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PARENT GUARDIAN AUTHORISATIONS

1.	I authorise all **medical and surgical treatment**, X-ray, laboratory, anaesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending and/or Paramedics for my child and waive my right to informed consent of treatment. If necessary, I give permission for my child to travel in an ambulance. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I agree to accept responsibility for all medical expenses arising as a result of emergency treatment sought for my child.
2.	I give permission for staff at Rose Rainbow to provide **first aid treatment** for my child in the event of incident /accident / trauma. I agree to sign documentation acknowledging notification of such treatment.
3.	I give permission for people listed as Parent/Guardian and Emergency Contact / Authorised Pickup Persons on presentation of photo ID to **drop off and collect my child** from the Centre unless otherwise authorised in writing.
4.	I agree to ensure Rose Rainbow is notified in writing or verbally (2 staff members to take message) of any **changes in arrangements** for my child to be picked up from the Centre. I will ensure they will bring photo ID when collecting my child.
5.	I hereby agree that Rose Rainbow will be notified as early as possible if I am going to be **late picking up** my child. I agree to pay the incurred late fee, which will apply after Centre closure at rate of $1.00 a minute (per child) after 6.00pm.
6.	I agree to pay all **Child Care fees one week in advance** of the current week & all outstanding fees if failing to provide 2 weeks notice in writing. My child will attend on the last day of the notice period or I will incur full fees, as Child Care Benefit is not claimable if my child does not attend on their last day. I understand that I will be charged for all booked days including absences due to illness, holidays, public holidays etc. (Children who attend 5 days per week are charged a discounted fee for public holidays).
7.	I understand that after one week **default in paying fees** I will be liable for an additional charge of $10.00 remittance and thereafter the number of days my child is enrolled will be reduced to assist with fee paying. I acknowledge that the enrolment information contained herein will be passed on to debt collectors for legal recovery action & that default will result in enrolment details being listed on the National Default Registry for a period of six (6) years and 30 days or until paid.
8.	I give permission for the staff at Rose Rainbow to administer one (1) dose only of children's paracetamol **(Panadol)** to my child as per the recommended dosage on the bottle if they have a fever of 38°C or above. If I cannot be contacted this medication may be given without my express permission at that time. **YES / NO** (Please CIRCLE which applies) I understand that a second dose, due to regulations, cannot be administered and will collect my child from the Centre if their temperature remains high or they spike another temperature.
9. .	I give permission for the staff at Rose Rainbow to take my **child's photo** and display it for educational purposes, on centre Facebook only accessible to invited guests, centre website and marketing. **YES / NO** *(Please CIRCLE which applies)*
10.	I hereby give permission for my child to use the Centre **Sunscreen and Insect Repellent, Sudocrem** ***(****for nappy rash)* as required. **YES / NO** (Please CIRCLE which applies). If NO, I will supply these items for my child.
11.	If attending **Before or After School Care** at Rose Rainbow **I** give permission for staff to transport my child by foot, to and from St Anthony's School or by bus with seatbelts, to and from The Sycamore School. Children will be escorted by staff from Rose Rainbow.
12.	I give **Centrelink** the authority to provide Rose Rainbow Preschool, Kindergarten and Preschool with information regarding my Child Care Subsidy % and its status and/ or my current residential address and phone number on request by Rose Rainbow.
13.	**Privacy Consent.** Rose Rainbow Preschool, Kindergarten and Child Care Centre collects information from you for the primary purpose of providing quality childcare and meeting your child's needs. Information you provide will be used for administrative purposes, billing and debt collection, disclosure to Family Assistance Office and Department of Communities, emergency situations whereby staff/hospitals require access to records for appropriate purposes. I consent to the handling of my information by the company for the purposes set out above, subject to any limitations that I notify in writing.
14.	All the information provided is **true and correct** and I have received the **Parent Handbook** and agree to abide by all Centre policies. I agree to provide, in writing, details of any changes in my child details listed above.

In signing below, I acknowledge and accept the conditions one (1) through fifteen (15) listed as detailed above. Parent Signature: ________________________________Date ___________

Rose Rainbow Office use only

Enrolment Fee Charged to A/C:		Date: ___________	Signed: _________
Child info entered in database:		Date: ___________	Signed: _________
Medical Management & Action Plan: (if required)		Date: ___________	Signed: _________
Risk Minimisation Plan completed: (if required)		Date: ___________	Signed: _________
Allergy/Food Intolerance Non-Life Threatening Form: (if req)		Date: ___________	Signed: _________
Details Completed and Checked Ancillary forms completed and attached:			Yes / No
Parent Handbook emailed	Yes/No	Date: ___________	Signed: __________
CWA Form Completed:	Yes / No	Date: ___________	Signed: _________

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MEDICAL INFORMATION

Doctor: ____

Address: ____Postcode: _____________

Phone Number: ________________________ Medicare Number: _____________________________

Does your child suffer from any non-life threatening allergic reactions? e.g. foods, medicine, grass, etc. **YES /NO**

If **YES**, please complete Allergy /Food Intolerance Non -Life Threatening Form.

Does your child suffer from any life threatening allergic reactions? **YES / NO**

If **YES**, please provide a Medical Management & Action Plan from your child's doctor before your child commences.

Does your child suffer any medical conditions? e.g. asthma, convulsions, etc. **YES / NO**.

If **YES**, has a Medical Management & Action Plan been completed by your child's doctor? **YES / NO** *Please provide.*

Has your child suffered any injuries or illnesses? e.g. fractured bone, glandular fever etc. **YES / NO**

If yes, please provide details: ____

Does your child have any additional needs/ challenging behaviours? **YES / NO**

If yes, please provide details: ____

____

Has your child been referred to: (if you respond yes to any below, please provide relevant reports)?

Speech Therapist	______	Special Education Development Unit	______
Occupational Therapist	______	Development Assessment Team	______
Physiotherapist	______	Other	______

IMMUNISATION RECORD

Has your child been immunised? **YES** **NO**

Please **TICK** where applicable below, and SIGN as a true and correct record of your child's immunisation status. Please ensure you update these records when applicable.

	Birth	2 mths	4 mths	6 mths	12 mths	18 mths	4 yrs
Rotavirus							
Tetanus, Diptheria, Pertussis							
Polio							
Hib							
Measles, Mumps, Rubella (MMR)							
Meningococcal C							
Hepatitis B							
Chicken Pox (VZV)							
Pneumococcal Disease							
Other							

Parent/Guardian Signature: ______________________________________ Date: _______________

** PLEASE ANSWER QUESTIONS ON BACK PAGE!

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PRIMARY CONTACT DETAILS

Parent/Guardian 1

Title/First Name: ____________________________

Surname: ____________________________

Home Address: ____________________________

____

Postcode: ____________

Home Phone: ____________________________

Mobile: ____________________________

Relationship to Child: ____________________________

Email Address: ____________________________

Country of Birth: ____________________________

Language(s) Spoken: ____________________________

Work Status: ____________________________

Parent/Guardian 2

Title/First Name: ____________________________

Surname: ____________________________

Home Address: ____________________________

____

Postcode: ____________

Home Phone: ____________________________

Mobile: ____________________________

Relationship to Child: ____________________________

Email Address: ____________________________

Country of Birth: ____________________________

Language(s) Spoken: ____________________________

Work Status: ____________________________

(*E.g. full time, studying, home maker, job seeker, volunteer +15 hours/ week, shift worker, self employed*)

Parent/Guardian 1

Occupation: ____________________________

Work Name: ____________________________

Work Phone: ____________________________

Parent/Guardian 2

Occupation: ____________________________

Work Name: ____________________________

Work Phone: ____________________________

Parenting Orders/Parenting Plan (under the Family Law Act 1975 Cwlth): **YES / NO** (if Yes, please provide copies of relevant documentation)

Child lives with: Both Parents / Mother / Father / Step Parent / Guardian / Grandparents (please circle)

ALTERNATE EMERGENCY CONTACT / AUTHORISED PICKUP PERSON

These nominated person(s) will be required to present photo ID when collecting your child. Please ensure that persons nominated are aware that they are emergency contacts and willing to pickup your child if required.

☐ **I authorise the below contacts to consent to medical treatment if parents cannot be contacted**

☐ **I consent to any person authorised herewith, to authorise an educator to take my child outside the education and care service premises on my behalf**

Title/First Name: ____________________________

Surname: ____________________________

Home Address: ____________________________

____

Relationship to Child: ____________________________

Home/Mobile Phone: ____________________________

Title/First Name: ____________________________

Surname: ____________________________

Home Address: ____________________________

____

Relationship to Child: ____________________________

Home/Mobile Phone: ____________________________

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Rose Rainbow Preschool, Kindergarten and Child Care Centre
136 Finucane Road, Alexandra Hills Q 4161
Ph: 3824 2018 E: admin@roserainbowkindy.com.au

ROSE RAINBOW ENROLMENT FORM - 2019

*Your details **must** be kept up to date. Please ensure that you notify the centre of any changes to information contained herein.*

Child's Last Name: ________________________ Given Name(s): __________________________________

DOB: ______________________ Sex: M / F Place of Birth: _________________________________

Child's Home Address: ____

____ Phone: ______________________________

Start Date: ________________________________Age at start date: _____________________________________

Claiming Child Benefits: **YES / NO** Claiming the Child Care Rebate: **YES / NO**

Parent Claiming Child Care Benefits: ________________________ Parent DOB:__________________________

Child's CRN: ___________________________ **Claiming parent's CRN:** _____________________________

(This information is required to link your personal details with Centrelink)

Preschool Room Only- DO YOU HAVE A HEALTH CARE/PENSION CARD? YES / NO (*if* YES *see office)*

Cultural/Religious/Dietary Preferences:____

Any Special Considerations for your Child? (Cultural, Dietary, Religious preferences)

____

Is the child of Aboriginal, Torres Strait Islander, or South Sea Islander descent? (***Please circle applicable)*** **YES/NO**

Days Attending: Mon Tue Wed Thurs Fri ***(please circle)***

Time: Long Day (6.30am – 6.00pm) Short Day (9:00am – 3.00pm) 9 Hour Day (8:00am – 5:00pm) ***(please circle)***

Before School (6.30am – 8.30am) After School (2.55pm – 6.00pm) ***(please circle)***

Has your child attended childcare before? **YES / NO** If **YES** Centre Attended? ___________________________

Do you have other children attending a licensed service? (Please include outside school hours care).

Name of child/children: ________________________________ Attending: _________________________________