



BUNBURY BAPTIST COLLEGE
EARLY LEARNING CENTRE

CHILD ENROLMENT FORM 2022

PARENT/GUARDIAN 1 DETAILS - Must be Parent who is registered with Family Assistance Office for Child Care Subsidy

Parent CRN: _____ - _____ - _____		
First Names:	Surname:	Date of Birth: / /
Residential Address:		Postcode:
Postal Address:		Postcode:
Home☎:	Mobile☎:	Work☎:
Email✉:		Driving Licence No:
Country of Birth:	Primary Language:	
Parent Status: <input type="checkbox"/> 2 Parent <input type="checkbox"/> Sole Parent <input type="checkbox"/> Guardian Employ Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Home Duties <input type="checkbox"/> Other		
Employer & Address:		
Occupation:	Work Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

PARENT/GUARDIAN 2 DETAILS

First Names:	Surname:	Date of Birth: / /
Residential Address:		Postcode:
Postal Address:		Postcode:
Home☎:	Mobile☎:	Work☎:
Email✉:		Driving Licence No:
Country of Birth:	Primary Language:	
Parent Status: <input type="checkbox"/> 2 Parent <input type="checkbox"/> Sole Parent <input type="checkbox"/> Guardian Employ Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Home Duties <input type="checkbox"/> Other		
Employer & Address:		
Occupation:	Work Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

CHILD CARE PRIORITY: Parent Work / Study Parent Respite Child at Risk Parent / Child Disability

Child CRN: _____ - _____ - _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: / /			
First Names:	Surname:	Birth Certificate or Birth Extract sighted: <input type="checkbox"/> Yes			
Residential Address:		Postcode:			
Country of Birth:	Primary Language:	Aboriginal: <input type="checkbox"/> Yes <input type="checkbox"/> No Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No			
We open at 6:30am and close at 6:00pm. PUBLIC HOLIDAYS we close but no charge to families					
Contracted Days	Monday	Tuesday	Wednesday	Thursday	Friday
Is your child enrolled at another approved child care service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours per week?					
Is your child attending Kindy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Kindergarten Name:		

CHILD CARE COMMENCEMENT DATE: ____/____/2022

PARENT / GUARDIAN AGREEMENT

EMERGENCY CONTACT PERSON(S) TO COLLECT CHILD - other than Parent/Guardian photographic ID required.

First Names:		Surname:	
Residential Address:			Postcode:
Please state relationship to child:			
Home☎:	Mobile☎:	Date of Birth: / /	

First Names:		Surname:	
Residential Address:			Postcode:
Please state relationship to child:			
Home☎:	Mobile☎:	Date of Birth: / /	

First Names:		Surname:	
Residential Address:			Postcode:
Please state relationship to child:			
Home☎:	Mobile☎:	Date of Birth: / /	

First Names:		Surname:	
Residential Address:			Postcode:
Please state relationship to child:			
Home☎:	Mobile☎:	Date of Birth: / /	

CHILD'S MEDICAL DETAILS

Medical Practitioner Name:		Tel☎:
Address:		Postcode:
Medicare Number:	Medical Insurance Fund & Number:	
Are there any special care requirements (eg: allergies, epilepsy or diabetes): <input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No		
Has the child been diagnosed as a risk of Anaphylaxis: <input type="checkbox"/> Yes (provide a Plan from your doctor) <input type="checkbox"/> No		
Has the child been diagnosed as a risk of Asthma: <input type="checkbox"/> Yes (provide a Plan from your doctor) <input type="checkbox"/> No		
<p>I understand that in the case of an accident or injury, the service will attempt to contact me: if I cannot be contacted I give my authorisation for medical attention to be sought for my child. In the event of an emergency I consent for an ambulance to be called to take my child to hospital. I understand that all medical and transport costs are payable by me and are my responsibility. In the event of an emergency I give my consent for my child's medical files to be released to the admitting hospital. I understand my child needs to be collected within 20 minutes of being unwell.</p>		
Parent Signature: _____		Date: ____/____/____
<input type="checkbox"/> I give permission for the Educator to apply Woolworths generic brand Sunscreen, Sudocream nappy cream and / or Aeroguard insect repellent to my child whenever necessary.		
OR		
<input type="checkbox"/> I will provide my child's own sunscreen, nappy cream and insect repellent.		

CUSTODY ISSUE / COURT ORDER

Is there a custody issue or Court Order relating to your child? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state details below. Please ensure original Court Orders are sighted, copies taken and attached to this Child Enrolment Form.

IMMUNISATION

Immunisation status: a copy of the AIR Immunisation Statement must be attached to this Enrolment Form Please note: Enrolment cannot commence until this is received. A child's Australian Immunisation Register (AIR) Immunisation History Statement must not be more than two months old, must be 'up to date', and can be accessed at any time by the parent/guardian through MyGov. <input type="checkbox"/> Yes <input type="checkbox"/> No

INFECTIOUS DISEASE

In the event of my child contracting an infectious disease, I agree to exclude him/her from the Bunbury Baptist Early Learning Centre for the period of time recommended by the Medical Practitioner. In most cases a medical certificate will be required before the child is re-admitted to Bunbury Baptist Early Learning Centre.
Has your child had any of the following infectious diseases: Measles <input type="checkbox"/> Yes <input type="checkbox"/> No Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach copies of the following with your enrolment form:

- ***Birth Certificate***
- ***Australian Immunisation Register (AIR) Immunisation History Statement*** ***Please note: The record in your Purple Book is no longer acceptable***

Bunbury Baptist Early Learning Centre Details:

133 Norton Promenade, Dalyellup, WA, 6230
 (Turn down Wake Drive off Norton Prom and the ELC carpark is on the right)
 PH: 9790 0022
 elc@bunburybc.wa.edu.au

EXCURSIONS & INCURSIONS

Excursions are an extension of the programme provided and will be child orientated. We are required to notify Parents/Guardians about any excursions on the day including where and what times the excursion will take place. A risk Management plan will have been conducted on a regular basis unless details change before any excursion takes place and will be readily available to all parents.

I give/do not give permission for my child to go on the following regular excursions:

1. Bunbury Baptist College Primary School/Shire Oval Yes No

2. Bunbury Baptist College Primary Playgrounds Yes No

3. Dalyellup Library Yes No

Parent Signature: _____ Date: / /

Incursions are an extension of the programme provided and will be child orientated. Members of our Community will regularly be a part of our program and will include (not limited to) the following:

1. Police Officers Yes No

3. Fire Fighters Yes No

2. Dentists Yes No

4. Doctors/Paramedics Yes No

I give/do not give permission for my child to be included in programmed incursions

Parent Signature: _____ Date: / /

Any other excursions not specified on this Child Enrolment Form will require Parents/Guardians to sign off on a Special Excursion Authority form and Risk Management Plan.

PARENT DECLARATION:

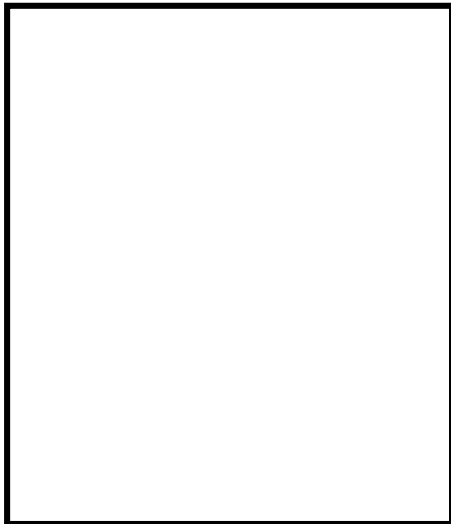
1. It is my responsibility to contact the Family Assistance Office (**13 61 50**) and register for Child Care Subsidy – I understand if Bunbury Baptist Early Learning Centre does not have the correct customer reference numbers to match the date of births, these benefits will not be registered.
2. I agree to abide by the Bunbury Baptist Early Learning Centre's Policies and Procedures.
3. I agree that my child will be excluded from Bunbury Baptist Early Learning Centre if he/she has contracted a contagious disease or illness.
4. I have read and understood the Bunbury Baptist Early Learning Centre's fee policy, including fee payment, termination, absences and public holidays.
5. Child Care Subsidy is paid on absences as per the Child Care Service Handbook, including sick (without medical certificate) and occasional absences. Absences cannot be used at the commencement or at the end of a contract.
6. Regular fee payment will apply for my child's absence due to holiday, sickness or occasional absence unless 2 weeks notice is provided.
7. No fee payment applies when Bunbury Baptist Learning Centre is closed over the Christmas Period.
8. I understand that when Educators are away on sick or annual leave a suitable relief Educator will be placed in their absence

Enrolling Parent Signature: _____ Date: ___/___/_____

Start Date: _____



BUNBURY BAPTIST COLLEGE
EARLY LEARNING CENTRE



Excursions/Incursions

I give permission for my child to go on the following regular excursion:

1. Bunbury Baptist College PS Oval/Shire oval
2. Bunbury Baptist playgrounds

Child Name: _____ Preferred Name: _____ D.O.B: _____

Siblings: _____

Food (Likes/Dislikes): _____

Allergies/Intolerances: _____

Illnesses/ongoing medication: _____

Family background/culture: _____

Does your child celebrate Easter, Christmas, Mother/Father's Day, Birthdays?

MY FAVOURITE:

Toy: _____ Songs: _____

Please describe your child's personality? _____

What do you hope that your child will get from their time at the centre?

What are your child's special interests? _____

Has your child been to child care before? _____

Religion: _____ Cultural background: _____

I allow my child to:

- wear the centre's sunscreen (Woolworths Everyday SPF +50 * **YES / NO**
- to use the centre's baby wipes (Little One's Fragrance Free) * **YES / NO**
- to use the centre's cream (Sudocrem) when needed * **YES / NO**
*If unsuitable please provide an alternative product
- written observations and photographs are collected for programming purposes **YES / NO**
- Use spray on Aeroguard **Yes/No**

Food: Children must bring a packed lunchbox (labelled) everyday, please include morning tea, lunch and afternoon tea. Our Centre is **nut aware due to children with life threatening anaphylaxis** (this includes all types of nut, peanut butter or nutella). We are registered as a low risk food business by the Capel Shire therefore we are not able to heat any food.

Bags: please provide a bag, lunchbox, sun safe hat, spare clothes, drink bottle, sleeping bag/blanket, fitted cot sheet, comforter, socks, shoes and nappies in your child's bag every day. Nappies may be provided in bulk. PLEASE LABEL EVERYTHING

Specific Sleep Requirements:

What comfort items does your child sleep with ie. dummy, comfort item:

How does your child go to sleep normally at home ie. cuddled to sleep, rocked in a cot, self-settle:

Approximate Sleep Times and Duration:

Does your child require a bottle (breast milk, formula, cows milk, other) and how do they drink it (room temperature, warm)? Eg. Before sleep, after sleep, how many per day, approximate times

Any other comments:

Eg. Any fears or additional care needs we should know about

Who will be regularly dropping and picking your child up from our Centre?

Parent Name:

Signature: _____ Date: ____/____/____