



Cuddles

Early Learning & Childcare

Enrolment Form

1. About Your Child

Surname: _____

Given Names: _____

Gender: _____ D.O.B: _____

Residential Address: _____

_____ Postcode: _____

2. Child Care Benefit Information

Child's Centrelink Reference Number (CRN): _____

Mother's Centrelink Reference Number (CRN): _____

Father's Centrelink Reference Number (CRN): _____

Name and Date of birth (DOB) of parent claiming Child Care Subsidy

Name: _____ DOB: ____/____/____

3. Days and Times Required for Your Child

	Monday	Tuesday	Wednesday	Thursday	Friday
Session Time					

Proposed Start Date: ____/____/____

4. Parents/Guardians

Information Parent/Guardian 1

Title: Mr Miss Mrs Ms Dr

Surname: _____

Given Names: _____ DOB: ____/____/____

Relationship to Child: _____

Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Occupation: _____ Place of work/Study: _____

Work/Study Address: _____ Postcode: _____

Work Phone: _____ Ex: _____

Country of birth: _____

Language Spoken: 1. _____ 2. _____ 3. _____

Parent/Guardian 2

Title: Mr Miss Mrs Ms Dr

Surname: _____

Given Names: _____ DOB: ____/____/____

Relationship to Child: _____

Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Occupation: _____ Place of work/Study: _____

Work/Study Address: _____ Postcode: _____

Work Phone: _____ Ex: _____

Country of birth: _____

Language Spoken: 1. _____ 2. _____ 3. _____

5. Family Information

Have there been any stresses in the family, which may have affected your child?
(eg. Divorce, separation, illnesses of parent or child/children, contact with child protection services, problems with other children in the family).

If you wish please comment:

Have any orders been made by any court regarding your Child/ Children?

YES NO

If NO, are there any disputes concerning custody of the Child/Children?

Please Provide Details:

If YES, please provide the following:

Details of Guardianship and Custody, and terms of any specific Custody or Access provision (if applicable)

Enrolling Parents initials:

Please attach copies of relevant Court Forms, documentation.

6. Medical Information

Name of Child's Doctor: _____

Doctor's Full Address: _____ Postcode: _____

Doctor's Phone numbers: _____

Medicare Number: _____

Private Insurance Number: _____

Please ensure your Doctor is advised that he / she attends Cuddles and may be consulted, and has your permission to treat the child.

In the event of an emergency, illness or accident (when unable to contact parents/guardian or authorized person/s. I/we consent to Cuddles administering medication if required and/or hospital attention being sought for the child. I/we agree to pay any expenses incurred for medical treatment and transport (ambulance).

Signature of Parent/Guardian: _____ Date: ____/____/____

Signature of Cuddles Centre Manager or representative: _____ Date: ____/____/____

7. Health of Child

Does your child require REGULAR MEDICAL ATTENTION: YES NO

If YES please provide details: _____

Does your child suffer from?

Allergies	YES / NO	Details
Hearing or speech problems		
Asthma or recurrent chest infections		
Anaphylaxis		
Diabetes		
Seizures		
Eczema		

Please provide a medical management plans or risk minimization plan.

Manager sighted and sign: _____

8. Immunisation Records

You are required to supply us with a copy of your child's up to date immunization records. I/we have provided the centre with a copy of these records:

YES NO

9. Special Needs

Does your child have a disability? YES / NO

If YES, what type of disability? _____

If YES, which agency is your child registered with? _____

10. Emergency Contact Information

Please note that Emergency Contacts must be 18 years and over, in good health, easily contactable, within close proximity to the centre and capable of dealing with emergencies. Photo identification must be presented before staff will allow your child to leave the service with your nominated person.

Contact 1.

Surname: _____ Given Names: _____

Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Work Phone: _____ Relationship to Child _____

I authorize the above person to:

- Collect my child from the service. Yes/No
- Authorise consent of medical treatment or administration of medication. Yes/No
- Sign incident or Accident forms for my child. Yes/No
- Be contacted during an emergency if the child's parents cannot be contacted. Yes/No
- Sign documents relating to excursions. Yes/No

Contact 2.

Surname: _____ Given Names: _____

Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Work Phone: _____ Relationship to Child: _____

I authorize the above person to:

- Collect my child from the service. Yes/No
- Authorise consent of medical treatment or administration of medication. Yes/No
- Sign incident or Accident forms for my child. Yes/No
- Be contacted during an emergency if the child's parents cannot be contacted. Yes/No
- Sign documents relating to excursions. Yes/No

11. Family Background

Country of birth:

Is your child of a culturally or linguistically diverse background? (specify)

What is the main language spoken at home?

Does your child have any special needs (e.g. Dietary requirements, religious customs, requirements ect)? YES/ NO

If YES, please comment:

Has your Child attended a childcare setting before? YES/ NO

12. School

School Name:

School Days: (circle) MON TUES WED THUR FRI

School start time: _____ School finish time:

TRANSPORT TO AND FROM SCHOOL

I authorize the Educators at Cuddles to deliver and collect _____ (Name) from _____ Primary School

13. Fees

The following outlines how fees can be paid. Fees must be paid before your child attends the service for the week.

- Upon enrolment, families must pay a security deposit of one week's full fees.
- Fees must be paid one week in advance.
- Fees are to be paid weekly by Debit Success ONLY
- Fees are payable for one week in advance for every day that your child is enrolled at the service. This includes pupil free days / public holidays, sick days and family holidays.
- Child Care Subsidy is available to all families who are Australian Residents. To find out their eligibility, families must contact the Family Assistance Office on 136 150
- The Child Care Subsidy is received as a reduction of fees through the service, with 5% withheld by Centrelink until the financial year end for tax purposes.

13. Fees (continued)

Should you wish to end your child's place at the service, 2 weeks written notice is required. If this does not occur, 2 weeks fees will be billed to you.

OVERDUE FEES

Any family who is one or more weeks late with their fees will receive a Friendly Fee Reminder.

Families can make appointments to speak with the Approved Provider or Nominated Supervisor regarding payments if there is a need to do so. Continually not paying fees will put your child/ren's place/s at the Service in jeopardy.

Signature of Parent/Guardian:

Print Name: _____ Date:

____/____/____

14. Cuddles Refund Policy

Cuddles Child Care Centre reserves the right to not issue cash or direct refunds as parents are required, as per the enrolment form to advise the centre IN WRITING of their intention to leave two weeks prior to the child's last day of attendance.

If the child does NOT attend for the last two weeks full fees will be charged to the parent account as per DEEWR requirements.

Statements shall be issued on a weekly basis to all parents by email so please see your Centre Manager if you require further assistance.

If you have credit on your account it is your responsibility to come to an arrangement with the manager to reduce your Debit Success payment or alter the frequency.

It is the parent's responsibility to remain one week in advance with their fees and be aware of their account and Debit Success transactions.

15. Are you eligible?

Before you attend our centre it is advisable that you contact Centrelink to apply or see if you are eligible for the below. It can assist in reducing your fees greatly!

- CCS- The percentage of subsidy a family is entitled is based on their combined annual income, with more financial support available to lower income families.
- ACCS - Grandparent, Transition to Work, and Temporary Financial Hardship

16. Priority of Access

1st Priority: A child at risk of serious abuse or neglect.

2nd Priority: A child of a single parent who satisfies, or parents who both satisfy the work/training/study test under section 14 of the Family Assistance Act.

3rd Priority: Any other child.

(To Confirm Priority of access, please circle)

17. Improving our Service to Families

What are the three most important things you need to see, know, and / or feel from us?

1. _____
2. _____
3. _____

What did you find impressive about the Centre, allowing you to make a confident decision to enrol your child with us?

Why have you chosen our Centre over other alternatives?

How did you come to know of us: (Please circle)

- Telephone Directory
- Friends
- Internet (Google)
- Location & Signage
- Website
- Newspaper
- Facebook
- Instagram

Other: _____

CENTRE VISITORS

All family members are welcome to visit the centre at any time. Your input and involvement within the centre is appreciated.

18. Parental Consents

GENERAL

I/We give permission for this child to:

Participate in all activities offered at Cuddles. I agree it is my responsibility to familiarize myself with the program and to advise the Centre in writing if I do not wish my child/children to participate in particular activities. For all programmed excursions, permission slips will have to be signed before your child/children attend.	Yes		No
Have SPF30+ sunscreen applied prior to sun exposure (if not, please provide letter releasing the centre of any liability)	Yes		No
Have Band-Aids for sticking plasters applied when necessary	Yes		No
Have educators apply Nappy Cream (supplied by parents)	Yes		No
Have educators apply Teething Gel (supplied by parents)	Yes		No
Have educators apply insect Repellent (supplied by parents)	Yes		No
Have educators check for hair lice and nit (eggs)	Yes		No

PHOTO/VIDEO USE

I/We give permission:

For photos and video footage to be taken of my/our child for centre use and staff training purposes (footage will not leave centre)	Yes		No
For photos and video footage of my/our child to be used in Learning Stories on Kindyhub, and to be shared with other families that attend the centre.	Yes		No
For photos and video footage of my/our child to be used for student training purposes (footage may leave the centre for students to present to lecturer and class for viewing and marking.	Yes		No
For photos and video footage of my/our child to be used for marketing purposes on social media, Cuddles website, flyers, advertisements and more.	Yes		No

Signature of Parent/Guardian: _____

Date: ___/___/___

19. Parent/ Guardians Registration Agreement

1. We have viewed the Centre and consent to the enrolment of our child.
2. We acknowledge having received and read the Parent Handbook and understand any changes to such will be displayed in the Centre's Policies and Procedures Manual available on request from the office.
3. We agree to comply with all Government Requirements in relation to the Centre and its service.
4. We agree that in the event of an accident or injury to my child, which requires medical care, Cuddles will attempt to contact us. In the event of an emergency where we are not contactable we authorise Cuddles to arrange an Ambulance transport our child to hospital and agree to pay any expenses incurred including Ambulance costs.
5. We agree to pay the weekly fee on the due date as determined by Cuddles with the first 1 week's fees payable in advance on enrolment.
6. We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Subsidy purposes.
7. We understand that to have access to Child Care Subsidy we need to meet all current Child Care Subsidy requirements.
8. In the event that we overlook to sign the attendance record we authorise Educators at Cuddles to sign on our behalf for normal attendances, absent days and or holidays.
9. We understand that a \$2.00 a day late fee applies to any overdue fees.
10. We are aware that fourteen (14) days paid notice in writing of cancellation of care must be given in advance, otherwise full fees apply
 - We are aware that Cuddles closes for Public Holidays & weekends.
 - We are aware that fees for Public Holidays are payable if the day is a usual day of attendance and is not transferable.
 - We are aware that fees are payable for days where allowable absences are taken
11. We understand that late fees apply if a child is collected after the 6:30pm SHARP closing time (6:00pm for Cuddles Two Rocks) .
12. We are aware that any failure to pay fees within 7 days may result in cancellation of care at Cuddles.
13. Fees may be adjusted from time to time with due notice given to parents.
14. We are aware that the child will be excluded from care at Cuddles if he/she is unwell or has contracted a contagious disease or condition. I/We understand that the child may return to Cuddles upon provision of a "Clearance Certificate" from a medical practitioner.
15. We are aware that if the child is not immunised he/she/ will be excluded from the Centre if there is an outbreak of measles. I/We understand that Cuddles will accept the child for further care after the receipt of medical programs in Cuddles.
16. We give permission for the child to receive individual observation by students on accredited training programs at Cuddles.
17. We give permission for the child to receive support from a bilingual worker (ECRU).
18. We agree to provide Cuddles with all information regarding the Health of the child.
19. We are aware that if we fail to provide information correctly as required by Cuddles, the Centre will be able to terminate its services forthwith.
20. Part of our obligations towards our duty of care is to ensure the safety of our children and Educators at all times. Any cared children deemed violent or dangerous to other children and / or Educators will be terminated immediately.

We are aware that Cuddles may occasionally have visitors and/or volunteers, with the Centre's appropriate supervision. We have read this agreement and received relevant information about the service offered by this Centre. I/We are aware that the person/s nominated here as parent/guardian are the authorised parties to enrol, cancel enrolment, pay fees, release and have Cuddles release the Child to. We agree to abide by the conditions of use of Cuddles and this Agreement.

Parent/Guardian Print _____

Parent/Guardian Signature _____ Date _____

Witness Print Name _____

Witness Signature _____ Date _____

This section is for office use only

Child's Name _____

Date of Birth _____

Starting Date ____/____/____

Days Attending Monday Tuesday Wednesday Thursday Friday

Birth Certificate Sighted: YES NO

Birth Certificate Copied: YES NO

Immunisation Copied: YES NO

Child's Centrelink Reference Number (CRN) provided: YES NO

Mother's Centrelink Reference Number (CRN) provided: YES NO

Father's Centrelink Reference Number (CRN) provided: YES NO

Enrolling parents DOB : YES NO

Phone Contact provided: YES NO

Emergency Contact provided : YES NO

Email Address provided : YES NO

Parental Consent Section signed: YES NO

Child Care Subsidy Summary: YES NO

Checked by

Name _____

Signature _____ Date ____/____/____

It's all about me

My name is: _____

My parents call me: _____

I will be in the (please circle) Hippo Room Giraffe Room Zebra Room

My birthday is ____/____/____

My cultural background is _____

My favourite foods are _____

We celebrate _____

What I need:

My milk times are: _____, _____, _____, _____

My meal times are: _____, _____, _____, _____

My meal requirements are _____

My sleep times are: _____, _____, _____, _____

I need _____ when I have a sleep / rest.

My medication requirements are _____

I am allergic to: _____

Toileting Habits:

I am (please circle): Toilet Trained In Training In Nappies/ Pull-ups

My Learning:

My favourite outdoor activities include: _____

My favourite indoor activities include: _____

My favourite song is: _____

My mum or dad are able to join activities at Cuddles on (please circle)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

When I'm sad I like _____

I LOVE _____

