



Cuddles

Early Learning & Childcare

ENROLMENT FORM

1. Child Details

Surname: _____

Given Name/s: _____

Gender: _____ Date of Birth: _____

Residential Address: _____

_____ Postcode: _____

2. Child Care Benefit Information

Child's Centrelink Reference Number (CRN): _____

Mother's (CRN): _____

Father's (CRN): _____

Guardian's (CRN): _____

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

Name: _____ Date of Birth: _____

3. Days and Times Required for Your Child

	MON	TUES	WED	THUR	FRI
Arrival time					
Departure time					

Proposed Start Date: ____/____/____

4. Family/Guardian Details

Parent/Guardian 1

Surname: _____

Given Name/s: _____

Gender: _____ Date of Birth: _____

Relationship to Child: _____

Residential Address: _____

_____ Postcode: _____

Home Phone Number: _____

Mobile Number: _____

Email Address: _____

Occupation: _____

Employer/ Place of Study: _____

Work/Study Address: _____

_____ Postcode: _____

Work Phone Number: _____

Country of Birth: _____

Cultural Background: _____

Languages Spoken at Home: _____

Parent/Guardian 2

Surname: _____

Given Name/s: _____

Gender: _____ Date of Birth: _____

Relationship to Child: _____

Residential Address: _____

_____ Postcode: _____

Home Phone Number: _____

Mobile Number: _____

Email Address: _____

Occupation: _____

Employer/ Place of Study: _____

Work/Study Address: _____

_____ Postcode: _____

Work Phone Number: _____

Country of Birth: _____

Cultural Background: _____

Languages Spoken at Home: _____

5. Family Information

Are there any changes in the family that might have affected your child? (e.g. divorce, separation, illnesses of parent or child/children, contact with child protection services, problems with other children in the family, relocation).

If you wish, please provide details:

Have any orders been made by any court regarding your child? YES/NO

If **NO**, are there any disputes concerning custody of the child?

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 Parent/Guardian name and signature:

Full Name: _____

Signature: _____

6. Medical Information

Name of Child's Doctor: _____

Service Address: _____

Postcode: _____

Contact Number: _____

Medicare Number: _____

Health Insurance Fund: _____

Health Insurance Number: _____

Please ensure the Doctor is advised that your child attends Cuddles Early Learning and Childcare 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 Early Learning and Childcare 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).

Parent/Guardian Name: _____

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

Witness Name (Cuddles Manager): _____

Signature of Cuddles Manager/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 any of the following?

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

Please provide a **Medical Management Plans** and complete **Risk Minimization Plan** with the Centre Manager prior to your child starting at our service.

Witness Name (Cuddles Manager): _____

Signature of Cuddles Manager/Representative: _____

Date: ___/___/_____

8. Immunisation Records (Medicare)

You are required to supply us with a copy of your child's up to date immunization records.

Copy of the Immunisation Records have been provided: YES/NO

9. Supports, Requirements or Additional Needs

Does your child have any additional needs/requirements? YES/ NO

If YES, what type of support/needs?

If YES, which agency is your child registered with?

If you wish, please provide contact name and details.

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.

Emergency Contact 1:

Surname: _____

Given Name/s: _____

Residential Address: _____

Postcode: _____

Home Phone Number: _____

Mobile Number: _____

Work Number: _____

Relationships to Child: _____

I authorise the above person to:

- Collect my child from the service. Yes/No
- Acknowledge and sign the incident, or accident forms for my child. Yes/No
- Authorise consent of medical treatment or administration of medication. Yes/No
- Be contacted and collect child during an emergency if the child's parents/guardians cannot be contacted. Yes/No
- Authorise and sign documents relating to incursions/excursions. Yes/No

Emergency Contact 2:

Surname: _____

Given Name/s: _____

Residential Address: _____

Postcode: _____

Home Phone Number: _____

Mobile Number: _____

Work Number: _____

Relationships to Child: _____

I authorise the above person to:

- Collect my child from the service. Yes/No
- Acknowledge and sign the incident, or accident forms for my child. Yes/No
- Authorise consent of medical treatment or administration of medication. Yes/No
- Be contacted and collect child during an emergency if the child's parents/guardians cannot be contacted. Yes/No
- Authorise and sign documents relating to incursions/excursions. Yes/No

11. Family Background

Country of Birth: _____

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

Are you or your family of Aboriginal or Torres Strait Islander origin? YES/NO

What do you celebrate? (holidays, celebrations, events)

What is the main language spoken at home?

Does your child have any dietary requirements, religious customs, or other?

YES/ NO

If YES, please provide details:

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: _____

TRANSPORTATION

I authorise the Educators at Cuddles Early Learning and Childcare to deliver

and collect _____ (Child's Name)

from/to _____ (Primary School)

Parent/Guardian Name: _____

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

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.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ 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.

Please note that refunds may take up to 4 weeks to process.

15. Are you eligible?

Before you attend our centre we advise 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

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 enroll your child with us?

Why have you chosen our Centre over other alternatives?

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

- Friends
- Existing families (friend attending the service)
- Internet search (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.

Please speak to our friendly staff members about all the opportunities and centre involvement. (regular feedback/incursions/excursions/projects with the children and educators/volunteer work etc.)

18. Family/Guardian 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.	Yes	No
*For all programmed excursions, permission slips will have to be signed before your child/children attend.		
Have sunscreen applied prior to sun exposure (if not, please provide letter releasing the centre of any liability)	Yes	No
Have band-aids applied when necessary	Yes	No
Have educators apply nappy cream (supplied by family)	Yes	No
Have educators apply teething gel (supplied by family)	Yes	No
Have educators check for hair lice.	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

Parent/Guardian Name: _____

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

19. Family/ Guardian Registration Agreement

1. We have viewed the Centre and consent to the Enrolment of our child.
2. We acknowledge having received and read the Family Handbook and understand any changes to such will be communicated to us.
3. We agree to comply with all government and services requirements in relation to the Centre and its operations including Cuddles Policies and Procedures
4. 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.
5. We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Subsidy purposes.
6. We understand that to have access to Child Care Subsidy we need to meet all current Child Care Subsidy requirements.
7. 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. We understand that a \$2.00 a day late fee applies to any overdue fees.
8. 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
9. We understand that late fees apply if a child is collected after the 6:30pm SHARP closing time (6:00pm for Cuddles Two Rocks).
10. We are aware that any failure to pay fees within 7 days may result in cancellation of care at Cuddles Early Learning and Childcare)
11. Fees may be adjusted from time to time with due notice given the families/guardians.
12. 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.
13. We are aware that if the child is not immunised he/she/ will be excluded from the Centre if there is an outbreak and can only return once 'all clear'.
14. We give permission for the child to receive individual observation by students on accredited training programs at Cuddles.
15. We give permission for the child to receive support from an inclusion support worker or any other professional that may be connecting with our service.
16. We agree to provide Cuddles with all information regarding the health of the child and provide regular updates.
17. 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.
18. 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.
19. 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 Name: _____

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

Witness Name (Cuddles Manager): _____

Signature: _____ Date: __/__/____

It's all about me

My Name is: _____

My family calls me: _____

I will be in the (please circle):

Hippo Room Giraffe Room Zebra Room Lion Room

My birthday is ____/____/____

My cultural background is _____

We celebrate: _____

I speak (languages): _____

Some words and translations in my language are:

My favourite meals are: _____

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.

I need _____ when I am sad.

My medication requirements are _____

My health conditions are _____

I am allergic to: _____

Toileting Habits:

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

My Learning:

My favourite outdoor activities include: _____

My favourite indoor activities include: _____

My favourite song is: _____

My favourite book is: _____

My family members are able to join activities at Cuddles on (please circle)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

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 and Copied: YES/NO

Immunisation Copied Records Sighted and Copied (Medicare): 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'/guardian's DOB: YES/NO

Phone Contact provided: YES/NO

Emergency Contacts provided: YES/NO

Email Address provided: YES/NO

Parental Consent Section signed: YES/NO

Child Care Subsidy Summary: YES/NO

Checked by:

Name (Cuddles Manager): _____

Signature: _____ Date: ____/____/____