Happy Days Preschool
AND LONG DAY CARE CENTRE

Enrolment Form

1. FAMILY DETAILS

Child's Surname:	Gender: Male / Female
Child's First Name:	Date of Birth: Language spoken:
Child's Home Address:	Suburb: Postcode:
Mother's Full Name	Occupation: Culture:
Home Address: (if different from above)	Home Phone No:
Work Name:	Work Phone No:
Date of birth: Language spoken:	Mobile No:
Father's Full Name:	Occupation: Culture:
Home Address: (if different from above)	Home Phone No:
Work Name:	Work Phone No:
Date of Birth: Language spoken:	Mobile No:
Email Addresses to receive newsletters and statements:	
Name & ages of other children in family:	
Family Centrelink number (usually mum)	Child's Centrelink number

Date of Birth of parent who is claiming CCS for child _____

Drivers license number of parent_____

Sighted by STAFF: Name: _____/Signature_____

2. EMERGENCY CONTACTS AND COLLECTION OF CHILDREN.

Happy Days will only release children into the care of the people (who are not the parent or guardian) if they have written authorisation from the child's parent/s. Such people must show an ID card if they are unknown to staff. (Except in the case of emergency personnel i.e. Ambulance officers)

Please list below the names of people who are likely to collect your child from Happy Days. These people will also be used as your emergency contacts, should we be unable to contact you in the case of an emergency. **Please list <u>three</u> names.** Always ensure these numbers are current by informing staff of any changes.

I hereby authorise any of the following people to collect my child from Happy Days. I will notify the Pre-School if any of these people are to be removed from this list.

1. Name:	Contact No:
Address:	Relationship:
2. Name:	Contact No:
Address:	Relationship:
3. Name:	Contact No:
Address:	Relationship:

Only the following people who may drop off /pick up my child are authorised to sign medication forms, accident forms and excursion forms on my behalf, if I am not available to do this.
(If you are happy to authorise all of the above people to do so, sign below, otherwise list authorised people separately)

Signed _____Dated _____

1. Name:	Contact No:
Address:	Relationship:
2. Name:	Contact No:
Address:	Relationship:

3. DAYS ATTENDING

Please indicate below, including time of care required: We arrange staff according to children's booked in hours so please adhere to the hours chosen.

Routine care weekly arrangement. Casual care may be organised from time to time if parent requests.

Monday	From:	A.M	To:	P.M
Tuesday	From:	A.M	To:	P.M
Wednesday	From:	A.M	To:	P.M
Thursday	From:	A.M	To:	P.M
Friday	From:	A.M	To:	P.M

4. IMMUNISATION.

We need to take a copy of your child's current **ACIR Immunisation History Statement** for our records to complete your enrolment.

No child can attend Happy Days until their ACIR immunisation details are on file. Blue books or doctor's lists are not accepted.

To ensure the safety of all our children, it is the centre's policy to exclude any child who has not been fully immunised during an outbreak of a disease. (An outbreak is one reported case in the centre.) **Fees are still payable during this exclusion time.**

5. URGENT MEDICAL ATTENTION

In the event of an emergency or accident, I give my permission for the staff of Happy Days to seek medical, dental or hospital attention for my child. I agree to take responsibility for any fees resulting from such treatment.

Signed _____Dated _____

Medicare number:	Private Health Fun and number:
Name of family doctor:	Phone Number:
Name of family dentist:	Phone Number:

Medical Personnel including Ambulance officers

I also authorise ambulance personnel to care for and transport my child in an emergency.

Signed _____Dated _____

6. EMERGENCY ADMINISTRATION OF PANADOL

I authorise the staff of Happy Days to administer one emergency dose of "child strength" Panadol to my child. I understand that ONE DOSE ONLY will be given on any one day, and that the "child strength"

Panadol will only be given if my child's temperature reaches **38 degrees Celsius,** and that all my efforts to contact parent/s and emergency contacts have failed.
If my child's temperature fails to drop or goes up again, I understand that emergency medical attention will be sought for my child. The dosage of Panadol will be given in accordance with the manufacturer's instructions or on the verbal advice of a Medical Practitioner.
Please note that children who are feverish and unwell should not be left at Centre, but cared for at home.
We can only give medications prescribed by a doctor.

Signed: _____Dated: _____

7. GENERAL MEDICAL AND FAMILY INFORMATION

Does your child have **any medical conditions or allergies,** including anaphylaxis, food allergies? E.g. Epilepsy, Asthma, Ear infections, food colourings, etc?

_____

If your child has a medical condition you must make an appointment to fill out a **medical risk minimisation plan and communication plan** before child can attend.
Please organise below a date and time suitable to yourself. Thank you

_____

Does your child require any prescribed medicines? If so, what is it?

_____
You will need to complete our "Medication's Record." In case your child requires medication while in our care.

Does your child have any special dietary requirements?
_____

Do you have any cultural/religious beliefs in relation to food handling or preparation?
Eg Halal If so please specify

_____

Has your child experienced any language or speech difficulties, physical problems, etc? **Yes / No If** "Yes" please provide details.
_____

Do you have any concerns about your child's development at present?
Eg. Tantrums, shyness, clumsiness, speech, etc?

_____

Has your child previously attended a Pre-School or a Long Day Care Centre? **Yes / No**

Or, will your child be attending another Centre as well as Happy Days? **Yes / No**
Name of previous or other centre and hours booked:

Do you have any other children attending Family Day Care, After School Care or Long Day Care? **Yes / No (**If "Yes" it may affect your Child Care Rebate percentage)
Name of Centre:

Child's Family & Cultural background

Are any languages other than English spoken at home? **Yes/No.** If "Yes" which? _____

Is there any aspect of your culture you would like us to be aware of?

Is there anything else you feel is important to tell us? E.g. Family situation, recent events and religious beliefs, etc

Please help us by providing an insight into your child's ethnical or cultural background.

Is there any event or activity at Happy Days that may clash with your value or beliefs?

Is your child subject to any custody matter? **Yes / No.**
If "Yes" please provide a copy for our records.

Signed _____Dated_____

8. INSECT SPRAYS

I give permission for staff of Happy Days to apply insect spray/ anti itch / stingoes to my child if needed.

Signed_____

9. HEAD LICE CHECK

From time to time children may contract head lice. Children play closely along side others and lice spread easily. To break the chain of infection we need to ensure every child who has head lice is treated. We ask that parents diligently check their child's head each week for head lice. We at preschool will also be diligent and check a child who shows signs of head lice. I authorise staff to check my child if he/she is showing signs of having head lice.

Signed _____Dated _____

10. DEVELOPMENT

I understand that the staff at Happy Days are concerned with the overall development of my child in all areas: socially, emotionally, physically, intellectually and in language development.
I understand to do this they may have to carry out simple speech assessments and gross motor assessments. I agree to this, as long as any findings are discussed with me or my partner.
I also authorise the Department of Education and Communities Assessment Officer to review my child's records.

Signed _____Dated_____

11. FEES

I understand that I am responsible to pay my child's fees, including absences, WEEKLY via direct credit and that my child's/children's place at Happy Days will be jeopardised if my fees become overdue.
If I do not pay fees I understand that I am liable to pay the centres recovery costs as well as any fees owing. I understand that two weeks notice must be given to the Centre administrator of reducing days or withdrawing my child from the centre.

Your child's daily fee is $_____

Signed _____Dated_____

EXCURSIONS AND RISK ASSESSMENTS

For a regular outing, authorisation is only required to be obtained once every 12 months (Reg 102)

12. Regular Excursion at Back gate
I give permission for Happy Days Educators to take my child on regular excursions just outside back gate to collect sticks, visit the bush turkey nest or have a picnic on the grassed area only up to 100m from gate when needed. I understand a risk assessment has been developed and is available for me to read.

Signed: _____Dated: _____

13. Regular Excursion Permission

I give permission for Happy Days Educators to take my child (only those aged 3 & over) on regular excursions to the Coffs Harbour Regional Library, Art Gallery, Botanical Gardens, Brelsford Park and Waratah Respite centre (just behind the centre). A risk assessment has been developed and will be displayed on the morning of each excursion. I understand Educators will be ensuring the safety of all children by following their excursion policy and minimising any potential risks. My child will be involved in story time, borrowing a library book, appreciating art and visiting the elderly to share craft or music time.

Signed: _____Dated: _____

14. Busy Bee School transition excursions.
I give permission for my child, when in the Busy Bee room, to go on planned excursions to the nearby schools; Coffs Harbour PS, St Augustine's & Christian Community Junior for a story or assembly experience as part of the school readiness curriculum. A risk assessment has been developed and will be displayed on the morning of each excursion. I understand Educators will be ensuring the safety of all children by following their excursion policy and minimising any potential risks.
Signed: _____Dated: _____

15. Coles excursions
I give permission for Happy Days Educators to take my child on regular excursions to Coles on Harbour Drive (just 2 doors down) to collect groceries for cooking experiences and spontaneous interests that may arise, which require supplies. I understand a risk assessment has been developed and is available for me to read.

Signed: _____Dated: _____

16. GENERAL AGREEMENT.

I have read and understand, and agree to abide by the terms of the conditions outlined in the Happy Days Pre-School and Long Day Care Centre Enrolment Form and give permission for:

- Immunisation Conditions.
- Urgent Medical Attention.
- Emergency Administration of "child strength" Panadol.
- Head lice
- Development
- Fees
- Excursions

Signed: _____Dated: _____

ACKNOWLEDGEMENT FORM

I, the parent/guardian agree that the information provided in this Enrolment Form is true and correct and will be relied upon by Happy Days Pre-School Pty Ltd.

The parent/guardian agrees to notify Happy Days immediately should there be any change in circumstances from the details outlined in the Enrolment Form, including living arrangements of the child and/or parent/guardian within 7 days of such a change.

Terms of payment are explained in the information booklet and will be strictly adhered to. A cancellation fee may apply at the discretion of Happy Days.

The parent/guardian agrees to pay outstanding Childcare fees and Cancellation Fees where applicable together with all Debt Recovery expenses including Mercantile Agents' fees, court costs and legal fees reasonably incurred by Happy Days.

In the case of a default the parent/guardian acknowledges that any Enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to Childcare Credit Reference for recovery action.

I understand that in the case of a default on payment for Childcare Fees, enrolment details may be listed on the Nation Default Registry for a period of six (6) years and 30 days or until paid. This information may be accessed by other care providers at the time of enrolment.

The parent/guardian acknowledges that care may be refused in the case of a default.

_____ ___/____/_____
Signature of Parent/Guardian. Parent/Guardian's Date of Birth

_____ ____/____/____
Signature of Parent/Guardian. Parent/Guardian's Date of Birth

_____
Name(s) of Child/Children.

PRIVACY STATEMENT

Happy Days Preschool & LDC is required to collect personal information from staff and parents about child/ren, and families, before and during the course of a child's enrolment or educators employment in our Service. We are committed to protecting your privacy and we abide by the National Privacy Principles contained within the Privacy Act 1988. Privacy of your personal information is important to us and we conduct our business with respect and integrity. Happy Days complies with the Australian Privacy Principles (APPs) (2014). You are able to gain access to and update your information upon request. Please contact us should you need to do this.

What information do we collect, why and how it is used?

Basic details are required to enroll your child to meet our Education and Care Services National Regulations 2011 and to provide the best possible individual care for your child and for processing payments. Some of the information we collect is to satisfy the services legal obligations under the National Regulations.

The Education and Care Service from time to time may disclose personal and sensitive information to others for administrative purposes. This includes to the:

- Early Childhood Education and Care Directorate,
- NSW Department of Education and Communities,
- Family Assistance Office,
- Department of Health,
- Family Law Court
- Other Education and Care Professionals.

Naturally, much of this information is of a personal nature and some of it might be regarded as 'sensitive' and not the sort of information that you would wish to have unnecessarily disclosed to others.

We assure you that:

- This information will only be used by our Educators and other Staff members in order to deliver your child's care to the highest standards.
- It will not be disclosed to those not associated with the care of your child without your express consent.
- You may ask to seek access to information held about you and your child and we will provide access without undue delay.
- This access might be inspection of your child's records or by providing copies of the information.
- We will take reasonable steps to ensure at all times that the details we keep about your family are accurate, complete, and up to date.
- We will take reasonable steps to protect this information from misuse or loss and from unauthorised access or disclosure.
- Our Educators and other Staff are committed to respect these principles at all times.
- If a student has a valid training requirement, that involves the gathering of certain information pertaining to your child or family, the student must have written consent from the parent/guardian and the Approved Provider/ Nominated Supervisor.
- All documentation will be stored in safe and secure area at Happy Days Preschool & LDC.
- Happy Days complies with the Payment Card Industry Data Security Standards (PCIDSS) when handling credit card transactions and securely stores all credit card information for Direct Debit or credit card payment/eftpos payments in accordance with the Fees policy. For detailed information about the legislation go to the Federal Privacy Commission website: www.privacy.gov.au

If you have any concerns or questions about the way your personal information is being managed please contact the Approved Provider/ Nominated Supervisor on 6652 6620 or Happy-days@bigpond.com

This service is committed to maintaining all personal information provided by its children, families, staff, management, volunteers, students and community in accordance with our Privacy Policy and the Australian Privacy Principles.