



Enrolment Form

Child's Name: _____ Service: _____

OFFICE USE ONLY - FOR DIRECTORS TO COMPLETE

Days of attendance: Mon [] Tue [] Wed [] Thu [] Fri []

Room: _____

Start date: _____

Main Contacts

Primary Parent/Guardian 1 (Person responsible for billing)

- ▶ Name: _____
- ▶ Relation to Child: _____
- ▶ Mobile: _____
- ▶ Home Ph: _____
- ▶ Work Ph: _____
- ▶ Email: _____
- ▶ Address: _____

▶ Date of birth: _____

▶ CRN: _____

▶ Authorisation:

Collection Emergency

Excursion Medical

▶ Title: _____

▶ Former/other names: _____

▶ Primary Language: _____

▶ Place of employment: _____

▶ Postal address: _____

▶ Cultural background: _____

Secondary Parent/Guardian 2 (Non fee paying)

- ▶ Name: _____
- ▶ Relation to Child: _____
- ▶ Mobile: _____
- ▶ Home Ph: _____
- ▶ Work Ph: _____
- ▶ Email: _____
- ▶ Address: _____

▶ Date of birth: _____

▶ CRN: _____

▶ Authorisation:

Collection Emergency

Excursion Medical

▶ Title: _____

▶ Former/other names: _____

▶ Primary Language: _____

▶ Place of employment: _____

▶ Postal address: _____

▶ Cultural background: _____

Additional Contacts (People who can collect your child in case of an emergency)

▶ Name: _____

▶ Relation to Child: _____

▶ Mobile: _____

▶ Home Ph: _____

▶ Work Ph: _____

▶ Email: _____

▶ Address: _____

▶ Authorisation: (tick all that apply)

Collection Emergency

Excursion Medical

▶ Consent to authorise administration of medication? Yes No

▶ Name: _____

▶ Relation to Child: _____

▶ Mobile: _____

▶ Home Ph: _____

▶ Work Ph: _____

▶ Email: _____

▶ Address: _____

▶ Authorisation: (tick all that apply)

Collection Emergency

Excursion Medical

▶ Consent to authorise administration of medication? Yes No

Medical Contact

- ▶ Name: _____
- ▶ Relation to Child: _____
- ▶ Mobile: _____
- ▶ Home Ph: _____
- ▶ Work Ph: _____
- ▶ Email: _____
- ▶ Address: _____

▶ Authorisation:

Emergency Medical

Health and Medical Details

If you answer yes to any of the below questions, please attach details separately.

- ▶ Does your child require any special considerations in comparison to children of a similar age?
Yes No
- ▶ Does your child have special dietary requirements?
Yes No
- ▶ Does your child have any cultural requirements?
Yes No
- ▶ Does your child have any religious requirements or restrictions?
Yes No
- ▶ Does your child require medication?
Yes No
- ▶ Does your child have any known allergies?
Yes No
- ▶ Medicare #: _____
- ▶ Healthcare Card #: _____
- ▶ Are you in a private health fund?
Yes No
- ▶ Are you covered for ambulance?
Yes No
- ▶ 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

Consent for administration of first aid supplies, paracetamol and sunscreen

▶ I give permission for staff to administer paracetamol to my child should she/he have a fever over 38 degrees celsius 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 50+ 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 centre has a WorkCover approved first aid kit)

Yes No

If you have answered no to any of the above, please speak with your centre Director.

Permission for staff to act in the case of an emergency

▶ I give permission for my child to receive medical treatment from a registered medical practitioner, hospital or ambulance service. Reg 161:

Yes No

▶ I give permission for my child to be transported by an ambulance service. Reg 161:

Yes No

If you have answered no to any of the above, please speak with your centre Director.

Child Information

- ▶ Given name: _____
- ▶ Last Name: _____
- ▶ Gender: _____
- ▶ Primary language: _____
- ▶ Secondary language: _____
- ▶ Date of birth: _____
- ▶ Cultural background: _____
- ▶ Child primarily lives with: _____

▶ Medicare #: _____

▶ CRN: _____

▶ Family permits photographs:

Yes No

▶ I agree that if my child has been injured, or becomes ill whilst at the service or otherwise in care, and if the Director/Coordinator thinks it is necessary, he/she will seek urgent medical, dental or hospital treatment or ambulance service. I give consent to the carrying out of appropriate medical, dental or hospital treatment:

Yes No

▶ Does your child have any special considerations we need to take into account for their enrolment?

Yes No

▶ Former/other names: _____

▶ Country of birth: _____

▶ Residential address: _____

▶ Postcode: _____

▶ Child's school (school age only): _____

▶ Is your child of Aboriginal or Torres Strait Islander origin? Yes No

▶ Please attach a copy of your child's birth certificate. Information attached

Medical Condition & Dietary Restriction

▶ Does your child have any medical management plan, anaphylaxis medical management plan or risk minimisation plan with respect to the child's healthcare need, medical condition or allergy.

Action plan uploaded

▶ Does your child have a diagnosed disability?

Yes No

Court/Parenting Orders or Parenting Plans

▶ Please attach details of any relevant orders or plans.

Information attached

Additional Information

▶ Please attach details of any information you feel the service should know about the child. E.g. language, religion, additional needs etc.

Information attached

Immunisations

Exemption certificate attached (if applicable):

Service sighting health record

Please attach an Immunisation History Statement. You can access your child's statement by visiting <http://www.humanservices.gov.au/customer/dhs/medicare>

Immunisation history statement - online version

As at: [redacted]
For: [redacted]
Date of birth: [redacted]
Immunisation status: up to date

Schedule	Immunisation	Date given	Brand name given	Provider type
2 months	Diphtheria Tetanus Pertussis Hepatitis B	24 Jan 2014	Infanrix Hexa	GP
	Polio Hib		Prevenar 13	
	Pneumococcal		Rotarix	
4 months	Diphtheria Tetanus Pertussis Hepatitis B	31 Mar 2014	Infanrix Hexa	GP
	Polio Hib		Prevenar 13	
	Pneumococcal		Rotarix	
6 months	Diphtheria Tetanus Pertussis Hepatitis B	06 Jun 2014	Infanrix Hexa	GP
	Polio Hib		Prevenar 13	
	Pneumococcal			

Next immunisation(s) due

Immunisation	Date due
Meningococcal C	29 Nov 2014
Measles Mumps Rubella	29 Nov 2014
Hib	29 Nov 2014

Every effort is made to ensure that the information contained on the Australian Childhood Immunisation Register is correct. The data is based on information provided to Medicare Australia by immunisation providers and the accuracy of data is dependent on the quality and timeliness of information provided. Immunisation records are only available from 1 January 1995.

Example Immunisation History Statement

Other General Questions

Payment Options

Your billing details will be delivered via email to the email address provided above for Primary Parent/Guardian.

Direct Debit Request form: Please complete and return with your signed Enrolment Form. A Direct Debit form can be found at www.bigfatmile.com.au/enrol.

Permission for publicity and display

If you permit us to take photographs of your child, please indicate how we can use these photographs.

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 have answered no to any of the above, please speak with your centre Director.

Final Agreement

Please read the Parent Handbook (downloadable from bigfatmile.com.au/about-us) and our Privacy Statement below before signing.

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.bigfatmile.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@bigfatmile.com.au.

Please note: Your child can not commence care until the following documents have been provided to Big Fat Smile: signed enrolment form; birth certificate; immunisation record; direct debit authorisation; medical management plan (if applicable); court/parenting orders or parent plans (if applicable).

Please sign this form in the area provided and take to the service. This must be done before your child can attend. This is required as a part of our enrolment process.

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.
- Acknowledge that Big Fat Smile policies and procedures are available at the service and that these policies and procedures, and the Parent Handbook (amended from time to time) form part of the terms of enrolment.
- Declare that the information provided is true and correct to the best of your knowledge. Please note that providing false or inaccurate information may result in your child's enrolment being suspended or terminated.

Signature

Primary Parent/Guardian 1

Signature: _____

Date: _____

Name: _____

Secondary Parent/Guardian 2

Signature: _____

Date: _____

Name: _____

Director/Coordinator

Signature: _____

Date: _____

Name: _____