



PARAP FAMILY CENTRE INCORPORATED
 4 Charlotte Street, Parap, NT 0820
 Telephone: 8981 4283
 Email: admin@parapfc.nt.edu.au

ENROLMENT FORM

Days Preferred:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Centre Use Only		
Days allocated:		
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>
Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	
Start Date: _____	Room: _____	
Immunisation evidence sighted and copied:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child's Identification sighted and copied:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Child's priority of Access: First Second Third (please circle)

CHILD'S DETAILS

Surname: _____ Given Names: _____

Date of Birth: _____ Place of Birth: _____
(Please Attach Birth Extract)

CRN: _____ Gender: M F

Address: _____

Religion: _____ Cultural Background: _____

Medicare No.: _____

Child's Private Health Fund and No.: _____

Is your child's immunization status up to date with the Australian Government's immunisation schedule? Yes No

If NO, do you have evidence of a government exemption on Conscientious Objection grounds? Yes No

If the answer to both of these questions is NO, the child will not be accepted at PFC

Please attach a copy of your child's immunisation status, or the approved exemption

Does your child have any special health support needs? Yes No
(e.g. asthma, diabetes, epilepsy, allergies (anaphylaxis), special dietary requirements, regular medical attention etc.)

If YES, please provide details of needs, triggers and treatment:

N.B. : You and your Doctor will be required to complete, and provide to us, a Medical/Emergency Management Plan and work with PFC to develop a Risk Minimisation Plan and Communication Plan in relation to your child's specific health care needs.

Does your child have any developmental conditions that we should be aware of (e.g. autism, hearing or sight loss, language or developmental delay)? Yes No

If YES, please provide details of condition, and any treatment being received:

N.B.: You will be required to consult with PFC to develop a Risk Minimisation Plan and Communication Plan in relation to your child's specific developmental needs.

MEDICAL INFORMATION

Family Doctor's Details

Doctor's name: _____ Phone: _____

Address: _____

Religious requirements in case of necessary medical treatment: _____

Does your child have any ongoing medical conditions or take any permanent medication? Yes No

If YES, please provide details: _____

GUARDIAN DETAILS

Parent/Guardian1: Relationship to the child: _____
Surname: _____ Given Names: _____
Date of Birth: _____ Cultural background: _____
Language/s spoken at home: _____
Address: _____
Phone numbers : Home: _____ Work: _____ Mob: _____
Email: _____ Family CRN: _____
Employer: _____
Occupation: _____

Parent/Guardian2: Relationship to the child: _____
Surname: _____ Given Names: _____
Date of Birth: _____ Cultural background: _____
Language/s spoken at home: _____
Address: _____
Phone numbers : Home: _____ Work: _____ Mob: _____
Email: _____
Employer: _____
Occupation: _____

COURT ORDERS

Are there any court orders, parenting orders, or parenting plans currently affecting the custody of your child? Yes No

If YES, please give details, and provide photocopies of any orders/plans: _____

Is there anybody who must NOT be allowed to access your child? Yes No

Parap Family Centre cannot enforce these orders/plans without a copy of the relevant Order at the centre. Please discuss any court/parenting issues with the Nominated Supervisor or your child's Team Leader.

EMERGENCY CONTACTS/AUTHORISED NOMINEES FOR COLLECTION

Please list people who are easily contactable, live or work nearby and will be available to collect your child/children if we cannot contact you in an emergency, or if you are unable to collect your child/children.

You are required to inform staff at the centre if somebody else is to collect your child/children. Please inform anybody you have listed as an emergency contact, and that they will need to bring photo ID if they are to collect your child/children.

I give permission for the authorized nominees listed below to:

- Be notified of an emergency involving my child if I or my partner cannot be immediately contacted.
- To consent to medical treatment of, or to authorize the administration of medication to, my child.
- To authorise an educator to take my child outside of Parap Family Centre premises

Signature of Parent/Guardian: _____ Date: _____

Note: an Authorised Nominee means a person who has been given permission by a parent/guardian to collect the child from the centre.

Failure to provide the above information and authorizations will result in the non-acceptance of the child

Name: _____ Relationship to child: _____

Address: _____

Phone numbers: Home: _____ Work: _____ Mob: _____

Employer: _____

Name: _____ Relationship to child: _____

Address: _____

Phone numbers: Home: _____ Work: _____ Mob: _____

Employer: _____

Name: _____ Relationship to child: _____

Address: _____

Phone numbers: Home: _____ Work: _____ Mob: _____

Employer: _____

STORY PARK

To provide you with better communication, and more options by which you can access information about our programs, and your child's learning, Parap Family Centre has implemented Storypark – a secure, private online space.

Storypark provides each child with an online community which you (their parent/guardian) own, and control who has access to, at no cost, for as long as you wish.

Storypark helps educators, children and families:

- Improve understanding of each child's interests and abilities
- Deepen relationships and strengthen communication
- Share videos, photos and text, capturing children's learning and development
- Create a portfolio of your child's learning that travels with your child and can be accessed by you forever
- Reinforce experiences and deepen children's learning
- Capture family culture and heritage
- Involve the children in their portfolio
- Interact quickly and effectively
- Create smooth transitions, as your child grows and moves through the Centre.

You can choose to add your own stories, or leave comments and feedback for children and our teaching team. You can also choose to share these stories with families members if you wish. We hope that you invite your extended family so that they can share your child's experiences and learning. Learn more by visiting https://www.storypark.com/for_families

All information gathered will be used, and stored in accordance with our Privacy and Confidentiality policy.

Parental Consent

In the interest of safety and security, we require parental permission for the publishing of children's work, photographs or videos in Storypark. Sometimes other children in the Centre may feature in the photos, videos and stories of your children. By giving your consent, you agree that you will not share stories that feature other children outside of Storypark without permission.

Inappropriate language, images or behaviour may result in the content being deleted, a child and family being removed from the Centre's Storypark account, and/or in extreme situations users restricted or removed from Storypark. By giving your consent, you agree to act responsibly and not post any inappropriate content. This includes concerns and complaints which should be dealt with outside of Story park.

I give consent for my child's details/work/photographs/videos to be included in Parap Family Centre's Storypark account

(Signature)

(Print name)

(Date)

PERMISSIONS AND AUTHORISATIONS

Accident/Illness:

I give permission for centre staff to:

- Administer medication when required.
- Seek medical, dental or hospital treatment, ambulance service, or another emergency contact or body as nominated by me, if my child is injured, or becomes ill while in care.
- I understand that any medical costs will be met by me.

Signature of parent/guardian _____ Date: _____

Application of Sunscreen:

I authorise staff to apply sunscreen/insect repellent provided by the Centre, to my child prior to participating in outdoor play. I will supply my own sunscreen/insect repellent if required.

Signature of parent/guardian _____ Date: _____

Local Excursions:

I do / do not authorise for my child to participate in excursions on foot within the local community. I understand that notification will be given on the day if these outings are to occur.

Signature of parent/guardian _____ Date: _____

Permission for Photos:

I authorise for my child's photograph to be taken or recorded at PFC (or whilst out on excursion) to record special events, record observations, daily activities, for use in Learning Portfolios, family newsletters and for displays around our Centre.

Signature of parent/guardian _____ Date: _____

Permission for Publicity:

I authorise for my child's photograph, name and age to be published in local papers or publicity materials for the purposes of promotion and publicity for PFC.

Signature of parent/guardian _____ Date: _____

Notification of arrival and departure of children at the Centre:

I agree to sign my child/children in and out on the appropriate documentation at the centre, upon arrival and departure each day they attend the Centre.

Signature of parent/guardian _____ Date: _____

Child Absence:

I agree to notify the Centre if my child is going to be absent on a day that they are enrolled. I understand that I must sign for this absence the next time my child attends the centre.

Signature of parent/guardian _____ Date: _____

PARENT PARTICIPATION

We encourage Parent and family participation in the centre and in the development of our programs.

Do you have any skills or interests that you would like to share with the children and educators (e.g. languages, music, cooking, cultural information, dance, etc)?

Yes

No

Please give details: _____

Are you interested in joining our Management Committee, any of our sub committees, or assisting with fundraising?

Please give details: _____

What are the best methods of communication for you as a family?

- Email
- Notice board
- Family communication pocket (Note, not all communications are able to be provided in hard copy)
- Telephone
- Other – please specify: _____

MEMBERSHIP OF PARAP FAMILY CENTRE INC

As a registered incorporated association, PFC is required to maintain a register of members, who are entitled to vote at general meetings (including Annual General Meetings). One Parent/Guardian per family must be a financial member to have a child enrolled at the centre, which entitled them to one vote. Please nominate who will be the financial member for this family. This membership incurs an annual fee of \$11.

Financial Member: _____ Signed: _____

PAYMENT AGREEMENT

I/we understand that:

- PFC's Policy 11 *Fees and Debt* requires that two weeks fees are paid in advance on commencement of the child's enrolment at the centre. PFC uses a direct debit facility, "Childcare Easypay", where fees are automatically deducted on a fortnightly basis, from your nominated credit card, debit card, or bank account. See attached permission form.
- In the event that an account is not in credit (other than by prior arrangement) I/we will be notified verbally by the Director that payment is required within one week, to bring the account back up to 2 weeks in advance. If payment is not made within that one week time frame, I/we will be notified in writing that the outstanding debt is to be settled in full within 7 days of the date of the letter. Failure to comply will result in the child's place being forfeited without further notice.
- If an account is two weeks in debit, the place/s will be forfeited without further notice. Accounts not paid within two weeks of leaving the centre, or more than two weeks in debit, will be forwarded to either a debt collection agency, or the small claims tribunal, for the amount owing, with the cost of recovery added to the account.
- Fees will be charged for all days that my child is enrolled in the centre, even if my child doesn't attend. These days include illness, holidays and public holidays.
- Full fees are payable until Child Care Benefit confirmation is received by the centre.

Parent/Guardian: Name _____ Date: _____

Signature: _____

Parent/Guardian: Name _____ Date: _____

Signature: _____

(To be signed by both parents or guardians where applicable)

DAILY NEEDS

Toileting:

Is your child In nappies? Toilet training? Using the toilet?

Please indicate what assistance you child may need when toileting:

Rest:

Does your child have a sleep during the day? Yes No

Please provide details of your child's sleep routine (times, bed or cot, comforters; etc.):

Meal times:

Does your child feed him/herself at home? Yes No

Does your child have a meal time routine? Yes No

Please specify (e.g. time, seating, language):

Does your child have a special diet? Yes No

Please specify (e.g. vegetarian, gluten free, lactose free, mashed, etc):

Is there any particular food your child likes/dislikes? Yes No

Please specify:

Transition

Has your child been in child care before?

Yes

No

Does your child attend other children's services?

Yes

No

Please specify: _____

Does your child separate from you easily?

Yes

No

If NO, how is separation best managed:

Parents' Goals and Concerns:

Are there any specific goals you have for your child whilst they are being educated and cared for at Parap Family Centre? (Please include the things that you would like to see your child achieve, and participate in):

Do you have any particular concerns about your child?

Is there any further information that you feel may assist us in providing the service best suited to the needs of your child and family? (Examples: child rearing practices, religious beliefs, cultural background, family situation, recent significant events):

Please provide a family photo to display in your child's room, this will help to give them a sense of belonging in the centre, you can email one to the centre or bring one in

About Me.....

Name:

Birthday:

My family

Something I am trying to learn

Something I love to do

What makes me happy?

Something my family enjoys doing together

My favourite food is...