



IMPORTANT: If completing electronically, save a copy to your computer before filling out. You need to return a printed and signed copy to your Centre Director.

**PAISLEY PARK
EARLY LEARNING CENTRES**
Tel: 1800 PAISLEY / 1800 724 753
Email: info@paisleypark.com.au
Web: www.paisleypark.com.au
PO Box 7007
Baulkham Hills BC NSW 2153

Enrolment Form

| | |
|--|---|
| Date of Application: | |
| Paisley Park Centre: | |
| How did you hear about Paisley Park? (select and type details if other) | <input type="radio"/> Signage <input type="radio"/> Facebook <input type="radio"/> Advertising <input type="radio"/> Internet Search <input type="radio"/> Word of Mouth <input type="radio"/> Event <input type="radio"/> Other: |

A parent or guardian who has parental responsibilities in relation to the child must complete this form. The Education and Care Services National Regulations 2011 requires an approved provider to keep an enrolment record for each child. All answers you provide to each question will assist the service in educating and caring for the child.

| Attendance | | | | | |
|--|---------------------------------------|-------------------------------|--|--------------------------------|--|
| Please tick the days of service required. Please also provide the hours of care required. You should note that the hours per day requested will be offered based on availability and subject to regulated staff & child ratios | | | | | |
| Please Tick (✓) Days Required | <input type="radio"/> Monday | <input type="radio"/> Tuesday | <input type="radio"/> Wednesday | <input type="radio"/> Thursday | <input type="radio"/> Friday |
| Start Time Requested | | | | | |
| Finish Time Requested | | | | | |
| Session Times <i>*depending on your Centrelink entitlements</i> | <input type="radio"/> 9 hour sessions | | <input type="radio"/> 10 hour sessions | | <input type="radio"/> 12 hour sessions |
| Preferred Start Date: | | In Room: | <i>(office use)</i> | | |

| Child's Details | | | | | |
|--|---------------------------|--------------------------|-----------------------------|---------------------|--|
| Child's Last Name: | | Child's First Name: | | | |
| Gender: | <input type="radio"/> M | <input type="radio"/> F | <input type="radio"/> Other | Date of Birth: | |
| Place of Birth: | | Country of Birth: | | | |
| Certified birth certificate provided: | <input type="radio"/> Yes | <input type="radio"/> No | Other evidence: | | |
| Birth certificate sighted by: | <i>(office use)</i> | | Signature: | <i>(office use)</i> | |
| Immunisation History Statement provided: | <input type="radio"/> Yes | <input type="radio"/> No | Other evidence: | | |
| Immunisation History Statement sighted by: | <i>(office use)</i> | | Signature: | <i>(office use)</i> | |

Note: The Social Services Legislation Amendment (No Jab, No Pay) Act 2015 is legislation in force from 1 January 2016. This legislation removes parents' rights to be either religious or conscientious objectors to vaccination for the purposes of certain benefits and rebates. Parents who do not follow the Australian Childhood Immunisation Schedule on time, will be unable to claim any Childcare Subsidies. Proof of Immunisation must be provided upon enrolment, without proof enrolment cannot take place. A record of your child's immunisation history is available through the Australian Department of Human Services; MyGov website: <https://my.gov.au/LoginServices/main/login>

IMPORTANT: If your child is not immunised due to personal preference or is not due for such vaccination, exclusion periods will apply due to outbreak of infectious disease until clearance has been given for your child to reattend care. During this time all fees will still be payable.

Note: The Child Health Record Book obtained from the hospital at birth is not evidence of Immunisation



| | | | |
|--|--|---|--|
| Child's CRN: (from Centrelink) | | | |
| Does your child have a health care card? | <input type="radio"/> Yes Card No: _____ Expiry: _____ <input type="radio"/> No | | |
| Religion: | | Language: | |
| Cultural Background: | | Legal Guardian: | |
| Does your child have a sibling currently enrolled at the centre or have you had a child previously enrolled at this Centre? | | | <input type="radio"/> Yes <input type="radio"/> No |
| Do you identify your child as being of Aboriginal or Torres Strait Islander origin? | | | <input type="radio"/> Yes <input type="radio"/> No |
| If Yes, is there another name your child is referred to by your family? | | | |
| Is your child an Asylum Seeker/Refugee? | | | <input type="radio"/> Yes <input type="radio"/> No |
| VISA provided: | <input type="radio"/> Yes <input type="radio"/> No | Other evidence: | |
| VISA sighted by: | (office use) | Signature: | (office use) |
| Does your child meet any of the below priority of access criteria according to the 'Priority of Access Guidelines'? https://docs.education.gov.au/system/files/doc/other/priority_of_access_guidelines_for_child_care_services.pdf | | | |
| Priority 1: a child at risk of serious abuse or neglect | | | <input type="radio"/> Yes <input type="radio"/> No |
| Priority 2: a child of a parent/parents who satisfies the Government's work, training, study test | | | <input type="radio"/> Yes <input type="radio"/> No |
| Priority 3: any other (refer to guidelines) | | | <input type="radio"/> Yes <input type="radio"/> No |
| Fees to be paid by: | Parent/Guardian | <input type="radio"/> 1 <input type="radio"/> 2 | Other: _____ |
| Will you be claiming Child Care Subsidy (CCS)? | | | <input type="radio"/> Yes <input type="radio"/> No |
| <i>The Child Care Subsidy is the main way the Government assists families with their childcare fees with a single, means-tested subsidy. is generally paid directly to childcare providers to be passed on to families.</i> Note: To check if you're eligible for Child Care Subsidy you need to access the Australian Department of Human Services MyGov website: https://my.gov.au/LoginServices/main/login You will need to log-in to your existing account or create a new account and follow the steps on the website. | | | |
| Is your child eligible for any other type of funding? <i>In some jurisdiction's children are eligible to receive funding for participating in a prior to school program implemented by a qualified Early Childhood Teacher, but only if they are enrolling the year prior to access to formal schooling. In such cases, certain 'priority of access guidelines for entry' may apply (as above).</i> | | | |
| 3-year-old funding | <input type="radio"/> Yes <input type="radio"/> No | 4-year-old kinder funding | <input type="radio"/> Yes <input type="radio"/> No |
| Inclusion Support Funding | <input type="radio"/> Yes <input type="radio"/> No | Other: | |
| Name and details of anyone who is prohibited from having contact with or collecting the child? | | | |
| | | | |
| | | | |
| Are there any Court Orders, parenting orders or parenting plans in place in relation to powers, duties, responsibilities or authorities of any person in relation to the child? Note: Court Orders in relation to the child's residence or the child's contact with a parent or other person must be provided upon enrolment. The Nominated Supervisor must sight the original legal documentation and keep copies in the child's file. If Court Orders are in place, please provide details below. A photograph of any unauthorised person is required to aid staff in prompt identification of improper persons. Please provide a photo of the above mentioned to help staff identify them. | | | |
| Court Order provided: | <input type="radio"/> Yes <input type="radio"/> No | Other evidence: | |
| Court Order sighted by: | (office use) | Signature: | (office use) |



Parent/Guardian/Authorised Person Details

Note: A parent is a person with parental responsibility for the child, a guardian/authorised person is a person who has legal power to make decisions on behalf of the child about personal matters

| | Parent/Guardian 1 | Parent/Guardian 2 |
|--|--|--|
| Full Name: | | |
| Address including Suburb/State/Postcode: | | |
| Home Phone Number: | | |
| Work Phone Number: | | |
| Mobile Phone Number: | | |
| Email Address: | | |
| Relationship to Child: | | |
| Date of Birth: | | |
| Parent CRN: (from Centrelink) NOTE: Provide CRN only for the parent /guardian who is linked to the child for Childcare Subsidy purposes. | <input type="radio"/> CRN provided is for Parent 1 who is linked to the child for CCS purposes | <input type="radio"/> CRN provided is for Parent 2 who is linked to the child for CCS purposes |
| Relationship Status: | <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Defacto <input type="radio"/> Divorced <input type="radio"/> Widowed | <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Defacto <input type="radio"/> Divorced <input type="radio"/> Widowed |
| Primary Language Spoken | | |
| Occupation | | |
| Name of Employer | | |
| Working Status: (F/T, P/T, Casual, Other) | | |
| Usual Hours of Work | | |
| Address of Employer including Suburb/State/Postcode | | |
| I/we authorise an Educator to take my child outside of the premises | <input type="radio"/> Yes | <input type="radio"/> No |
| I/we authorise the education and care service to transport my child or arrange transport for my child | <input type="radio"/> Yes | <input type="radio"/> No |

Other Authorised Persons/Child Collection/Emergency Contacts

Please list below the details of those people who you have authorised as emergency contacts for the child. The list may be amended at any time. In the events that the parents/guardians cannot be contacted the person/s listed below with authority will be contacted regarding collecting the child in the event of an emergency involving the child, consent to medical treatment or the administration of medication, to authorise an Educator to take the child outside the service premises or authorise the service to transport the child or organise transport for the child. Please tick the appropriate boxes for each contact to confirm authorisations.

| | |
|---|---|
| a) Authorised to collect | b) Notification in the event of an emergency |
| c) Authorised to consent to medical treatment | d) Authorisation for administration of medication |
| e) Authorised to authorise an Educator to take the child outside of the premises | |
| f) Authorised to authorise the education and care service to transport the child or arrange transport for the child | |



| | Authorised Person 1 | Authorised Person 2 |
|--|---|---|
| Full Name: | | |
| Date of birth: | | |
| Address including Suburb/State/Postcode: | | |
| Home Phone: | | |
| Work Phone: | | |
| Mobile: | | |
| Relationship to Child: | | |
| I.D Type: (e.g. license) | | |
| I.D Number: | | |
| Authorisations (see descriptions above): | <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f | <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f |

| | Authorised Person 3 | Authorised Person 4 |
|--|---|---|
| Full Name: | | |
| Date of birth: | | |
| Address including Suburb/State/Postcode: | | |
| Home Phone: | | |
| Work Phone: | | |
| Mobile: | | |
| Relationship to Child: | | |
| I.D Type: (e.g. license) | | |
| I.D Number: | | |
| Authorisations (see descriptions above): | <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f | <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f |

| Child's Health and Medical Information | | |
|--|----------------|-----------------|
| | Doctor Details | Dentist Details |
| Name: | | |
| Address including Suburb/State/Postcode: | | |
| Work Phone: | | |
| Mobile: | | |



| | | |
|--|--|--|
| Medicare Number: | | Number on Card: |
| Ambulance Cover: | <input type="radio"/> Yes <input type="radio"/> No | Member Number: |
| I/we authorisation my child to travel by ambulance in an emergency | | <input type="radio"/> Yes <input type="radio"/> No |
| Private Health Insurance Provider: | | Card Number: Number on Card: |
| Note: Medical or Ambulance expenses which may be incurred due to medical emergency (and not covered within your private health membership guidelines) while your child is at the Centre will be the parent/guardian/authorised person's responsibility. | | |

| | | |
|--|--|--|
| Is your child currently receiving ongoing medical treatment? | <input type="radio"/> Yes <input type="radio"/> No (Provide detail below) | |
| Please provide information regarding any diagnosed healthcare needs of your child, including any current medical conditions. NOTE: a medical condition relates to: a disease, illness or injury; any physiological, mental or psychological condition or disorder (e.g., orthopaedic; visual, speech or hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; coronary artery disease; diabetes; mental disability; emotional or mental illness; specific learning disabilities; HIV disease; TB; drug addiction). | | |
| Has your child ever been hospitalised? If Yes, please provide details along with length of stay and reason. | | <input type="radio"/> Yes <input type="radio"/> No |
| Does your child have any suspected/proven allergies? NOTE: an allergy is something that is damaging to the immune response by the body to a substance, especially a particular food, pollen, fur, or dust. | | <input type="radio"/> Yes <input type="radio"/> No (Provide detail below) |
| Detail symptoms which may arise due to exposure to allergen and action plan required to manage attack. (Include ASCIA Action Plan from Medical Practitioner with enrolment). | | |
| Action Plan/s Provided? | <input type="radio"/> Yes <input type="radio"/> No | Sighted By: (office use) |
| Does your child suffer from asthma? | | <input type="radio"/> Yes <input type="radio"/> No (Provide detail below) |



Provide details of symptoms and action plan required to manage an asthma attack.
(Include ASCIA or National Australian Asthma Council Action Plan from Medical Practitioner)

Action Plan/s Provided?

Yes No

Sighted By:

(office use)

Are there any religious requirements in case of an accident?

Does your child have any cultural or religious, dietary requirements?

Does your child have any food intolerance, restrictions or preferences?

Do you presently have any concerns about your child's development? Your concerns may relate to your child's behaviour or delay in reaching certain developmental milestones such as walking, talking, toileting, sleeping or eating*

Has your child been assessed/undergoing assessment for diagnosis of any additional needs? A.D.D / A.D.H.D, Autism, language delays/disorders, physical disability/ies, gifted/talented? *

Is your child currently receiving ongoing early intervention? (Speech therapy, Occupational therapy, Psychologist, etc) If so, provide details below including name/phone no. of Doctor/Specialist. *

***Note:** Please provide copies of Specialist Reports/Intervention Reports/Doctors Reports

Specialists Reports Provided?

Yes No

Sighted By:

(office use)



| Medicine Administration | |
|--|---|
| In emergency situations we may deem it appropriate to administer the required dosage of paracetamol in the event your child experiences a temperature of 38 degrees and/or higher. The administration of any such medicines would take place with your permission, in writing. In situations when we cannot make contact with you, we may be advised by emergency personnel to administer medicines without your consent. Please confirm your understanding of such circumstances. | <input type="radio"/> Yes <input type="radio"/> No |
| Name: <input type="text"/> | Signature: <input type="text"/> |
| In emergency situations we may deem it appropriate to administer medicines such as an EpiPen or Ventolin. The administration of any such medicines would take place with your permission, in writing. In situations when we cannot make contact with you, we may be advised by emergency personnel to administer medicines without your consent. Please confirm your understanding of such circumstances. | <input type="radio"/> Yes <input type="radio"/> No |
| Name: <input type="text"/> | Signature: <input type="text"/> |
| Note: Any medication short term or long term your child requires and is brought to the Centre must have a pharmacy label complete with your child's full name and instructions of dispensing. This includes over the counter medication, herbal remedies etc. | |
| Do you give authority of Paisley Park to seek emergency medical treatment from a registered medical practitioner, dentist, hospital or ambulance service or transport by ambulance? | <input type="radio"/> Yes <input type="radio"/> No |
| Note: Ambulance expenses which may be incurred (and not within your Ambulance cover membership guidelines) while your child is at the Centre will be the parent / guardian / authorised person's responsibility. | |
| Note: Medical expenses which may be incurred while your child is at the Centre due to medical emergency (and not within your private health insurance membership guidelines) will be the parent / guardian / authorised person's responsibility. | |
| I give permission for the staff at Paisley Park to apply Cancer Council Approved Sunscreen to my child when needed. | <input type="radio"/> Yes <input type="radio"/> No |

| Photography and Media | | |
|--|--------------------------|----------------------|
| We utilise many documentation methods to record children's learning including photographs, video and audio recordings which may also be used for marketing purposes, where first and/or surnames may be is published. I authorise Paisley Park to: | | |
| Condition | I DO NOT agree (initial) | I DO agree (initial) |
| The use of observational analysis in Daily Reflections and Individual Portfolios for Quality Assessment purposes published on Kindyhub (App Based Program). | | |
| I give permission for the staff at this Centre to display my child's date of birth on a Birthday Chart/Calendar and name on a locker tag and/or bed tag. | | |
| Documentation within the Centre, e.g. notice boards, play activities etc. | | |
| School photos | | |
| Newsletters | | |
| Photos, videos, audio recordings on business website | | |



| Condition | I DO NOT agree (initial) | I DO agree (initial) |
|--|--------------------------|----------------------|
| Photos, videos, audio recordings on Facebook | | |
| Photos, videos, audio recordings on Instagram | | |
| Photos, videos, audio recordings on Twitter | | |
| Google campaigns/ads, and other published documents | | |
| Other Media Outlets | | |
| The use of photos/images for marketing and promotional purposes in Centre Handbooks, Flyers and Pamphlets: | | |
| Photos, videos, audio recordings of Centre events/activities as well as events/activities outside of the Centre which may be used in the Centre or released to other families attending the Centre. | | |
| Inclusion in Newspaper, Magazines, Television and other promotional materials: | | |
| Some Paisley Park Centres are fitted with Video Surveillance cameras which monitor activity at the Centre in play rooms, playgrounds, corridors and stairways for security purposes. Please acknowledge understanding that in your child's 'normal' activity they may appear in recorded surveillance. | | |
| <p><i>I understand that this consent will continue until my child:</i></p> <ul style="list-style-type: none"> ▪ Turns 18 years of age and/or ▪ In any other case when the parent revokes consent (by writing to the Centre Director) <p><i>Despite the above, if at the time such an event occurs, the Centre is using the individuals 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 Centres use is complete or after contractual obligations come to an end.</i></p> | | |

| Additional Information | |
|---|--|
| I understand that allocated parking is the only acceptable form of arrival/departure at the Centre. I understand that I must hold my child's hand whilst moving to and from the parking area. | <input type="radio"/> Yes <input type="radio"/> No |
| Is there any additional information you feel we should know about your child? Please add below. | |
| | |

| Authorised Agreement | | | |
|--|--|-------|--|
| <i>I hereby acknowledge that I have read and understood the conditions of my enrolment as stipulated in the Parent Handbook and Parent Contract. I confirm that all information provided in this document is true to the best of my knowledge.</i> | | | |
| Parent/Guardian Name: | | | |
| Signature: | | Date: | |
| Centre Director Name: | | | |
| Signature: | | Date: | |

