



Ashfield Baptist Childcare

Incorporated ABN 71 633 984 714

Ashfield Baptist Childcare Inc.
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Enrolment Form PLEASE FILL IN ALL REQUIRED FIELDS (*) IN THIS APPLICATION

*Child's First Name: Surname:

*Any other name your child may be known with / former name. *Date of Birth: (Copy of Birth Certificate is required for file.)

*Child's Residential Address: Post Code

*Telephone: *Place of Birth: Child's CRN :

* Ethnicity / Language spoken at home: *Religious background:

*Aboriginal & Torres Straits Islander background Yes / No *Gender: Male / Female

Parent Details: Mother Father

*Full Name:

*Known by any other name (eg maiden name)

CRN:

*Date of Birth (Government requirement)

*Address (If different from the child's)

Occupation

*Place of Employment

*Telephone: (W)

*Mobile:

*E-mail:

Ashfield Baptist Childcare Inc. is a Christian based child care Centre. We give thanks to God before each meal, and children's Bible songs and story books are a part of the daily program.

We also have activities such as Bible story time for pre-school children and celebrate Christmas and Easter with all parents invited.

*Siblings:	Name	Age	Name	Age
	1.		4.	
	2.		5.	
	3.		6.	

***Emergency Contacts and authorized persons to collect child (not parents):**

Minimum of two emergency contacts is necessary.

1. Full Name:

Relationship to the child: Telephone:

Address:

2. Full Name:

Relationship to the child: Telephone:

Address:

*If you are a parent with sole custody of your child, we need to have a CERTIFIED copy of your custody papers attached to this form. Please sign in the space provided to acknowledge that you have supplied these papers.

Signature:

*I agree to take the overall responsibility to sign my child in and out and give prior written notice regarding absences.

Signature:

Priority of Access Guidelines:

The Centre must follow priority of Access Guidelines set up by Department of Education, Employment and Workplace Relations, to allocate available child care places where there are more families requiring care than places available.

When filling vacant places, a service must fill them according to the following priorities:

- Priority 1: a child at risk of serious abuse or neglect
- Priority 2: a child of a single parent who satisfies, or of parents who both satisfy the work, training study test.
- Priority 3: any other child

Within these main priority categories, priority should also be given to children in:

- Aboriginal and Torres Strait Islander families
- Families which include a disabled person
- Families which include an individual whose adjusted income does not exceed the lower income threshold of \$43,727 for 2015-2016, or whose partner is on income support
- Families from a non-English speaking background
- Socially isolated families
- Single parent families

I acknowledge the Priority of Access set out by DEEWR.

*Signature:

Medical information:

We regret that we are unable to care for sick children or children with contagious diseases/ illnesses.

I understand that if my child contracts any of the following, he / she must stay away from other children until clear of the condition for at least 24 hours (the next day).

High temperature (Over 38° C)
Severe rash / skin infection
Rubella
Discharge from eyes/ ears
Infectious hepatitis

Diarrhoea
Diphtheria
Head lice
Conjunctivitis
Mumps

Vomiting
Measles
Impetigo (School sore)
Chicken Pox
Hand, Foot and Mouth

I understand that for medication to be administered by the Centre to my child, all relevant information must be written in the medication register, and I must sign to authorise the administration. I understand that only medication prescribed by a doctor will be administered and that the correct child's name must be on the label. For "over the counter" medication (e.g. cold and cough mixtures, ointments etc.), a doctor's letter must be supplied.

*Signature:

Child's Medical History

Please provide a copy of your child's immunisation record.

*Family Doctor (If any) *Telephone:

*Address:

*Medicare No: *Name of Health Fund (if any):

*Born Premature: Yes/ No

*Does your child have any chronic or reoccurring illness (e.g. asthma, convulsions) or has any ongoing medical condition?

.....
.....

*Does your child take any medication on an ongoing basis, eg. Ventolin ? What:
Please attach a copy of the doctor's authorisation.

*Does your child attend early intervention program eg. speech therapy?

.....

*Does your child have any additional needs or disability?

.....

*Does your child suffer from Asthma, Epilepsy or any other conditions?
If yes, please provide an asthma puffer and a written action plan from your doctor.

* Food restrictions due to religious or other reasons?

*Allergies to food, medicines, insects or any similar conditions?

If yes, please tell us what happens? (Feel free to attach a separate piece of paper)

.....

*Has your child ever had an anaphylactic (Allergic) reaction to any substance?
If yes, please provide a written action plan from your doctor and an EpiPen.

*Any allergies to Sorbolene cream, Baby powder, Sunscreen, Band-Aid, Soap etc.....

I hereby give permission to Ashfield Baptist Childcare to administer Emergency Asthma /Anaphylaxis medication if required in an emergency. The Service will make every attempt to contact parents to arrange for verbal permission prior to administering asthma medications.

*Signature:

The Nominated Supervisor or their representative has my permission to seek medical / ambulance / hospital / dental / or any other treatment deemed necessary for my child and I agree to pay any fees resulting from this.

*Signature:

Fees

Please note that we do not have EFTPOS or credit card facilities. We accept cheque, bank deposits, and internet banking (preferred).

I agree to pay all fees in advance on the first day of attendance each week, whether my child is in attendance or not, including public holidays (only LDC), family holidays, sick days and pupil-free days. I understand that Government policy requires me to notify the Centre when my child is absent for any reason and sign for the absent date on the sign-in sheet provided by the Centre each day. I am aware that the Government will only pay Child Care Benefit for 42 absentee days.

*Signature:

Early / Late Fees: I understand that no child may enter the premises before 7.00am (for LDC) and 8:30am (for OCC). Also if my child is on the premises after 6.00pm (LDC) and after 5:30pm (for OCC) late fees will be charged. I understand that this will apply even if I am delayed through no fault of my own, such as a train or traffic delay.

*Signature:

Occasional Care Service: Occasional care is offered between 8:30-5:30 and is based on 5 sessions per day. There is a registration fee of \$25 per family per calendar year. If a family registers after 1st August, the registration charge would be \$15. Cancellation of a casual OC booking is possible up to 4 pm on the previous working day; otherwise the fees for the booked session/s will apply IF we are unable to fill the session.

*Signature:

Photos / Videos

As part of the Centre’s program, photos are regularly taken and used for a variety of reasons. Some of these include:

- For purpose of programming and daily journals provided to parents.
- TAFE students on Practicum use photographs to prepare their assignments (they will not identify individual children by full name and will always seek prior written permission from parents).
- For Centre Newsletters emailed to parents
- Photographs & video at special events (Christmas, Easter, etc)
- I give permission to other parents to take/receive photos at the Centre where my child may be in the background, and will not hold the Centre responsible. I also would like to take/ receive photos of my child with the other children in the background.
- On the Centre’s website, (full name will not be given).
- Centre’s Facebook page (full name will not be given)

*Signature:

Privacy Statement

Ashfield Baptist Childcare Inc. will only use the personal information provided for the purpose for which it was provided. Ashfield Baptist Childcare will not disclose personal information, such as name, address, email or telephone number, to any organisation or person without the provider’s consent, unless required by law where the information has been ordered to be disclosed by a relevant authority or Court order. For example, children’s health information may be disclosed to relevant authorities if they are infected with a reportable disease or in circumstances where disclosure is necessary to fulfil the purpose for which the personal information was provided.

Access and Correction: Ashfield Baptist Childcare where possible, will arrange for providers of personal information, to access their file. Providers may correct and update their personal information and instruct Ashfield Baptist Childcare to delete the previous information from its files. Those who have reason to believe information held is inaccurate should inform the Director by email to ashbapchildcare@optusnet.com.au. All reasonable steps will be taken to correct the information so that it is accurate, complete and up to date.

Security: Ashfield Baptist Childcare uses reasonable administrative, technical, and physical measures to safeguard personally identifiable information in its possession against loss, theft, and unauthorized use, disclosure or modification. No data transmission over the internet can be guaranteed to be totally secure. Every individual is responsible for the security of and access to their own computer.

Complaints about Privacy: Ashfield Baptist Childcare will investigate all complaints. Queries regarding privacy complaints and disputes should be addressed to The Director, Ashfield Baptist Childcare Inc., 19 Holden Street, Ashfield NSW 2131.

*Signature:

I certify that the information I have supplied in this document is true. Please sign and date.

*Name: *Signature: *Date today: