed behind you at all times
3. Ensure that you do not bring in your personal hand bag or wallet into the centre and leave it unattended as items inside can potentially cause harm to a child.
4. It is a legal requirement that each child is signed in and out of the centre on a daily basis and a staff member is notified that you are taking your child.
5. Please be aware that there is NO smoking on the centre grounds, this includes the car park area.
6. Ensure that no child is left unattended in a vehicle for any length of time on arrivals and departures to the centre.

I have read, understood and agree to abide by the above Child Safety Guidelines

Parent/ Guardian Signed _____ Date _____

Centre Policies

I have read the centre's policies, discussed them with the Centre Director, and agree to abide by them. I acknowledge that I have read, and understood, the contents of this Enrolment, Agreement and Permission form, the studio booklets and the Family Manual that is issued by the centre, and I agree to abide by the conditions and policies stated herein.

Parent/ Guardian Signed _____ Date _____

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Information Authority

The Family Assistance office can provide your information to someone else in special circumstances, where the Commonwealth Legislation allows or requires, or where you give permission.

My Little Feet Child Care may need to request the following information from the Family Assistance office

- Details regarding your Child Care Benefit percentage and its currency; or
- Your current residential address and phone number

I give the Family Assistance office the authority to provide My Little Feet Child Care information regarding my Child Care Benefit percentage and its currency and or my current residential address and phone number

I authorise the above (Parent/ Guardian signature) _____

I do not authorise the above (Parent/ Guardian signature) _____

Witness Declaration

I am over 18 years old. As a witness I certify that;

- (a) the person has signed this document freely and voluntarily in my presence; and
- (b) the person appears to understand the effect of this document.

Witness signature: _____

Full name of Witness: _____

Address of Witness: _____

Please note that only valid dates will be accepted. Witness must be present when the person signs this form and dates must be consistent.

Emergency Consent Form

In December 2000 an amendment act was passed through the federal parliament relating to the privacy act. This amendment came into effect on 21st December 2001. We require your consent to collect personal information about your child. Please read this form carefully and sign where indicated below.

My Little Feet Child Care collects information from you for the primary purpose of providing quality care.

We require you to provide us with details so that we may properly attend to your child/ children's needs. This means that we will use the information you provide in the following way.

- Administration purposes in the running of the centre
- Billing purposes
- Disclosure to others involved in the childcare industry including the Department of Family Services and the Department of Community services.
- Disclosure for research and quality assurance activities to improve individual and community child care practices.
- Emergency situations where staff/medical personal require access to your child's records for appropriate purposes.

I have read the above information and understand the reasons why both my and my child's information must be collected.

I am also aware that My Little Feet Child Care has a privacy policy on handling this information.

I understand that I am not obliged to provide information requested of me, however my failure to do so may compromise the quality of care and treatment provided to my child.

I am aware of my right to access information collected about my child except in circumstances where access may be legitimately withheld. I understand that if this occurs I will be given an explanation.

I Consent to the handling of my information by My Little Feet Child Care for the purposes set out above, subject to any limitations on access or disclosure that I will notify the centre of in writing.

Please specify

Child's name _____

Child's Date of Birth _____

Parent/ Guardian Signed _____ Date _____

Parent/ Guardian Name _____

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Application for enrolling Children with additional needs

To ensure we are able to appropriately meet the needs of each child enrolling at our centre we need to consider all children with medical conditions and additional needs on an individual basis.

Please indicate

- My Child **has additional needs** (please specify below)
- My child does not have additional needs

We ask that all information be provided to us prior to your child commencing at our centre.

Applications are reviewed each week and a response is given as soon as possible. In some cases a child's enrolment may be subject to receiving additional funding, for example the Special Needs Subsidy scheme, or an assessment by an Occupational Therapist to facilitate their inclusion, before commencing at this centre.

Date your child (as listed on the form) wishes to commence at this centre _____

What additional needs or medical condition does your child have

Details of any special requirements for your child

Procedures staff may be required to perform to ensure your child receives appropriate quality care while at the centre

Is there any other information that we may require to help us to provide quality care for your child?

Parent/ Guardian Signed _____ Date _____

Parent/ Guardian Name _____

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My Little Feet Kindy Program

The Queensland Government provides Kindergarten funding for Centres to help offset the cost of implementing and operating an approved Kindergarten Program.






Children are able to access the Funded Kindergarten Program in the year before they start school for a minimum 15 hours per week, 40 weeks of the year.

New arrangements under the Queensland Kindergarten Funding Scheme (QKFS) will extend Kindy support to provide more families with the opportunity to access low cost Kindy.

QKFS Plus Kindy Support replaces the Health Care Card subsidy and the multiple births subsidy and extends support to include Aboriginal and Torres Strait Islander Children. The subsidy rates remain unchanged.

This letter is to confirm that your child is eligible to attend the funded Kindergarten Program at the My Little Feet Childcare School of Early Learning.

The Kindergarten Program Hours for the centre are listed below:

-  Monday from 9:00am to 5:30pm
-  Tuesday from 9:00am to 5:30 pm
-  Wednesday from 9:00am to 5:30pm
-  Thursday from 9:00am to 5:30pm
-  Friday from 9:00am to 5:30pm

QKFS Kindy Support is provided directly to services to reduce out-of-pocket expenses for eligible families who meet either of the criteria below:

- A current Health Care Card, Veterans Affairs Card or Australian Government Pension Concession Card with automatic Health Care Card entitlements, or
- Identity as Aboriginal or Torres Strait Islander (or have a child who does), or
- Have three or more children, of the same age, enrolled in the same year

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My Little Feet Child Care Kindergarten Program

Child's Name: _____

Date of Birth: ____/____/____

(Copy of Birth Certificate or Passport must be provided to the centre to confirm the Child turns 4 years old prior to the 30th June)

Is your child attending any other funded Preschool program? Yes/No

(If your child attends another Funded Preschool Program we are not able to claim QKFS for your child)

Is your child listed on a current Commonwealth Health Care Card, Veterans Affairs Card or Pension Concession card? Yes/No

Card Type (Please circle) Health Care Card/ Veterans Affairs Card/ Pension Concession Card

Name on the card: _____

Card Number (CRN): _____

Card Start Date: ____/____/____

Card Expiry Date: ____/____/____

If yes, please provide a copy of this card to the Centre Director, if the centre does not have a copy of a valid card they are unable to claim additional funding until this is received.

Do you or your child identify as being of Aboriginal or Torres Strait Islander origin?

(Please Circle) Aboriginal Torres Strait Islander Neither

Do you have three or more children, of the same age, enrolled in the same year? Yes/No

I consent for my child to attend the funded kindergarten program at My Little Feet.

My child will commence the Kindergarten Program on ____/____/____

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Date: ____/____/____

MY LITTLE FEET ENROLMENT FORM, AGREEMENT AND PERMISSION



Enrolling Children with Additional needs policy and Procedure (Extract)

Aim

To provide each child, regardless of their additional needs and abilities, with a supportive and inclusive environment that allows each child to fully participate in their education and care at the service. Educators will remain positive, open-minded and honest at all times when working with families and seek external support professionals to most positively meet the additional needs of each child being educated and cared for at the service.

Positively Promoting Each Child's Personal Ability

Our service wants children to develop to the best of their personal ability. Our philosophy highlights our commitment to equity and fairness for all children. Every child in our service is an individual and we aim to promote and encourage this by:

- Our commitment to ensuring each child is able to fully participate in their education and care at the service.
- Helping children to develop ease with and have a respect for physical, racial, religious and cultural differences.
- Enabling children to develop autonomy, independence, competency, confidence and pride.
- To provide all children with accurate and appropriate material that provides information about the additional needs of others.
- Providing educators of a high calibre who encourage children to experience active and energetic play in order to develop their physical potential.
- Presenting children with a wide range of male and female work roles, both within the home and the workplace, including nurturing roles.
- Encouraging children to develop friendships with each other based on mutual trust and respect.
- Including in our program and curriculum, and the physical environment, an awareness of cross-cultural and non-discriminatory practices.
- Using a program that is based on a child's development and that is also relevant to the child's life experiences, interests and social skills.
- Encouraging parents from non-English speaking backgrounds to contribute their knowledge and culture to the service to enhance the program.
- All educators will assist in making it clear to children that it is not acceptable for a child to say or do unfair things to another person and that if this does occur a staff member will firmly step in.
- Educators will familiarise themselves with, and share knowledge about, the specific communication needs of each child. This will include verbal and non-verbal communication skills and cues. Where applicable, this may include things such as sign language and or learning key words in the child's home language.