

Exploring Hub Early Learning Centre



Enrolment Checklist

Before your enrolment form can be processed, please ensure that all items listed below are either filled in correctly or documentation has been provided on your behalf. Please do not hesitate to contact the Director of Teaching if you have any questions regarding the Enrolment Checklist.
(Please write either Y or N in the boxes)

| Tick if provided | Required Documentation | Sighted and copied by Director |
|------------------|--|--------------------------------|
| | Court Orders | |
| | *Childcare Benefit Information | |
| | *Birth Certificate | |
| | Food & Allergy Documentation | |
| | Special Needs Documentation | |
| | *Children's Immunisation Documentation | |
| | *Drivers licence | |
| | Medicare Card | |
| | Pension Card | |
| | Other | |

*Please note that your enrolment with Exploring Hub will not be processed unless these documents have been received and the bond and administration fee of \$230 has been received.

I, (Insert name) _____ have provided all required documentation for my child (Insert name) _____ and give Exploring Hub permission to make copies of this documentation and keep it on file for future reference.

Guardians Name:
Guardians Signature:
Date:

Directors Name:
Directors Signature:
Date:

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| Guardian One | Guardian Two |
|---|---|
| Title/First name: | Title/First name: |
| Last Name: | Last Name: |
| Date of Birth: | Date of Birth: |
| Driver's License Number: | Driver's License Number: |
| Any other names by which Guardian is known: | Any other names by which Guardian is known: |
| | |
| Home Address: | Home Address: |
| Postcode: | Postcode: |
| Postal Address:(if different) | Postal Address:(if different) |
| | |
| Postcode: | Postcode: |
| Home Phone: | Home Phone: |
| Mobile: | Mobile: |
| Email Address: | Email Address: |
| Ethnicity: | Ethnicity: |
| Language spoken: | Language spoken: |
| Marital Status: | Marital Status: |

Guardian Enrolment Form: Guardian with CRN

Employment Details:

| | |
|----------------|----------------|
| Occupation: | Occupation: |
| Work Name: | Work Name: |
| Work Address: | Work Address: |
| Postcode: | Postcode: |
| Work Phone: | Work Phone: |
| Email Address: | Email Address: |
| Comments: | Comments: |

Medical Details:

| | |
|----------------------|----------------------|
| Doctor: | Doctor: |
| Address: | Address: |
| Postcode: | Postcode: |
| Phone: | Phone: |
| Medicare Number: | Medicare Number: |
| Health Care Fund No: | Health Care Fund No: |

Parent/ Guardian Signature: _____

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Authority to Collect: DO NOT INCLUDE GUARDIANS NAMES

I Authorise the staff of this centre to give the following emergency contact names access to my child/ren: (Note: must be over 18 years). Please ensure these contact persons are willing and able to collect your child/ren in the event of an emergency. At least 2 contact names must be completed before enrolment commences.

| 1. Collect/Pickup/ Emergency Contact | 2. Collect/Pickup/ Emergency Contact | 3. Collect/Pickup/ Emergency Contact |
|---|---|---|
| First name: | First name: | First name: |
| Last name: | Last name: | Last name: |
| Address: | Address: | Address: |
| Postcode: | Postcode: | Postcode: |
| Home Phone: | Home Phone: | Home Phone: |
| Mobile: | Mobile: | Mobile: |
| Work Name: | Work Name: | Work Name: |
| Address: | Address: | Address: |
| Postcode: | Postcode: | Postcode: |
| Work Phone: | Work Phone: | Work Phone: |
| Relationship to child: | Relationship to child: | Relationship to child: |

Note: The staff will not allow your child to go with adults unless names are written on this form unless verbal consent is given by the parents with the adult's full name. The photo identification must be provided on arrival at the service for pick up.

Parent/ Guardian Signature: _____

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| Child Enrolment Form: | | | | | | |
|--|--|-----|-------------------|-----|------------|----------|
| Given Names: | | | Last Name: | | | |
| Any other names by which the child is known and any former names of the child: | | | Guardian CRN: | | Child CRN: | |
| Address: (If different to Guardian 1) | | | | | | |
| Date of Birth: | | | Place of Birth: | | | Sex: M/F |
| Intended start date: | | | Languages Spoken: | | | |
| Ethnicity: | | | Religion: | | | |
| Court orders, sighted & signed by JP (if any) | | | | | | |
| Copy on file Yes/ No | | | | | | |
| Days/Times Required: (please circle) | | | | | | |
| | | Mon | Tues | Wed | Thu | Fri |
| Arrival Time: | | | | | | |
| Departure Time: | | | | | | |

| Is this child attending another centre in the same week? Yes / No | |
|--|----------|
| Please advise number of hours at other centre | |
| If yes, do you wish to claim maximum CCB hours at this centre if your child exceeds their CCB limit? Yes/ No | |
| Type of care required, eg. Long Day & Vacation Care (Please circle) | |
| Child Behavior & Routine | |
| Is your child Toilet Trained: | Details: |
| Does your child have Behavioral Difficulties: Yes/No (please attach appropriate documentation) | |
| Details: | |
| What is your child's 'General Routine': | |
| What is your child's 'Sleep Routine': | |
| Does your child have a comforter: | Details: |
| Does your child have any fears: | Details: |

Parent/ Guardian Signature: _____

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Food and Allergies

Does your child have any special dietary needs:

Details:

What are your Childs food likes:

What are your Childs food dislikes:

Does your child have any known allergies:

Details: (please attach relevant documentation)

Allergy, Intolerance or Cultural Preference Food Notification

* Please note that Exploring Hub will not be held responsible if this form is incorrectly completed. If any changes occur to your Childs dietary requirements, please contact Exploring Hub IMMEDIATELY.

Are any of the following life threatening allergies? Yes No

Does your child require a Halal Menu? Yes No

Please specify which ingredients are required to be Halal:

Are there any meats which your child cannot have? Yes No

Please specify which meats your child cannot have:

Please cross out foods and ingredients that your child CAN NOT have and circle the ones your child has NOT TRIED YET

Dairy

Butter Cheese Condensed Milk Cream Sour Cream Cream Cheese
Milk & Milk Powder Ricotta Cheese Sour Cream Yoghurt

Egg

Egg (Whites & or Yolks) Raw Egg (Whites & or Yolks) Cooked

Parent/ Guardian Signature: _____

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| Medical & Immunisation |
|---|
| Does your child have any special needs requirements? Yes/No |
| Please attach appropriate documentation |
| Does your child have a disability? Yes/No |
| Please attach appropriate documentation |
| Does your child suffer from Asthma? Yes/No |
| Please attach appropriate documentation |
| Does your child suffer from Anaphylaxis? Yes/No |
| Please attach appropriate documentation |
| Does your child suffer from Diabetes? Yes/No |
| Please attach appropriate documentation |
| Is your child on any permanent medications? Yes/No |
| Please attach appropriate documentation |

Recommended Immunisation Record (please fill out appropriately)
Please also attach the record of immunisation from Medicare

| Record | Date Received | Sighted & Signed by Director |
|-----------|---------------|------------------------------|
| Birth | | |
| 2 months | | |
| 4 months | | |
| 6 months | | |
| 12 months | | |
| 18 months | | |
| 4 years | | |

Authorisations:

Please fill in the following information appropriately, note that if this information is incorrectly filled out it may put your child in risk of receiving incorrect medical treatment.

Medical Treatment

I authorise Exploring Hub to treat my child in case of a medical emergency and/or if my child is injured or ill on the property of Exploring Hub. Yes/No (Please circle)

Name: _____ Signature: _____

Date: _____

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Panadol

In such instance that my child becomes acutely unwell with a temperature of above 38.5 C, I understand that the centre will make every attempt to contact myself and other people listed on the emergency contact list, to pick up my child from the centre. However, in the instance where I (the parent or guardian) or other emergency contacts people cannot be reached, I give permission for the centre and the teachers to perform their duty of care, to administer an initial dose of paracetamol (according to my child's weight), when in their opinion it is necessary to maintain the well-being of my child.

I agree to the above conditions (please circle) Yes / No *

Name: _____ Signature: _____

Date: _____

Fee Scheme

I authorise Exploring Hub to collect fees from me for the days that my child is enrolled at Exploring Hub through Direct Debit. I authorise Exploring Hub to deduct my fees either weekly or fortnightly. Yes/No

Name: _____ Signature: _____

Date: _____

Sunscreen

I authorise Exploring Hub to apply sunscreen on my child up to twenty minutes prior to my child going outside. I authorise Exploring Hub to apply sunscreen to my child as many times as required during the day. Yes/No (Please circle)

Name: _____ Signature: _____

Date: _____

Clothing

I understand that from time to time my child may come home with clothes which are dirty or have paint on them from their day to day play activities. I will also ensure to provide adequate clothing and changes of clothes for my child as required.

Name: _____ Signature: _____

Date: _____

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Photography

I authorise Exploring Hub to take photos of my child in accordance with the permission below:

| Condition | I DO agree (Please tick) | I DO NOT agree (Please tick) |
|---|-----------------------------|---------------------------------|
| The use of observational analysis in shared portfolios (first names may be published) | | |
| Documentation within the centre (first names may be published) e.g. Notice boards, Play activities etc. | | |
| School photos (full names will be published) | | |
| Newsletters and other centre published documents (first name may be published) | | |
| Published on the centre's website (Name will NOT be published) | | |
| Video recording of centre events and activities as well as events and activities that may be help outside of the centre, which may be used in the centre or be released to other families attending the centre. | | |
| Inclusion in Newspaper, Magazines, Videos and other promotional materials (Name will NOT be published) | | |

I understand that this consent will continue until my child:

- ❖ Turns 18 years of age, and/or
- ❖ In any other case when the Guardian revokes consent (by writing to the Centre Director)

Despite the above, if, at the time such an event occurs, the centre is using the individual's name, recordings, images or individual work, or the centre has entered into contractual obligations in relation to that material, the consent will continue in relation to that material until the centre's use is complete or after contractual obligations come to an end.

Guardian Name: _____

Signature: _____

Date: _____

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Please tick the relevant boxes

I consent to:

- my child being photographed by educators and staff members at the Service.
- my child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements. The service will gain separate written consent for these photographs
- the photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments. Again the service will gain separate written consent for these photographs
- the photographs taken by educators and staff members being used to support the curriculum.
- the photographs taken by educators and staff members being used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles.
- the posting of photographs taken by educators and staff members on the Service's social media account or a related social media account with which the Service has a professional

Child's Full Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

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AGREEMENT FORM

Exploring Hub Early Learning Centre

5 Russell Street •Blacktown•NSW 2148•Phone: 02 9622 6568•

E-mail: admin@exploringhub.com.au •ABN: 58824904291•

Childs Name: _____

I / we agree to the following terms and conditions of enrolment regarding attendance of my child at Exploring Hub:

- ❖ Ensure that my child's enrolment and immunization information is kept up to date at all times
- ❖ Ensure that my child is brought to and collected from the centre by myself or a responsible adult (over 18 years) and the staff member in charge is notified of the arrival and departure. The sign in/ out sheet will be signed on a daily basis
- ❖ To inform Exploring Hub of any changes to my benefits or any changes that may affect my child's enrolment and or fees. I accept that, in the event of changes made without communication – Exploring Hub reserves the right to charge a \$30.00 administration fee each time my account needs to be manually adjusted without me giving notice of changes via writing or notice from government bodies i.e centrelink
- ❖ To keep my child from the centre when suffering from infection or contagious disease
- ❖ To comply immediately with any request by the Director to remove the child from the Centre if, in their opinion, the child is too ill to remain at the centre
- ❖ In the event of an emergency, staff at the centre will provide first aid to my child as a first priority. Guardians will then be contacted as soon as possible following the event. I / We give the staff at the centre consent to give or seek

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medical or hospital attending for my / our child. I / We agree to pay any expenses incurred for medical treatment and ambulance transport.

- ❖ Consent is given for my child to be observed by student for training purposes. However, if questioning or testing of my child is to be undertaken, my permission will be sought beforehand.
- ❖ To pay all fees due, as per the centre policy. Fees are payable for any absences by my child including illness, holiday, public holidays or for any reason whatsoever.
- ❖ To give two weeks' notice in writing when withdrawing my child from the centre or when changing my child's enrolment requirements or pay two (2) weeks fees in lieu of notice. Please note that if you are receiving child care assistance (CCB), your child must attend their final days to receive the discount otherwise full fees are payable.
- ❖ Please note that an administration fee of \$30.00 is to be paid before your child begins enrolment at Exploring Hub. This fee is non-refundable and covers your child for their portfolio, sunscreen and hat.
- ❖ Please note that a \$200 bond is to be paid before your child begins enrolment at Exploring Hub. This bond is refundable once your child has withdrawn from Exploring Hub and if no fees are outstanding. Please note that the bond will not be refunded if your child does not attend care after the enrolment gets finalised.
- ❖ In the event of unpaid fees, the centre will have the right to terminate my child/ren's booking at the centre without notice. I understand that the moneys owing will be automatically deducted through Direct Debit (DDR), if this fails, I understand that my account will be referred to a debt collector and I will be responsible for all costs incurred in retrieving the unpaid money. It is my responsibility to check that the correct CCB percentage is being charged on my fee statement and to notify the centre if there is any change. Please understand that Exploring Hub is not responsible for calculating CCB percentages and if

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there are any queries to contact Centrelink. Guardians are fully liable to pay all gap fees that are not covered by CCB.

- ❖ I agree to abide by and respect all centre policies, on the understanding that they were developed by my management for the safety and well-being of all associated with the centre. Please note that policies are updated regularly and families will have access to up to date policies on request.
- ❖ The Approved Provider is released from all claims, demands, remedies, suits, loss, liability, action and proceedings from my child's attendance at the centre except in case of negligence or criminal activity.
- ❖ The centre reserves the right to remove all children from the centre on such instances such as complying with emergency drills and evacuations.

❖ I (name) _____, agree to all of the terms set out above

(signature) _____

| | | |
|--------------------------------|-------------------|--------------|
| Guardian/Guardian Name: | Signature: | Date: |
| Guardian/Guardian Name: | Signature: | Date: |

Please note that until this agreement is signed by Guardians/guardians it will not be processed and your enrolment will be void

Exploring Hub Early Learning Centre

Office Use Only

Commencement date of enrolment:

Payment of bond

accepted: _____

Administration Fee

Paid: _____

Signature of Staff

member: _____

Signature of

Director: _____

Enrolment Notes:

