Le Smileys ELC – Kindergarten at Warab
Enrolment Form and Agreement

77 Johnson Road, Gracemere QLD 4702
07 49331678
waraburrakindy@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:			
Gender Identity: (Please circle) Female/Male/Non-Binary/Trans Female/Trans Male/Other_____			
Pronoun: (Please circle) He/Him or She/Her or They/Them or Other _____			
First Parent/Guardian Details (this should be the parent/guardian who CCS is linked to):			
Full Name:		Parent CRN:	
D.O.B: / /	Relationship to Child:		
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 / Pension / White Card	☐ YES ☐ NO	(please bring Card to be copied)	Expiry Date: / /
Nationality:	Language Spoken:		
Is this person a nominated AUTHORISED NOMINEE: YES ☐ NO ☐			
Gender Identity: (Please circle) Female/Male/Non-Binary/Trans Female/Trans Male/Other_____			
Pronoun: (Please circle) He/Him or She/Her or They/Them or Other _____			
Second Parent/Guardian Details:			
Full Name:		Parent CRN:	
D.O.B: / /	Relationship to Child:		
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 / Pension / White Card	☐ YES ☐ NO	(please bring Card to be copied)	Expiry Date: / /
Nationality:	Language Spoken:		
Is this person a nominated AUTHORISED NOMINEE: YES ☐ NO ☐			

Gender Identity: (Please circle) Female/Male/Non-Binary/Trans Female/Trans Male/Other_____
Pronoun: (Please circle) He/Him or She/Her or They/Them or Other _____

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		

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

AUTHORISED NOMINEES

An Authorised Nominee is defined under the Education and Services National Regulation as "*a person who has been given permission by a parent or family member to collect the child from the education and care service*"

I further agree to keep the service updated with changes to authorised nominees. I understand that in keeping with the Education and Care Services National Regulations, my child will not be released into the care of a person who has not been listed on this form as a parent/guardian or authorised nominee. I understand that the service will take reasonable steps to prevent a non-custodial parent/guardian (as determined by a current court or parenting order) from having access to, or collecting, any child listed on the order.

I will ensure that all authorised nominees are advised of their responsibility to ensure they collect my child by the service closing time. Failure to do so will result in a late collection fee being applied. I also understand that the service may refuse any authorisation for collection, medication or excursion permission if the forms were not completed fully, not signed by an authorised person or if educators at the service reasonably believe that it would not be in the best interest of the child's health, safety or wellbeing. Refer to the Acceptance and Refusal of Authorisations Policy.

Signed: _____ Date: _____

Witness: _____ Date: _____

Please note: unfamiliar parents/guardians, authorised nominees and emergency contacts of the child will be required to present photographic ID such as a Driver's License, 18+ card, Senior's Card or passport before being granted access to the child. We recommend that you advise all contacts to bring along photographic ID when collecting your child. This may occur when a different staff member is caring for your child and has not met the person collecting.

Authorised Nominees

Details	Authorised Person 1	Authorised Person 2	Authorised Person 3
Full Name			
Relationship to child			
Address			
Email Address			
Best Telephone Contact			
Signature of Contact			
As the parent/guardian, I authorise this person to collect my child from the service. (please circle)	YES NO	YES NO	YES NO
As the parent/guardian, I authorise this person to be contacted in the event of an emergency where a parent/guardian cannot be reached. (please circle)	YES NO	YES NO	YES NO
As the parent/guardian, I authorise this person to consent to the medical treatment of my child and to authorise the administration of medication to my child. (please circle)	YES NO	YES NO	YES NO
As the parent/guardian, I consent to this person to authorise an educator to take my child outside the service, such as an excursion. (please circle)	YES NO	YES NO	YES NO
As the parent/guardian, I consent to this person to authorise the education and care service to transport my child or arrange transport of my child. (please circle)	YES NO	YES NO	YES NO

Sessions and Fees	Monday	Tuesday	Wednesday	Thursday	Friday
10 Hour Session $140	□ 7.00-5.00	□ 7.00-5.00	□ 7.00-5.00	□ 7.00-5.00	□ 7.00-5.00
7 Hour Session $125	□ 8.00-3.30	□ 8.00-3.30	□ 8.00-3.30	□ 8.00-3.30	□ 8.00-3.30

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 (eg 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? if yes please specify:	☐ YES ☐ NO
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 (eg. 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 childs 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 ELC – Kindergarten at Waraburra***
- 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 and Publicity

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 Story Park. 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 secure portal Storypark, and other families of the room my child is enrolled in will see these photos.	☐ YES ☐ NO
I understand that the service adopts and implements the recommended National Model Code for restrictions on digital imagery of children and that I am not permitted to take photos, audio or video of children at the service other than my own child/children.	☐ 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:	

Thankyou 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 of Booked/Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
10 Hour Session	□ 7.00-5.00	□ 7.00-5.00	□ 7.00-5.00	□ 7.00-5.00	□ 7.00-5.00
8 Hour Session	□ 8.00-4.00	□ 8.00-4.00	□ 8.00-4.00	□ 8.00-4.00	□ 8.00-4.00

Debit Success 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 _____
When conducting Medical Risk Minimisation and communication plan with Parent, please email or give hard copy of Centres Medical Conditions Policy to family.
☐ Yes ☐ No Hard copy given/Emailed (please circle) Date shared ___/___/___
CWA Agreement completed ☐ Yes ☐ No Date Received _____

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