



Enrolment Form Complying Written Arrangement (CWA)

Child's details:

Surname: _____ First Name: _____

Gender: Male / Female Date of Birth: _____

Address: _____

Suburb: _____ Postcode: _____

Customer Reference Number – CRN: _____

Country of Birth: _____ Language(s) spoken at home: _____

Flexible care ("Routine with Casual care") I will require casual days Yes / No

Days Preferred:

Start	End	Hours	Monday	Tuesday	Wednesday	Thursday	Friday
6.30am	6.30pm	12					
7.30am	5.30pm	10					
8.00am	5.00pm	9					
6.30am	12.30pm	6					
12.30pm	6.30pm	6					

Start Date: _____

Are there any Court Orders issued in relation to your child? Yes / No

If so, please attach details

Notes / Other: _____

Parent / Guardian's details:

Surname: _____ **First Name:** _____

Date of Birth: _____ **Customer Reference Number – CRN:** _____

Address: _____

Suburb: _____ **Postcode:** _____

Phone Numbers: (Mob) _____ **(Home)** _____

Email: _____ **Occupation:** _____

Work Address: _____ **Work Ph No:** _____

Parent / Guardian's details:

Surname: _____ **First Name:** _____

Date of Birth: _____ **Customer Reference Number – CRN:** _____

Address: _____

Suburb: _____ **Postcode:** _____

Phone Numbers: (Mob) _____ **(Home)** _____

Email: _____ **Occupation:** _____

Work Address: _____ **Work Ph No:** _____

**Persons authorised to collect your child:
(other than parents)**

Name: _____

Address: _____

Contact No: (H) _____ (W) _____ (M) _____

Relationship to Child: _____

Name: _____

Address: _____

Contact No: (H) _____ (W) _____ (M) _____

Relationship to Child: _____

Name: _____

Address: _____

Contact No: (H) _____ (W) _____ (M) _____

Relationship to Child: _____

**Emergency Contacts:
(these persons are not authorised to collect your child unless
noted)**

Name: _____

Address: _____

Contact No: (H) _____ (W) _____ (M) _____

Relationship to Child: _____

Authorised to collect child? Yes / No

Name: _____

Address: _____

Contact No: (H) _____ (W) _____ (M) _____

Relationship to Child: _____

Authorised to collect child? Yes / No

Immunisations:

Is your child immunised? **Yes** Please provide a copy of up-to-date immunisation details.
No Please provide reason(s) for no immunisation.

Allergies:

Does your child have any allergies? **Yes / No**

If yes, please describe what treatment is required, and attach a medication plan from your Doctor.

Medical Details:

Medicare Number: _____

Private Health Fund: _____

Ambulance Cover: _____

Doctor's Name: _____ Ph No: _____

Doctor's Address: _____

Medical Conditions:

Does your child have any ongoing medical conditions and if so do they **Yes / No**
 require ongoing medication? e.g. Asthma, Diabetes, Cystic Fibrosis

If yes, please ask Centre Manager for Medication Form for you and your Doctor to complete.

Are there any special dietary requirements we need to be aware of? **Yes / No**

If yes, please provide details.

Medical Consents:

In case of emergency, IF we are unable to contact either parent or emergency contact, the centre staff will seek medical treatment deemed necessary (First Aid, medical, dental, ambulance, hospital) for your child, and that you accept full liability and any costs incurred for such medical treatment? You will be contacted as soon as possible.

I / We understand and accept that my child may need to stay away from the centre for the length of the exclusion period as stated in “Staying Healthy in Child Care” for any contagious illness.

I / We understand and accept that in the event that centre staff consider your child to be too ill, or contagious to remain at the centre that you will collect your child as soon as possible?

I / We understand and accept that if there is an outbreak of vaccine preventable disease at the centre, AND if your child is not immunized against this disease, that your child may be excluded from attending the centre for the Exclusion period as per the Public Health Authority recommendations?

General Consents and Acknowledgments:

Do you consent to your child’s photograph being taken and displayed within the centre or the centre’s Newsletter and promotional material? **Yes / No**

I / We consent to the centre staff applying sun cream (as per requirements of the Cancer Council of SA) to my child prior to them participating in outdoor play?

I / We understand and accept that there will be times when my child may be required to take their shoes and socks off during play inside or outside (weather permitted)?

I / We understand and accept that there will be times when my child may participate in water play/messy play and therefore will dress them in appropriate clothes and provide a spare change of clothes (weather permitted)?

I / We understand that we are liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a fee schedule or parent handbook) which are subject to change over time based on advice from the provider and acceptance by me. The current fees will be displayed in the foyer of the centre.

I / We have agreed to days of care within the service and understand the start and end times of these sessions of care

I / We confirm that the details in the enrolment form, as well as the details of the child I am enrolling are correct.

I / We understand that a minimum of four (4) weeks written notice is required to cancel your child’s enrolment?

I / We understand and accept that any costs incurred in the collection of outstanding accounts either Mercantile Agency fees or legal fees will be my responsibility?

I / We understand the information presented to me in the Parent Information Booklet?

I / We acknowledge that the centre will be operating as per the policies in the Treetops Early Learning Centre – Policy Folder?

Checklist:

Please confirm that you have completed this form correctly and attached all the necessary documents to complete the enrolment of your child at Treetops Early Learning Centre:

Enrolment Form:	Yes	
Direct Debit Form	Yes	
Immunisation	Yes	N/A
Court Orders (if applicable)	Yes	N/A

Parent / Guardian Signature _____

Date: _____

Parent / Guardian Signature _____

Date: _____

OFFICE USE ONLY:	
Start Date Confirmed:	
Other Notes:	