# Enrolment form.

Big Fat Smile®

**Child's name:** ______________________________

**Service:** ______________________________

Please bring the following documents when you visit the service to enrol your child:

[ ] Birth Certificate

[ ] Proof of residential address

[ ] ACIR Immunisation history statement OR History Form OR Medicare Local

[ ] Health Record

**If applicable:**

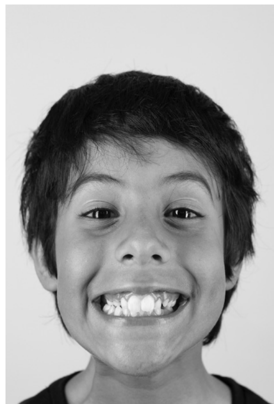
[ ] Health Care Card (preschool)

[ ] Any medical management plan, anaphylaxis medical management plan or risk minimization plan

[ ] Copies of any court orders, parenting orders, or parenting plans or any other legal documents relating to your child

[ ] Customer Reference Numbers (CRNs) from the Family Assistance Office for child and parents/carers (long day care and outside school hours care only)

[ ] Other relevant documents



Updated: October 2016

*Use black pen to complete this form and print clearly.*

## CHILD'S INFORMATION

Given name: ______________________ Family name: ______________________

Former/other names: ______________________ Gender: ______________________

Date of birth: ______________________ Country of birth: ______________________

Cultural background: ______________________ Language used in the child's home: ______________________

CRN: ______________________ Total number of children in family receiving CCB: __________

Residential address: ____________________________________________

Postcode: ______________ Child's school (school age only): ______________________

Is your child of Aboriginal or Torres Strait Islander origin? No [ ] Yes, Aboriginal [ ] Yes, Torres Strait Islander [ ]

## PARENT/GUARDIAN 1 INFORMATION (PERSON RESPONSIBLE FOR BILLING)

CRN: ______________ Date of birth: ______________

Given name: ______________________ Family name: ______________________

Former/other names: ______________________ Title (Mr/Mrs/Ms): ______________________

Relationship to child: ______________________ Primary language: ______________________

Phone (Home): ______________________ Place of employment: ______________________

Phone (Mobile): ______________________ Phone (Work): ______________________

Residential address: ______________________________ Postcode: __________

Postal address: ______________________________ Postcode: __________

Email: ______________________________ Cultural Background: ______________

## PARENT/GUARDIAN 2 INFORMATION (NON FEE PAYING)

Given name: ______________________ Family name: ______________________

Former/other names: ______________________ Title (Mr/Mrs/Ms): ______________________

Relationship to child: ______________________ Primary language: ______________________

Phone (Home): ______________________ Place of employment: ______________________

Phone (Mobile): ______________________ Phone (Work): ______________________

Residential address: ______________________________ Postcode: __________

Email: ______________________________ Cultural Background: ______________

*The following is required in instances of dual CCB claim only.*

CRN: ______________ Date of birth: ______________

## BILLING DETAILS

Your billing details will be delivered via email to the email address provided above for Parent/Guardian 1. If you do not wish to receive billing details via email, please tick this box [ ]

OFFICE USE ONLY - FOR DIRECTORS TO COMPLETE

Service: ______________________________ Room: ______________________________

Days of attendance: Mon [ ] Tue [ ] Wed [ ] Thu [ ] Fri [ ] Start date: ______________________________

CALD [ ] OOHC [ ] Refugee [ ] CP [ ]

Age: 0-2 [ ] 2-3 [ ] 3-5 [ ] 5-12 [ ] Documentation sighted/copied: Yes [ ]

Director's signature: ____________________________________________________________

## HEALTH AND MEDICAL DETAILS

Does your child require any special considerations in comparison to children of a similar age?

No [ ] Yes [ ] If yes, please indicate which of the following assistance is required:

[ ] Learning and applying knowledge
[ ] Self care
[ ] Communication
[ ] Interpersonal interactions and relationships
[ ] Mobility
[ ] Other - including general tasks, domestic life, community and social life

Please provide details:

Does your child have special dietary requirements? No [ ] Yes [ ]: ____________

Does your child have any cultural requirements? No [ ] Yes [ ]: ____________

Does you child have any religious requirements or restrictions? No [ ] Yes [ ]: ____________

Does your child require medication? No [ ] Yes [ ]: ____________

Does your child have any known allergies? No [ ] Yes [ ]: ____________

Name of registered Medical Practitioner or medical service: ____________

Address: ____________ Phone: ____________

Medicare Number: ____________ Health Care Card Number: ____________

Are you in a Private Health Fund? Yes [ ] No [ ]

Are you covered for Ambulance? Yes [ ] No [ ]

Fund name(s): ____________ Membership number(s): ____________

Is there further information that you feel may assist us in providing a service to meet your needs and the needs of your child? (e.g. beliefs, customs, recent significant events) Yes [ ] No [ ] *If Yes, please provide details*:

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## AUTHORISED NOMINEE

*Big Fat Smile expects that persons authorised to collect children will be over 18 years of age.*

***Name 1:*** ____________ Relationship to child: ____________

Phone (Home): ____________ Phone (Work): ____________ Phone (Mobile): ____________

Address: ____________

Emergency contact? Yes [ ] No [ ]
Authorised to collect child? Yes [ ] No [ ]
Consent to medical treatment? Yes [ ] No [ ]
Consent to authorise administration of medication? Yes [ ] No [ ]

***Name 2:*** ____________ Relationship to child: ____________

Phone (Home): ____________ Phone (Work): ____________ Phone (Mobile): ____________

Address: ____________

Emergency contact? Yes [ ] No [ ]
Authorised to collect child? Yes [ ] No [ ]
Consent to medical treatment? Yes [ ] No [ ]
Consent to authorise administration of medication? Yes [ ] No [ ]

***Name 3:*** ____________ Relationship to child: ____________

Phone (Home): ____________ Phone (Work): ____________ Phone (Mobile): ____________

Address: ____________

Emergency contact? Yes [ ] No [ ]
Authorised to collect child? Yes [ ] No [ ]
Consent to medical treatment? Yes [ ] No [ ]
Consent to authorise administration of medication? Yes [ ] No [ ]

***Name 4:*** ____________ Relationship to child: ____________

Phone (Home): ____________ Phone (Work): ____________ Phone (Mobile): ____________

Address: ____________

Emergency contact? Yes [ ] No [ ]
Authorised to collect child? Yes [ ] No [ ]
Consent to medical treatment? Yes [ ] No [ ]
Consent to authorise administration of medication? Yes [ ] No [ ]

## CONSENT FOR ADMINISTRATION OF FIRST AID SUPPLIES, PARACETAMOL AND SUNSCREEN

I give permission for staff to administer paracetamol to my child should s/he have a fever over 38˚C and all other methods used to lower the temperature have failed (i.e. tepid sponging, removal of excess clothing, increased intake of fluids). Yes [ ] No [ ]

I give permission for staff to apply SPF 30+ sunscreen on my child. Yes [ ] No [ ]

I give permission for basic first aid supplies to be used in the event first aid is required for my child. Each service has a WorkCover approved first aid kit. Yes [ ] No [ ]

Parent/Guardian 1 (signature): ______________________ Date: / /

*If you answered No to any of the above, please speak to your service director.*

## PERMISSION FOR STAFF TO ACT IN THE CASE OF AN EMERGENCY

I authorise staff to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service. Yes [ ] No [ ]

I authorise transportation of my child by ambulance service. Yes [ ] No [ ]

Parent/Guardian 1 (signature): ______________________ Date: / /

## PERMISSION FOR PUBLICITY AND DISPLAY

I consent to my child's photograph, video image and/or artwork with first name, age and suburb being used for publicity for the service and/or Big Fat Smile. Yes [ ] No [ ]

I give permission for authorised students to complete observations on my child for learning purposes. Yes [ ] No [ ]

I give permission for examples of my child's work, including photographs and reflections, to be displayed at the service. Yes [ ] No [ ]

*If you answered No to any of the above, please speak to your service director.*

## FINAL AGREEMENT

I understand that Big Fat Smile policies and procedures are available at the service. I understand that these policies and procedures, and the Parent Handbook (as amended from time to time) form part of the terms of enrolment.

*Please read our privacy statement below before signing.*

Parent/Guardian 1 (signature): ______________________ Date: / /

## BIG FAT SMILE PRIVACY STATEMENT

We collect your personal, sensitive and health information to enable us and our third party suppliers to provide education and care products and services to you or to another organisation that we are working with to support you, and to give you information on other services we offer. We are also required by education and care laws to collect some personal (including sensitive) information.

If you do not provide us with this information we may not be able to provide you with our services.

We may collect your information from you, a person authorised to provide this information on your behalf, family member or a third party.

Where you provide us with personal information about another person, you must ensure that you let them know what information you are giving to us and have their consent to do so.

We may disclose your personal information to people or organisations in Australia including our agents and service providers and professional advisors, other individuals you have nominated, health service providers, government agencies or other parties to whom we are authorised or required by law to disclose information. We may also disclose your personal information to another family member where required to deliver education and care services to your child.

We may disclose your information overseas to China, Belgium and the United States of America as part of our ordinary business i.e. cultural exchange program and parent communication tools.

Our privacy policy contains more information about our privacy practices including the use of your personal information and how you may opt out of receiving promotional materials. The policy also details how you may request access to, or correction of, personal information we hold, how you can make a complaint and how we manage such complaints.

You can obtain the latest version of our privacy policy by contacting us or by visiting our website www.bigfatsmile.com.au.

You can also write to our Privacy Officer;

Privacy Officer, Big Fat Smile Group Limited,
PO BOX 475 , Corrimal NSW 2518 or email privacy@bigfatsmile.com.au

By signing this form you:

- authorise us to collect use and disclose your personal information in accordance with our Privacy Policy
- declare that where you have provided personal information about another person, that person has been provided with a copy of this privacy statement.