



DAWN 2 DUSK

Training & family daycare scheme

You & your child. Comfort zone.

Enrolment Form

Please Note: Prior to your child/ren's position beginning at Dawn 2 Dusk Family Day Care it is essential that the following information is complete and kept up to date. This information must be completed by a parent who has lawful authority in relation to the child. Please notify the service of any changes to details on this form as soon as possible.

Preferred Commencement Date:/...../.....

Child/ren's Details:				
	Child One	Child Two	Child Three	Child Four
Given Name:				
Family Name:				
Gender M F				
Date of Birth:				
Child CRN:				
Medicare No.:				
Child/ren's Address(es):				
Is the Child of Aboriginal or Torres Strait Islander Descent?	Yes / No	Yes / No	Yes / No	Yes / No

Family Information:

	Parent 1/Legal Guardian 1	Parent 2/Legal Guardian 2
Full Name:		
Relationship to Child:		
Date of Birth:		
Home Address:		
Contact Numbers:	(H) (M)	(H) (M)
Parent CRN:		
Country of Birth:		
Does the child live with you?	Yes / No	Yes / No
Occupation:		
Place of Employment and Address:		

Medical Requirements:

Name of Child/ren's Doctor/Service:		Contact No.:	
Address:			
Private Health Cover:	Yes / No	Number:	
Ambulance Cover:	Yes / No		

Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from the original container, bearing original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; medication must be administered in accordance with any instructions attached to the medication; or any written or verbal instructions provided by a registered medical practitioner.

- Education and Care Services National Regulations. Part 4.2, Regulation 95

Authorised Nominees for administrating medication (If Applicable):

A person other than parents, nominated to give Educators authority to administer medication to a child in their care

Name:		Name:	
Relationship to child/ren:		Relationship to child/ren:	
Address:		Address:	
Contact:	(H) (M)	Contact:	(H) (M)

Emergency Contacts (other than parents):

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.

Name:		Name:	
Relationship to child/ren:		Relationship to child/ren:	
Address:		Address:	
Contact:	(H) (M)	Contact:	(H) (M)

Authorised Emergency contacts (other than parents/guardians and emergency contacts) who can collect your child/ren.

In the event that the child/ren are not collected and the parent/guardians cannot be contacted, the children's service will arrange someone to collect the child/ren with the additional contacts listed below who must be over 18 years of age. The additional contacts must provide identification when collecting the child/ren.

Name:		Name:	
Relationship to child/ren		Relationship to child/ren	
Address:		Address:	
Contact:	(H) (M)	Contact:	(H) (M)

Court Orders:

1) Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child/ren or access to the child/ren?

Yes / No

2) Are there any other court orders relating to the child(s) residence or the child(s) contact with a parent of person?

Yes / No

If you answered YES to any of the above questions please provide all relevant documentation and paperwork and briefly explain below.

.....
.....
.....

Staff Member sighting Original: Date:/...../.....

Please note that without this documentation we cannot legally enforce the Order/s.

Details For Each Child:

	Child One	Child Two	Child Three	Child Four
First Name				
Cultural/Religious Background & relevant practises				
Language(s) spoken at home				
Is your child toilet trained? Do they wear nappies at sleep time?	Yes / No	Yes / No	Yes / No	Yes / No
Does your child have a development delay or disability? Please specify	Yes / No	Yes / No	Yes / No	Yes / No
Does your child attend another childcare service? If yes please give the name and days attending	Yes / No	Yes / No	Yes / No	Yes / No
Has the child been diagnosed as someone who is at risk of anaphylaxis? If YES please attach relevant details. This includes anaphylaxis action plan.	Yes / No	Yes / No	Yes / No	Yes / No
Does your child have asthma?	Yes / No	Yes / No	Yes / No	Yes / No
Does your child have any allergy or sensitivity? If YES please attach relevant details such as risk minimisation plan	Yes / No	Yes / No	Yes / No	Yes / No
Does your child have any dietary restrictions? If YES please detail	Yes / No	Yes / No	Yes / No	Yes / No
Any other medical conditions or needs that are relevant for us to be aware of?				
Has your child been immunized? If YES please provide copies	Yes / No	Yes / No	Yes / No	Yes / No

Family Input - multiple intelligences

Dear Families,

Please read the below description and comment in the box below .

Gardner's theory is based around the idea that multiple intelligences exist. Gardner argues that there are many different types of intelligence rather than just one and that people can be intelligent in different ways.

Logical/Mathematical Intelligence: Children in this area will like to problem solve, explore patterns and sort objects by category, count, ask questions and experiment.

Musical/Rhythmic Intelligence: Children in this area will sing, dance, hum etc. They will pick up on rhythms and patterns in music and be sensitive to sounds and tones of voice.

Linguistic/Verbal Intelligence: Children in this area will play and experiment with words. They will enjoy reading and exploring books and experiment with writing.

Spatial/Visual Intelligence: children with this intelligence will think in pictures. They will know where everything is in the classroom and show a strong interest in the way things work.

Interpersonal Intelligence: Children in this area will be very social and have lots of friends. They will possess strong leadership skills, group organisational skills and be good at resolving problems and conflicts

Intrapersonal Intelligence: Children in this area will be aware of their emotions and express their feelings well. Children with intrapersonal intelligence will require private space and time.

Bodily/Kinesthetic Intelligence: Children in this area may have strong fine and gross motor skills. Children with this type of intelligence will learn through movement and will excel at physical activities.

Naturalist Intelligence: Children with this type of intelligence will be particular in touch with nature. Activities they will enjoy and take an interest in revolve around nature, such as gardening or caring for an animal.

Most people possess to some extent intelligence in all these areas and excel in one or two of these areas. Not one type of intelligence exists and there is interactions and links between them all. By acknowledging and using the different type of intelligence in a curriculum it will give every child the chance to learn in a way that suits them and also caters to their interests. Essentially, anyone can learn anything as long as they can relate it back to something they are interested in.

Family Input:

Please tell us where you think your child/rens strengths lie.

Child 1:

Child 2:

Child 3:

Child 4:

يرجى قراءة التالىوال تعلية فى ال مرر عأذناه .

يس تندنظرية جاردن رحول فكرة أن ال مهارات ال م تعددة ال وجود ب قول غاردن رأنه ناك ال عدي دم نأز واعمخ تلة فة م ب دلام نواحد ققط و ي م ك ن ل ل نأ سأن ت كون ذك بة ب طر ق م خ تلة فة . ن ال م تيزات

الأط فال ف ي هذا ال مجال ترغ ب ف ي ح ل ل م ش ك لة ، و اس ت ك ش اف الأ ز م اط : ال م تيزات ال م ن ط ق ي / ال ر ي ا ض ي و ف ر ز ك ائ ن ا ت ح س ب ال ف ئة ، ع د ، و ط ر ح ال س ئ لة و ال ت ج ر بة .

، خ ل اة م ه م ه و ، ص ق ر ل و ، ا ن غ ل ا ي ل ال ي م ت ل ا ج م ل ا ذ ه ي ف ل ا ف ط أ ل : ال م تيزات ال م و س ي ق ية / ا ي ق ا ع ي و س و ف ت ل ت ق ط ال ا ي ق ا ع ا ت و ا ن م ا ط ا ل م و س ي ق ي و ت ك و ن ح س ا سة ل ل ا ص و ا ت و ن غ م ا ت ال ص و ت . ل ال خ ن م ب ع ل ت ف و س ل ا ج م ل ا ذ ه ي ف ل ا ف ط أ ل : س ت خ ب ا ر ا ت ال ل ا ف ط يه / ال ل غ و ية ال / ت ج ر بة ال ل ع ب م ع ال ك ل م ا ت . س ي س ت م ت ع ل ق ر اة ال ك ت ب و ا س ت ك ش اف ال ت ج ر بة م ع ال ك ت ا بة .

هذه ال م تيزات ال م ك ا ن ية / س م ع ية : س و ف الأ ط ف ال ل ذ ي ن ي ت ف و ق و ن ف ي و ح ي ث ي ت ع ل م و ن م خ ل ل ال ص و ر . ل أن ه م ي ع ل م و ن م ك ا ن ك ل ش ي ء ف ي ال ف ص و ل ال د ر ا س ية ي ظ ه ر و ن ا ه ت م ا م ا ك ب ي ر ا ف ي ط ر ي قة م ل ل ا ش ي اء .

ال م تيزات ال ش خ ص ية : س و ف الأ ط فال ف ي هذا ال مجال ت ك و ن ا ج ت م ا ع ية ج د و ال د ي ه ال ك ث ي ر م ن ال ص د ق اء . ف ا ن ه ا ت م ت ل ك م ه ا ر ا ت ال ق ي ا دة ال ق و ية و ال م ه ا ر ا ت ال ت ن ظ ي م ية ل ل م ج م و عة و ت ك و ن ج ي دة ف ي ح ل ل م ش ا ك ل و ال ن ز ا ع ا ت .

ال م تيزات ال ب ش خ ص يه ف ي ال ت ع ب ي ر ال س و ف ي ك و ن ع ل م ب ي نة م ن ال ع و ا ط ف و ال ت ع ب ي ر ع ن م ش ا ع ر ه م ب ش ك ل ج ي د . و ج م ل ا ذ ه ي ف ل ا ف ط أ ل : الأ ط ف ال ل ذ ي ن ي م ت ا ز و ن ب ال ذ ك اء ف ي هذا ال م ج ا ل دا خ ل ل ا ش خ ص ن ف س ه ي ت ط ل ب و ن م س ا حة خ ا صة و و ق ت م ن ف ر د .

ال م تيزات ال ج س د ية / ال ح ر ك يه و . ة ي ك ر ح ل ا ت ا ر ا ه م ل ا و ه و ق ل ا ي ف ت ا ز ا ي ت م ا م ه د ن ع ل ا ج م ل ا ذ ه ي ف ل ا ف ط أ ل ا ن و ك ي د ق : و ن م ن خ ل ل ال ح ر كة و الأ ط فال م ن ه ذ ال ن و ع م ن ال ذ ك اء ي ت ع ل م س و ف ي ت ف و ق و ن ف ي ال أ ز ش طة ا ن ش ط ه ا ل ب د ن ية .

ال م تيزات ال ط ب يعة . ة ع ي ب ط ل ا ع م ل ا ص ت ا ي فة ص ا خ ن و ك ت ن أء ك ذ ل ا ن م ع و ن ل ا ذ ه ي ل ا ن و ل ي م ي ن ي ذ ل ال ا ف ط أ ل ا ف و س : ال أ ز ش طة ال ت ي س ي س ت م ت ع و ت ا خ ذ م ص ل حة ف ي ت و ر و ح و ل ل ط ب يعة ، م ث ل ا ح د ائ ق ا و ر ع ا ية ح ي و ا ن .

ل ا ت و ال ت ف و ق ف ي و ا ح د ا و ا ث ن ي م ن ه ذ ه ل م ج ا ل ا ت . ل م ع ظ م ا ل ن ا س ل د ي ه م ب ع ض ال م تيزات م ا ف ي ج م ي ع ه ذ ه ل م ج ا ا ي و ج د ن و ع و ا ح د م ن ال ذ ك اء م و ج و د و ه ن ا ك ال ت ف ا ع ل ا ت و ال ا ر ت با ط ا ت ب ي ن ك ل م ن ه م م ن خ ل ل ال ل اء ت ر ا ف و ا س ت خ د ا م ن و ع م خ ت ل ف م ن ال ذ ك اء ف ي ال م ن ا ه

Family Input:

Please tell us where you think your child/rens strengths lie.

Child 1:

Child 3:

Child 2:

Child 4:

Further Information:

	Child One	Child Two	Child Three	Child Four
Please provide us with any other information we should know about your child E.g. favourite activities, fears, routines, special words and sleeping practises etc				

Daily Routine Outing Excursion Authorisation:

I (Full Name) _____ authorise my child/ren's care provider to take

.....(Child 1) (Child 3)

.....(Child 2) (Child 4)

on regular routine outings, providing they travel in a vehicle registered with Dawn to Dusk or walk an appropriate distance including the pickup from my home address.

The outing may include but are not limited to:

1.(School) 2.(School)

3.(Park) 4. (Library)

5. 6.

My child has permission to attend for 12 months after the date listed below and I understand that I can access the Routine Outing Risk Assessment at the service. I also understand that I can cancel my authority at any time.

.....
(Parent/Guardian Signature)

Date:/...../.....

Parent Agreement:

I

PRINT FULL NAME

As a person who has lawful authority of the child referred to in this enrolment form for Dawn 2 Dusk:

- Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the service in the event of any changes to this information.
- Agree to collect or make arrangements for the collection of the child/ren referred to in this enrolment form if he/she becomes unwell.
- Consent to the educator at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.
- Declare that I have read and understood the policies of Dawn 2 Dusk Family Day Care and will abide by those policies.
- Consent to the educators administering medication if so requested by me or those I have nominated to do so on my behalf.
- Have read and agree with the fees, payment structure and policies of Dawn 2 Dusk Family Day Care and agree to pay fees fortnightly
- I agree to update any information relating to those individuals I have nominated to be an authorised nominee or person to collect the child/ren and any contact details of any medical or dental professional nominated in the Enrolment Form.
- I agree to the child/ren to be observed and programmed, and give permission for the Educator for my child/ren to be photographed or videotaped whilst in Family Day Care and understand that this will be used for proof of quality practises within Family Day Care.
- I agree to release, discharge and to hold Dawn 2 Dusk Family Day Care harmless for any accidents, harm or loss which my child/ren may suffer as a result of his/her participation in this service. I agree to indemnify Dawn 2 Dusk Family Day Care of any damages, expenses, claims, actions and suites arising out of or in any way connected to my child's time in family day care and understand and agree to the terms and conditions of entry into Dawn 2 Dusk Family Day Care and understand that Dawn 2 Dusk Family Day Care will not be responsible for any incidents that that occur whilst participating in this service
- I agree that I will assist with my child/rens learning and the services documentation methods by completing family input documentation
- I agree to giving two weeks notice to the Educator if cancelling care, or changing the days of care

.....

Signature

...../...../.....

Date

Privacy Disclaimer:

Dawn 2 Dusk Family Day Care acknowledges and respects the privacy of its clients. The information that is being collected by Dawn 2 Dusk Family Day Care is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipients of this information is Dawn 2 Dusk Family Day Care, its authorised educators and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the services Confidentiality Policy.

Agreed Hours:

Child 1's Name:					
Permanent		Casual		Before & After School	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Child 2's Name:					
Permanent		Casual		Before & After School	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Child 3's Name:					
Permanent		Casual		Before & After School	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Child 4's Name:					
Permanent		Casual		Before & After School	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Fee Schedule:

Educator Name:	Educator ABN:
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Parent/Guardian Name:
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This schedule forms part of the Agreement in regards to the child/ren:

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1. The parties acknowledge the range of fees
2. Educators are free to set their own rates within Dawn 2 Dusk guidelines
3. The hourly fees (inclusive of the service fee payable to Dawn 2 Dusk) to be applied to this agreement are as below:

<u>Hours</u>	<u>Details</u>	<u>Fee Per Hour</u>
Standard Hours		\$..... per hour
Non-Standard Hours		\$..... per hour
Weekends/Casual/Public Holiday	Any Hours	\$..... per hour

4. Dawn 2 Dusk's service fee included in the above rates is:

\$..... per hour of care per child

5. This fee schedule applies from:

6. This fee schedule will continue to be in order until replaced with another fee schedule signed by all parties

7. One week notice must be given by either party for the termination of the care arrangement.

Dawn 2 Dusk reserves the right to terminate care if fees are not paid

..... Parents Full Name Parents Signature Date
..... Educators Full Name Educators Signature Date
..... Dawn2Dusk Staff Full Name Dawn2Dusk Staff Signature Date

OFFICE USE ONLY

<i>Date Applied</i>	<i>...../...../.....</i>	
<i>Educator:</i>		
<i>Educators Address:</i>		
<i>Immunisation Health Record Sighted by Approved Provider</i>	<i>Yes / No</i>	<i>Name:</i> <i>Signature:</i> <i>Date:/...../.....</i>
<i>Court Orders Attached if Applicable</i>	<i>Yes / No</i>	<i>Name:</i> <i>Signature:</i> <i>Date:/...../.....</i>
<i>Risk Minimisation Plans Attached if Applicable</i>	<i>Yes / No</i>	<i>Name:</i> <i>Signature:</i> <i>Date:/...../.....</i>