



ENROLMENT FORM

Routine enrolment

Holding Deposit: (refundable)	Payment Type:
Total:	Date Paid:
	Office Initial:
<p><i>I understand that if I no longer require care prior to commencement, the holding deposit will be forfeited.</i></p> <p>我明白如果在孩子还未正式入学前，但我却临时第一天不出席/或提前取消孩子入学，订金将全数不退还。</p>	
Signature:	Date:

Door PIN:	Parent 1 App Code:	Parent 2 App Code:	Auth. Per 1 App Code:
Auth. Per 2 App Code:	Auth. Per 3 App Code:	Auth. Per 4 App Code:	

CHILD DETAILS

CRN: <small>(Customer Reference Number if registered for Child Care Benefit)</small>	Start Date:	Attendance (please circle) M T W TH F
Surname:	Given Name/s:	
Gender: male / female (please circle one)	Preferred Name:	
Address:	Postcode:	
Date of Birth:	Age: years months	
Place of Birth:	Nationality:	
Religion:	Religious and/or Cultural Considerations:	
Allergies <small>(Attach Anaphylaxis Action Plan; Risk Minimalisation Plan to be devised with service management)</small>	Primary Language Spoken at Home:	
<p>Is your child: (please circle one) Aboriginal / Torres Strait Islander / Neither</p> <p>Does your child have a disability? (please circle one) Yes / No / Unsure (please attach further details if required)</p> <p>Marital Status of Parents: (please circle one) married / de facto / divorced / separated / widow / single</p> <p>Child Lives With: (please circle one) both parents / mother / father / other relative / other</p>		

PARENTAL / CARER DETAILS

Parent/Carer 1 Details – CRN: <small>(CRN for parent registered for Child Care Benefit/Child Care Rebate)</small>		Parent/Carer 2 Details – CRN:	
Name: (First and surname)	D.O.B:	Name: (First and surname)	D.O.B:
Relationship to Child:		Relationship to Child:	
Address: Postcode:		Address: Postcode:	
Telephone: Home:		Telephone: Home:	
Work: Mobile:		Work: Mobile:	
Occupation:		Occupation:	
Employer & Employer Address:		Employer & Employer Address:	
Email Address:		Email Address:	
Nationality/Religion		Nationality/Religion	
Languages Spoken:		Languages Spoken:	

How did you find out about us? Please circle:

Website Internet search Flyers Through a friend Care For Kids Neon sign Other:

EMERGENCY CONTACTS/AUTHORISED NOMINEES (1)

- Please provide LOCAL contacts who will be able to collect your child in the event of an emergency, if the service is unable to contact the parents. Up to four (4) persons may be nominated.
- Please be aware that only the below listed persons may collect your child from the service, unless prior notification is received in writing to service management.
- Photo identification (drivers license, passport, photo ID card or Seniors Card) will be requested upon their arrival. A photocopy of their identification will be made at the office and kept in the child's personal file.
- All nominees must be over the age of 18 years.
- Please inform management should any of this information change in the future.

DETAILS	CONTACT 1	CONTACT 2	CONTACT 3	CONTACT 4
Full Name				
Relationship to child				
Address				
Mobile				
Home Phone				
Work Phone				
Please tick appropriate box				
	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorised to collect from the service <input type="checkbox"/> Permission for excursion <input type="checkbox"/> Consent to authorise the administration of medication to your child <input type="checkbox"/> Consent to medical treatment where the service is to seek medical treatment for your child from a registered medical practitioner, hospital or ambulance service <input type="checkbox"/> Consent for the child to be transported by an ambulance service <input type="checkbox"/> Contact is aware they have been nominated <input type="checkbox"/> Authorised to authorise the service to take the child out of the service premises <input type="checkbox"/> Authorised to access your child's daily information through the service app	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorised to collect from the service <input type="checkbox"/> Permission for excursion <input type="checkbox"/> Consent to authorise the administration of medication to your child <input type="checkbox"/> Consent to medical treatment where the service is to seek medical treatment for your child from a registered medical practitioner, hospital or ambulance service <input type="checkbox"/> Consent for the child to be transported by an ambulance service <input type="checkbox"/> Contact is aware they have been nominated <input type="checkbox"/> Authorised to authorise the service to take the child out of the service premises <input type="checkbox"/> Authorised to access your child's daily information through the service app	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorised to collect from the service <input type="checkbox"/> Permission for excursion <input type="checkbox"/> Consent to authorise the administration of medication to your child <input type="checkbox"/> Consent to medical treatment where the service is to seek medical treatment for your child from a registered medical practitioner, hospital or ambulance service <input type="checkbox"/> Consent for the child to be transported by an ambulance service <input type="checkbox"/> Contact is aware they have been nominated <input type="checkbox"/> Authorised to authorise the service to take the child out of the service premises <input type="checkbox"/> Authorised to access your child's daily information through the service app	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorised to collect from the service <input type="checkbox"/> Permission for excursion <input type="checkbox"/> Consent to authorise the administration of medication to your child <input type="checkbox"/> Consent to medical treatment where the service is to seek medical treatment for your child from a registered medical practitioner, hospital or ambulance service <input type="checkbox"/> Consent for the child to be transported by an ambulance service <input type="checkbox"/> Contact is aware they have been nominated <input type="checkbox"/> Authorised to authorise the service to take the child out of the service premises <input type="checkbox"/> Authorised to access your child's daily information through the service app
Nominee Signature				
Parent Signature				

CUSTODIAL ORDER

If parents separated/divorced, is there a legal document outlining whom has custody of the child?

Please circle below:

YES/NO *If yes, please provide a copy of the legal documentation to service management*
Non-custodial parents (as determined by the court order only) will not be given access to the child)

HOME ENVIRONMENT / FAMILY DETAILS

Ethnicity:	Cultural Identity:
Important Cultural customs:	Important Religious customs:
Siblings (brothers and sisters) Name: Age: Name: Age:	Siblings (brothers and sisters) Name: Age: Name: Age:
Other Members of the Household: Name: Age: Name: Age:	Relationship to Child: Relationship to Child:
Pets in the Household:	

CHILD'S MEDICAL AND HEALTH INFORMATION

Medicare Card Number (if applicable) :	Child's position on card:
Family Doctor Name:	Phone: Address:
Family Dentist Name:	Phone: Address:
Allergies:	

IMMUNISATION INFORMATION

Has your child been immunised? *Please circle below:*

- YES** – A copy of your child's Immunisation history Statement will be required for enrolment.
- NO** – Please provide doctor's letter stating exemption.

Any additional needs / disabilities? If your child has additional needs, please specify how we can assist:

Medical History

Has your child had any of the following listed below?

- Anaphylaxis**
- Asthma**

Please tick, If **YES**, attach a copy of your child's:

- Anaphylaxis Action Plan** and/or
- Asthma Action Plan** and
- A Risk Minimalisation Plan** must be compiled with service management prior to enrolment

Has your child had any of the following listed below? Tick for YES , leave blank if NO	DATE/S OF OCCURANCE	Has your child had any of the following listed below? Tick for YES , leave blank if NO	DATE/S OF OCCURANCE
<input type="checkbox"/> AIDS / HIV		<input type="checkbox"/> Hepatitis	
<input type="checkbox"/> Autism		<input type="checkbox"/> Haemophilia	
<input type="checkbox"/> Bronchitis		<input type="checkbox"/> Impetigo	
<input type="checkbox"/> Blood transfusions		<input type="checkbox"/> Leukemia	
<input type="checkbox"/> Been involved in serious accident		<input type="checkbox"/> Measles	
<input type="checkbox"/> Cerebral Palsy		<input type="checkbox"/> Meningitis	
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Middle Ear Disease	
<input type="checkbox"/> Croup		<input type="checkbox"/> Minimal Brain Dysfunction	
<input type="checkbox"/> Cystic Fibrosis		<input type="checkbox"/> Mumps	
<input type="checkbox"/> Defects in sight, speech or hearing		<input type="checkbox"/> Muscular Dystrophy	
<input type="checkbox"/> Dental problems		<input type="checkbox"/> Phenylketonuria	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Operations	
<input type="checkbox"/> Diphtheria		<input type="checkbox"/> Problems at birth	
<input type="checkbox"/> Emotional disturbance		<input type="checkbox"/> Scarlet Fever	
<input type="checkbox"/> Epilepsy, fits or convulsions		<input type="checkbox"/> Temper Tantrums	
<input type="checkbox"/> Eczema		<input type="checkbox"/> Tonsillitis	
<input type="checkbox"/> Fainting		<input type="checkbox"/> Rheumatic Fever	
<input type="checkbox"/> Glandular Fever		<input type="checkbox"/> Rubella	
Other medical considerations: (e.g. continuing medical treatment/medication)		<input type="checkbox"/> Whooping Cough	

PARENT/CARER PERMISSION

Name of Child concerned: _____

In consideration of the service accepting the above-named child into World Tower Child Care, I/WE undersigned hereby acknowledge the following clauses:

Medical Attention

I/WE give permission to the Nominated Supervisor or its assistants to contact the emergency contact person and to seek and provide for the provision of medical treatment, dental, hospital or ambulance service in the case of an accident or sudden illness for the said child. This includes the administration of anesthetics or prescribed medications as deemed necessary in cases of emergency or where I/WE or other nominated persons cannot be readily contacted. I/WE understand that all medical costs including the transportation via ambulance will be incurred by myself.

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Transportation by Ambulance

I/WE give permission for my child to leave the service to be transported to the nearest hospital by ambulance in the event of an emergency

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Administration of Paracetamol

I/WE AGREE for the Nominated Supervisor or its assistants in administering one dosage of Paracetamol in accordance with manufacturer's instructions in the event of my child's body temperature rising above 38 degrees Celsius. *(Nominated Supervisor will endeavor to contact the Parents or Authorised contacts before administering the dosage for verbal approval)*

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Exclusion and Indemnity

I/WE understand and accept that should the management and/or educators of the service consider my child contagious or too ill to attend the service that this decision be regarded as final and my child will be collected promptly from the service.

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Contagious Illnesses

I/WE understand and accept that should my child have a contagious illness, I/WE will not return my child to the service until the duration of the clearance period or until a medical certificate is issued by a qualified and registered practitioner.

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Asthma Authorisation

To my knowledge my child _____ does/does not suffer from Asthma.

However, should he/she suffer an asthma attack, I/WE give my permission for the service to administer emergency first aid according to my child's Asthma Action Plan, the service policy and that this may result in an ambulance being required.

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Immunisation

I/WE understand and accept that should my child not be immunised and there is an outbreak in the service of the vaccine-preventable disease, that he/she may be excluded from attendance by order of the New South Wales Department of Health (NHMRC *Staying Healthy in Child Care, 5th edition*) and that the daily fee is still applicable for reservation of that position.

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Holding Deposit and Enrolment Fee

I/WE understand that:

- The holding deposit (\$400 or \$800) will be forfeited should I/WE no longer require care prior to commencement
- The holding deposit (\$400 or \$800) is refundable after commencement of care and I/WE then require to cancel their position, with 4 weeks prior notice provided to the service in writing
- The enrolment fee (\$100) is non-refundable

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Maintaining fees

I/WE agree to abide by the service's policy of maintaining fees **two (2) weeks in advance**. I/WE also understand that fees are to be paid for all days my child is absent or sick, including public holidays if so stipulated for which my child is enrolled whether or not he/she is in attendance. I/WE also understand that if fees fall behind, my child's place at the service may be in jeopardy.

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Late Collection

I/WE understand that I am obliged to adhere within the service's pick up and drop off times. A late pick up of my child will attract a penalty in relation to the mandatory two additional educators which are required to remain on the premises.

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Withdrawal of Enrolment Notice

I/WE understand that:

- I/WE must provide the Service with **4 weeks written notice** of withdrawal of my child's attendance
- I/WE **cannot decrease my child's usual attendance pattern during the 4 week withdrawal notice period**
- The service requires **2 weeks written notice to decrease** my child's attendance from their original booking
- Under Family Assistance Law, full fees will be charged in the event that my child does not attend the service on their last day of care or any consecutive days prior to their last day of care.

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Termination of Contract

I/WE understand that it is within the service's right to exercise its discretion and terminate this agreement if it considers that it is in the best interest of the service to do so. The service agrees to provide you with sufficient notice.

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Declined Payments

I/WE understand that a dishonour fee will be charged to me should any scheduled direct debit payment decline.

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Collection Services

I/WE understand that I/WE will be liable for collection or recovery costs in the event that my account falls into arrears.

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Sun Protection

Do you give permission for the Service to apply SPF 30+ Ultra Protect sunscreen lotion at the appropriate times to all unprotected areas of skin on your child as they feel necessary: **YES / NO**

Parent/Guardian 1 Signature: _____ Parent/ Guardian 2 Signature: _____
Date: _____ Date: _____

Permission for digital documentation

I/WE authorise educators to capture images and information pertaining to my child for the purposes of documenting their educational journey as well as daily health information using the World Tower Child Care App, created and powered by OWNA CORP Pty. Ltd.

Parent/Guardian 1 Signature: _____ **Parent/ Guardian 2** Signature: _____
Date: _____ Date: _____

I/WE understand that photos/information/footage captured by educators may include other individuals, for example other children interacting with my child. In these cases, I/WE agree not to share or distribute these photos in the interests of other children's privacy.

Parent/Guardian 1 Signature: _____ **Parent/ Guardian 2** Signature: _____
Date: _____ Date: _____

Permission for observations

World Tower Child Care Service implements an educational curriculum for each child through its programs and observations. I/WE understand that written observations will be made on my child by the educators within the service.

Parent/Guardian 1 Signature: _____ **Parent/ Guardian 2** Signature: _____
Date: _____ Date: _____

Permission for photographs

I/WE consent to my child to be photographed by educators at the service and his/her name and age being used for the following purposes:

- Educational curriculum / evaluation
- Group / individual records

Parent/Guardian 1 Signature: _____ **Parent/ Guardian 2** Signature: _____
Date: _____ Date: _____

Social Media Permission

I/WE do / do not consent to the use of my child's photograph, video and voice recordings to be used in the below communication platforms. I understand that I assign these assets to World Tower Child Care and will not seek financial compensation.

- Facebook
- Instagram
- World Tower Child Care's website

Parent/Guardian 1 Signature: _____ **Parent/ Guardian 2** Signature: _____
Date: _____ Date: _____

Visitors to the Service

I/WE understand that our child may on occasion be in the presence of visitors, volunteers, students, entertainers or auxiliary staff whilst under our supervision

Parent/Guardian 1 Signature: _____ **Parent/ Guardian 2** Signature: _____
Date: _____ Date: _____

Policy and Enrolment Information

I/WE have read the service's Family Handbook, discussed this with the Service management and agree to abide by the conditions and policies of the service.

Parent/Guardian 1 Signature: _____ **Parent/ Guardian 2** Signature: _____
Date: _____ Date: _____

Emergency Evacuation

I understand that in the event of an emergency (e.g. fire at the service or in the surrounding areas) the children will be required to evacuate the premises and will assemble at a central point of safety. The children will be fully supervised by educators and collection of children will be arranged accordingly.

Parent/Guardian 1 Signature: _____ **Parent/ Guardian 2** Signature: _____
Date: _____ Date: _____

Compliant Written Agreement

A complying written arrangement (CWA) is an ongoing agreement between our service and you as a parent/guardian, to provide care in return for fees. Our service is required to have a CWA in place for each child at our care, as set out in subsection 200B(3) of the Family Assistance Administration Act.

Agreement

I, Parent/Guardian full name parent/guardian of the below said child, agree to enter the following CWA with World Tower Child Care.

Parent contact details		Service contact details	
Address:		Address: Level 14/87-89 Liverpool Street, Sydney NSW 2000	
Phone:		Phone: (02) 9262 7927	
Name of child:		Child's Date of Birth:	
Surname	Given Names	DD/MM/YYYY	
Type of care			
<input type="checkbox"/> Flexible Care under an agreement that allows for some flexibility from week to week surrounding a set of agreed routine days.	<input type="checkbox"/> Casual Entirely casual under an agreement that does not specify which specific days a child will attend care from week to week.	<input type="checkbox"/> Routine Care that can only occur the specified days that have been agreed to. There can be no flexibility for changing agreed arrangements with the family.	<input type="checkbox"/> After hours
<input type="checkbox"/> Weekend care			
NB: If any changes to the above selection becomes a consistent pattern, the information that forms the CWA will need to be updated, along with the enrolment notice.			
Routine of Enrolment details			
Days of care required	Usual start time From 07:00 (24-hour time)	Usual end time Until 19:00 (24-hour time)	
<input type="checkbox"/> Monday	HH:MM	HH:MM	
<input type="checkbox"/> Tuesday	HH:MM	HH:MM	
<input type="checkbox"/> Wednesday	HH:MM	HH:MM	
<input type="checkbox"/> Thursday	HH:MM	HH:MM	
<input type="checkbox"/> Friday	HH:MM	HH:MM	
<input type="checkbox"/> Saturday	HH:MM	HH:MM	
<input type="checkbox"/> Sunday	HH:MM	HH:MM	
Daily fee package			
<input type="checkbox"/> Long Day Care 0 years – 3 years		<input type="checkbox"/> Long Day Care 3 years – 6 years	
<input type="checkbox"/> Occasional Care Full Day		<input type="checkbox"/> Occasional Care Half Day	
<input type="checkbox"/> Return to Work Package		<input type="checkbox"/> Half Day Care	
<input type="checkbox"/> Half Day Care		<input type="checkbox"/> Other:	
* Fee structure can be found under useful documents on our service app.			
Type of payment	<input type="checkbox"/> Direct Debit <i>Permanent Care</i>	<input type="checkbox"/> Direct deposit/EFTPOS <i>Casual Care</i>	
Frequency of payment	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	
Signature of parent/guardian	Name: Print name		
Signature of parent/guardian			Signature of service management
Start date of arrangement:			

Family Enrolment Checklist

Please ensure the below items are provided to the service, along with this completed Enrolment Form on or before your child's commencement date:

<input type="checkbox"/> Birth Certificate Provided – Original to be sighted by service management prior to copying
<input type="checkbox"/> Immunisation History Statement – accessible through myGov, please visit: http://www.humanservices.gov.au/customer/services/medicare/medicare-online-services#a2
<input type="checkbox"/> Anaphylaxis Action Plan and/or Asthma Action Plan – copy has been provided to the service
<input type="checkbox"/> Risk Minimalisation Plan – to be compiled in conjunction with service management for children with medical conditions
<input type="checkbox"/> Medical Conditions Policy – A copy has been provided to me
<input type="checkbox"/> Child and Parent CRN – Customer Reference Numbers, issued by the Department of Human Services upon approval for Child Care Benefit and/or Child Care Rebate
<input type="checkbox"/> Debit Pro Form Provided (Application for Direct Debit)
<input type="checkbox"/> Orientation Visit Booked – To be arranged with service management during the week prior to permanent care commencing, if desired.
<input type="checkbox"/> myGov Account – Have you created a myGov account to access and update your Child Care Subsidy (CCS) information?

Office Use Only

Kidsoft details entered <ul style="list-style-type: none"><input type="checkbox"/> Child<input type="checkbox"/> Parents/guardians<input type="checkbox"/> Direct debit form uploaded and payment schedule
Codes <ul style="list-style-type: none"><input type="checkbox"/> Door code created and uploaded<input type="checkbox"/> OWNA app code
World Tower app <ul style="list-style-type: none"><input type="checkbox"/> Child details entered<input type="checkbox"/> Parents/guardians details entered<input type="checkbox"/> Sent codes and app login information
<input type="checkbox"/> Confirmation of enrolment email sent to family