



# Brighton Childcare & Early Learning Centre

31 Jubilee Avenue  
Brighton, TAS 7030  
PH: 62680011



## Enrolment Form

Child's Name: \_\_\_\_\_

**Centre Director- Natasha Tomlinson**

**Hours of Operation- 6.30am – 6.30pm**

**Monday-Friday**

# Brighton Childcare & Early Learning Centre.

## Enrolment Form.

Child's Name.....

Date of Birth .....CRN.....

Child's Residential Address.....

.....

Gender    Male    /    Female

Is your child of Aboriginal or Torres Strait Islander origin?  
(Please circle)

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Does your child have a disability?

- No
- Yes

If yes, .....

.....

Does your child have any know allergies or medical conditions?

- No
- Yes

If Yes, .....

.....

Has your child got an allergy or asthma action plan?

- Yes
- No

If yes, has this been provided to the centre?

- Yes
- No

## Parents / Guardians Details.

(Note- if 2 parents/guardians then both are to complete and sign form)

Parent/Guardian 1 Full Name.....

DOB.....CRN.....

Address.....

.....

Telephone (H).....

Mobile.....

Place of Employment.....

Telephone (W).....

Occupation.....

Parent/Guardian 2 Full Name.....

DOB.....CRN.....

Address.....

.....

Telephone (H).....

Mobile.....

Place of Employment.....

Telephone (W).....

Occupation.....

Would you like your account Emailed            YES            NO

If Yes please provide Email Address .....

*Days Required*.....

*Required Starting Date*.....

*Times That Your Child Will Be Dropped Off And Picked Up Each Day*

.....



# Emergency Contacts & Persons Authorised To Collect Your Child.

## Emergency Contact 1\*

Name .....

Address .....  
.....

Telephone Home..... Mobile.....

Relationship to child's parent/guardian .....

OR

## Emergency Contact 2\*

Name .....

Address .....  
.....

Telephone Home..... Mobile.....

Relationship to child's parent/guardian .....

OR

## Emergency Contact 3\*

Name .....

Address .....  
.....

Telephone Home..... Mobile.....

Relationship to child's parent/guardian .....

\*Proof of identity will be required from the "Authorised person" before your  
child can be collected from centre

## Medical Information.

Family Doctor .....

Address .....

Telephone .....

Do you have Private Health Insurance?    Yes    No

Name of Private Health fund .....

### Permission for centre staff to act in an emergency / accident.

In the event of an accident / illness requiring emergency treatment,

We.....  
give permission for centre staff to seek medical treatment for my  
child .....

We agree to pay any medical expenses incurred.

Parent/Guardian 1 Signature..... Dated.....

Parent/Guardian 2 Signature..... Dated.....

Immunisation Records Provided      Yes      No

Copy Attached    Yes    No

Staff Signature.....

Dated.....

If you choose not to have your child immunised the Federal Government may exclude you from receiving Child Care Benefit in which case you will be responsible to pay 100% of the Child Care cost reviewed and charged by the centre. If you have chosen not to have your child immunised, then you are required to complete a Statutory Declaration form. (Public Health Act February 1998). Your child will be excluded for the prescribed period during any outbreaks of an infectious disease within the centre.

## Court Orders.

Are there any court orders in place in relation to your child?

Yes No

If there is a court order in place, you need to provide a copy to the centre

Have you provided a copy? Yes No

Name of Parent/Guardian .....

Signature..... Dated .....

## Sun Block Protection.

We give permission for the centre staff to apply sun block to our child while attending the centre. Yes No

Signed Parent/guardian.1.....Dated.....

Signed Parent/guardian.2.....Dated.....

## Head Lice Check.

We give permission for the centre staff to check my child's hair if the need arises in relation to head lice. Yes No

Signed Parent/guardian 1.....Dated.....

Signed Parent/guardian 2.....Dated.....

## Photography.

We give permission for our child to be photographed while attending the centre and agree for these photos to be displayed within the centre environment, in the centre newsletter and on our restricted facebook page only for centre parent's access. We acknowledge that our child's photo maybe taken during group experiences and these photos may be included in Learning Stories that may go home in other children's portfolios.\*

Yes No

Signed Parent/guardian 1.....Dated.....

Signed Parent/guardian 2.....Dated.....

\*Please refer to our centre policy on children's photos being displayed in the centre environment, newsletter and the restricted access of facebook (only for centre parents by invitation)



# Contract of Care at Brighton Childcare & Early Learning Centre.

We have viewed the Brighton Childcare & Early Learning Centre (here called the centre) and consent to the enrolment of our child. We acknowledge having access to the Handbook in the centre foyer and we agree to abide by the centre policies as they relate to our child's placement.

We agree to comply with all Government requirements in relation to the centre and its service. We agree to pay fees in advance. We are aware that fees will be charged if our child is absent for any reason and that all absentees must be phoned in by 10.00am that day. We acknowledge that we pay for any Public Holidays throughout the year (excluding Christmas Day and Good Friday Day) that may fall on any of our child's booked days at the centre. We will also sign for the absentees and public holidays when we next enter the centre.

We agree that if the account is not paid by the due date the account may be lodged with a mercantile agent for recovery, and in such circumstances that the applicant will bear an account surcharge to cover the agent's commission. In addition the applicant agrees to bear all legal costs and disbursements incurred in the recovery of the debt.

We also understand that a "late fee" of \$20.00 will be charged for each 15 minutes for late collection of our child after 6.30pm. We understand that the staff can make the decision as to the fitness of our child to attend the service on any given day and this decision shall be binding. In the event of an accident/illness, staff will contact the Parent/Guardian to collect their child. If contact cannot be established with the Parent/Guardian then an Emergency contact will be phoned.

The centre reserves the right to terminate this contract at its discretion with consideration that to do so would be in the best interest of the child, the centre and all parties involved. The centre agrees to give the parent reasonable notice of its intention to exercise this right. We have read this contract of care and have received the parent information pack about the service offered by the centre on my first visit for care.

Name of Child. .....

Parent/ Guardian Name 1 (Print)

Parent/ Guardian Signature 1

.....  
Parent/ Guardian Name 2 (Print)

.....  
Parent/ Guardian Signature 2

.....  
Director's Signature.

.....  
Date Contract Completed

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