Le Smileys Early Learning Centre
Enrolment Form and Agreement

58 Lucas Street, Gracemere QLD 4702

0749 333 553 / 0748 370 935

admin@lesmileys.com.au

Child Details			
Full Name			
Preferred Name:		Child CRN:	
Address:			
Gender:		Start Date:	
D.O.B:	/ /		
Birth Certificate:	☐ YES ☐ NO **(Please supply to be copied for file)**		
Childs Age on First Day: Years Months		Medicare Number:	
Child Identifies as Aboriginal or Torres Strait Island:	☐ YES ☐ NO	Other Cultural Nationality:	
First Parent/Guardian Details (connects to CCS):			
Full Name:			
D.O.B:	/ /	Parent CRN:	
Address:			
Mobile:		Home phone:	
Work phone:		Preferred contact method:	Phone Email Other:_____ (Please circle)
Email:			
Occupation:		Company	
Work Address:			
Best contact during day:	Home phone	Work phone	Mobile (Please circle)
Health Care Card holder	☐ YES ☐ NO	(please bring Health Care Card to be copied)	Expiry Date: / /
Nationality:		Language Spoken:	
Second Parent/Guardian Details:			
Full Name:			
D.O.B:	/ /	Parent CRN:	
Address:			
Mobile:		Home phone:	
Work phone:		Preferred contact method:	Phone Email Other:_____ (Please circle)
Email:			
Occupation:		Company	
Work Address:			
Best contact during day:	Home phone	Work phone	Mobile (Please circle)
Health Care Card holder	☐ YES ☐ NO	(please bring Health Care Card to be copied)	Expiry Date: / /
Nationality:		Language Spoken:	
I authorise for the above person to have consent for this child to attend excursions/collect from the centre	☐ YES ☐ NO		
Court Orders			
Are there any Court Orders or Orders from Government Bodies affecting your child?	☐ YES ☐ NO		
If yes, please give details **(including a photocopy of the order for centres records)** _____			
Marital Status of Parents: (Please circle)			

Married	De-facto	Divorced	Separated	Widow/Widower	Single

Preferred Emergency Contact (this Should be preferably being someone other than the parents/guardians already listed) This Contact is able to collect your child. Or give consent in place of parents when parents are not available. *Please keep these details up to date as you are giving authorisation for the following people to collect your child.*

Full Name:			
Address:			
Home phone:		Mobile:	
Relationship to Child:			

I authorise for the above person to Consent to Medical Treatment and Transportation to medical treatment of the child if requires ☐ YES ☐ NO signature _____

I authorise for the above person to consent to the administration of Medication of this child if required ☐ YES ☐ NO signature _____

I authorise for the above person to consent for the child to attend excursion from the centre ☐ YES ☐ NO signature _____

Additional People for Contacts and Consents Who (other than your child's parents) is able to collect your child. Or give consent in place of parents when parents are not available. *Please keep these details up to date as you are giving authorisation for the following people to collect your child.*

Additional Person 1

Full Name:			
Address:			
Home phone:		Mobile:	
Relationship to Child:			

I authorise for the above person to Consent to Medical Treatment and Transportation to medical treatment of the child if requires ☐ YES ☐ NO signature _____

I authorise for the above person to consent to the administration of Medication of this child if required ☐ YES ☐ NO signature _____

I authorise for the above person to consent for the child to attend excursion from the centre ☐ YES ☐ NO signature _____

Additional Person 2

Full Name:			
Address:			
Home phone:		Mobile:	
Relationship to Child:			

I authorise for the above person to Consent to Medical Treatment and Transportation to medical treatment of the child if requires ☐ YES ☐ NO signature _____

I authorise for the above person to consent to the administration of Medication of this child if required ☐ YES ☐ NO signature _____

I authorise for the above person to consent for the child to attend excursion from the centre ☐ YES ☐ NO signature _____

Individual Information:

Number of children in the family:_____	Position in the family:_____	
Details of Brothers and Sisters:	DOB:	/ /
	DOB:	/ /
	DOB:	/ /
	DOB:	/ /
	DOB:	/ /
	DOB:	/ /

Session hours and fee structure

Under School Age				Vacation Care			
12 hour	10 hour	9 hour	8 hour	12 hour	10 hour	9 hour	8 hour
$106.00	$106.00	$106.00	$98.00	$102.00	$100.00	$96.00	$90.00
□ 6.15-18.15	□ 7.00-5.00 □ 7.30-5.30 □ 8.00-6.00	□ 6.15-3.15 □ 7.00-4.00 □ 8.00-5.00	□ 8.00-4.00	□ 6.15-18.15	□ 7.00-5.00 □ 7.30-5.30 □ 8.00-6.00	□ 6.15-3.15 □ 7.00-4.00 □ 8.00-5.00	□ 8.00-4.00
Before school 6.15 – 8.45 $24				After school 3.15 – 6.15 $41			
Child's school:				Child's School:			
Required days	Monday	Tuesday		Wednesday	Thursday	Friday	

Cultural Recognition:

Does your child have any religious or cultural requirements? If yes please provide details:	☐ YES ☐ NO
Does your child speak a language other than English? ☐ YES ☐ NO if yes please specify:	
Special Cultural/Religious needs (e.g. Diets, Festivals): ☐ YES ☐ NO if yes please specify:	
Any specific request or requirement dietary or otherwise that you require: If yes please provide details:	☐ YES ☐ NO

Medical Details:
Injuries/Allergies/Illnesses etc

Does your child have any allergies? ☐ YES ☐ NO	Medications allergies? ☐ YES ☐ NO if yes please specify:
Food Allergies? ☐ YES ☐ NO if yes please specify:	Other Substances (allergens) eg Grass, pollen, animal, hair etc: ☐ YES ☐ NO if yes please specify:
Food Intolerance? ☐ YES ☐ NO if yes please specify:	

Has your child any diagnosed Asthma or Diabetes or Epilepsy medical conditions ☐ YES ☐ NO

If yes then please attach an Allergy / Anaphylaxis/ Asthma/ Diabetes/ Epilepsy Action Plan developed in consultation with your doctor (Action Plan located in Parent Handbook)
Also complete a Risk Minimisation Plan between centre Nominated Supervisor and parent.

Is your child on regular Medications? ☐ YES ☐ NO if yes please specify:

Any previous Infectious Diseases? ☐ YES ☐ NO if yes please specify:

Does your Child have any special needs? ☐ YES ☐ NO if yes please specify:

Do you give permission for centre staff to administer a dose of life saving medication (e.g. EpiPen and/or Antihistamine (Zyrtec) or Ventolin) in the case of emergency?	☐ YES ☐ NO Signature of Consent:_____
Do you give permission for Centre staff to administer a dose of Paracetamol in the event of your child having a temperature over 37.5°C, or in the event of pain (such as teething)?	☐ YES ☐ NO Signature of Consent:_____
Do you give permission for centre staff to apply sunscreen and insect repellent and relief at the appropriate times?	☐ YES ☐ NO Signature of Consent:_____
Do you give permission for centre staff to apply Nappy Rash Cream at the appropriate times? For Example: Sudo, Bepanthen, Curash	☐ YES ☐ NO Signature of Consent:_____
Are your child immunisations up to date? **(please attach a copy of the Immunisation History Statement Register with your enrolment form)**	☐ YES ☐ NO

A copy of your child's immunisation record (Immunisation History Statement from Medicare) needs to be provided to the centre and updated at all times. Please note: *When a vaccine preventable disease is present or suspected at the service, children who have not supplied a complete record of immunisation may be treated as unimmunised and therefore will be excluded from the service for the recommended period of time. This is to protect the child and to prevent further spreading of the disease, normal booking charges will apply during times of absence.*

Child's Doctor:

Address: Phone:

If your child has an Allergy, Asthma or other medical Illness that requires specific information please complete an Asthmas/Allergy Action Plan or supply other relevant health care records for our centre to have on file with in your child's records and to be placed in the area in which your child are being educated and cared for.

Application for Enrolment

I understand and agree to the following information as a condition of enrolment:

In order for Le Smileys to operate for the maximum benefit of children and their parents, it is essential that there is a close co-operation between home and the centre. We ask that parents sign the undertaking and obligation outlined below:

- I/We wish to apply for the enrolment of my child to ***Le Smileys Early Learning Centre***
- I/We agree in the case of sudden illness or an accident where parents cannot be contacted the Nominated Supervisor or person in charge shall act as agents for parents. They will assume discretionary powers to seek immediate appropriate medical attention and/or ambulance assistance as deemed necessary. I/we agree to pay medical cost if medical attention is required.
- I/we agree to keep my child home when they are suffering from infectious or contagious illnesses as prescribed in the Parent Handbook.
- I/we understand the Centre's Policies with regards to medication and administering of it.
- I/we agree to promptly notify the Director/Nominated Supervisor as to the reason for any absences.
- I/We agree to give a minimum of **two (2) weeks notice** of my child leaving the centre, or pay two weeks fees in lieu thereof.
- I/We understand the Centre's policy with respect as per the parent handbook and I/we agree to keep fees paid in to a zero balance and the end of each payment period at all times.
- If fees become outstanding I/we agree to commence a payment plan to pay down the debt incurred. If a payment plans not entered into and the debt is referred to a debt collector then I/we agree to pay the debit as well as any fees incurred in relation to recouping the debit and any interest that may be applied.
- I /we Have read LeSmileys Handbook and agree to abide by policies outlined in it.
- I/We agree that the child will be signed in and out at the appropriate location on each day, for your appropriate session times.
- I/We will ensure that the child is accompanied to and from the centre by an adult person (18+ years) and that the teacher person in charge of the room is notified of arrivals and departures.
- I/We give permission for my child to participate in Fire Drills and Lock Downs held regularly at the centre. I understand that he/she may be required to leave the enclosed playground to assemble in the designated area of the Centre's Evacuation Plan (if applicable)

Consent for Photography

Photographs possible uses in the centre are for observations, pic collages and daily posts that will be shared to other families within the centre through emails and on our closed Facebook page and secret Facebook group. Photograph possible uses for outside of the centre are student learning material, promotional material, newspaper stories and the centre website and advertising.

Do you give permission for your child to be photographed whilst at the centre?	☐ YES ☐ NO
I hereby give permission for LeSmileys Early Learning Centres to include photos of my child/ren in daily posts, pic collages and observations that may be used in student material submitted to universities or colleges for marking.	☐ YES ☐ NO
I understand that learning stories and photos will be emailed or posted on our closed Facebook page and other families of the room my child is enrolled in will see these photos.	☐ YES ☐ NO

By signing this form, I acknowledge that I have read, understood and agree to abide by the information contained in the enrolment form and other forms will be used by the service in the provision of education and care for my child.

First Parent/Guardian Print Name:			
First Parent/Guardian Signature:		Date:	
Second Parent/Guardian Print Name:			
Second Parent/Guardian Signature:		Date:	

Thank you for choosing Le Smileys to Educate and Care for your child/ren.

We would like to know how you found out about us?

Please Tick:

- Recommended by Friends ☐ Yellow Pages ☐ PDC ☐ Local Newspaper ☐ Flyer Mail out ☐ Morning Bulletin Newspaper Advertisements Other (please state)

Office Use Only

Room Allocated: _____ Reason for Care_____

Days Booked	Monday	Tuesday	Wednesday	Thursday	Friday

	12 hour	10 hour	9 hour	8 hour
Session Booked	□ 6.15-18.15	□ 7.00-5.00 □ 7.30-5.30 □ 8.00-6.00	□ 6.15-3.15 □ 7.00-4.00 □ 8.00-5.00	□ 8.00-4.00

Under school age	**Vacation care**	**Before school**	**After school**

EZI Debit Form Completed: ☐ Yes Details placed on System ☐ Yes Date: ___/___/_____

Immunization Statement Received and place on file ☐ Yes Date ___/___/ _____

The Approved Provider, Nominated Supervisor or other staff member has sited
Health Record ☐ Yes ☐ No Date Received ___/___/___
Health Concern _____
Asthma Action Plan ☐ Yes ☐ No Date Received _____
Anaphylaxis Action Plan ☐ Yes ☐ No Date Received _____
Epilepsy Action Plan ☐ Yes ☐ No Date Received _____
Diabetes Action Plan ☐ Yes ☐ No Date Received _____
Medical Risk Minimisation and communication Plan ☐ Yes ☐ No Date Received _____
CWA Agreement completed ☐ Yes ☐ No Date Received _____

Given: Hat ☐ Shirt ☐ Date ___/ ___/ _____ Signature _____