



Child Details

First Name	Middle Name
Last Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Place of Birth
Child's Home Address	
Language Spoken at Home	
CRN (Obtained from Family Assistance)	
Is your child of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child attending another childcare centre service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
School your child attends	
Child's Class	Teacher's Name

Attendance Days: Routine Care

(Please enter the estimated time of drop off and collection on days required)

Intended Start Date:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Attendance Days: Casual Care

(Please tick)

Intended Start Date: Before School

After School

Attendance Days: Flexible Care

Combination of routine and casual sessions.

(Estimated time of drop off & collection on required routine days)

Intended Start Date:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Parent Details

First Name		Middle Name	
Last Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Your Drivers License Number			
Home Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
Email Address			
Occupation		Place of Work	
Work Address			
Work Starts	Work Finishes	Country of Birth	
Preferred method of contact <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Mobile / Email			
Are you of Aboriginal or Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the Primary Care Giver? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the child reside at this home address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, home address where child resides:			
Parent registered for Child Care Subsidy: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Second Parent Yes No

First Name		Middle Name	
Last Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Your Drivers License Number			
Home Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
Email Address			
Occupation		Place of Work	
Work Address			
Work Starts	Work Finishes	Country of Birth	
Preferred method of contact <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Mobile / Email			
Are you of Aboriginal or Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the Primary Care Giver? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent registered for Child Care Subsidy: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Family Status Please circle the options that best describes your situation

Both parents at home
 Sole parent
 Shared custody
 Other

Custody Arrangements If you are separated or divorced, who has legal custody of the child?

Parent 1
 Parent 2
 Both
 Other

Family Status If you are separated or divorced, who has legal custody of the child?

Parent 1 Access Arrangements?
 Full
 Limited
 Parent 2 Access Arrangements?
 Full
 Limited

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? Please provide documentation to the centre.
 Yes
 No

Emergency Contacts & Authorisations (Other than parents)

Contact 1	Name		Relationship to Child	
	Home Address			
	Postal Address		Mobile Phone	
	Home Phone		Work Phone	
	This person has the authority to:			
	<input type="checkbox"/> Collect/Deliver to/from the centre	<input type="checkbox"/> Give permission for excursions out of the centre	<input type="checkbox"/> Consent to medical treatment	<input type="checkbox"/> Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness				<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 2	Name		Relationship to Child	
	Home Address			
	Postal Address		Mobile Phone	
	Home Phone		Work Phone	
	This person has the authority to:			
	<input type="checkbox"/> Collect/Deliver to/from the centre	<input type="checkbox"/> Give permission for excursions out of the centre	<input type="checkbox"/> Consent to medical treatment	<input type="checkbox"/> Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness				<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 3	Name		Relationship to Child	
	Home Address			
	Postal Address		Mobile Phone	
	Home Phone		Work Phone	
	This person has the authority to:			
	<input type="checkbox"/> Collect/Deliver to/from the centre	<input type="checkbox"/> Give permission for excursions out of the centre	<input type="checkbox"/> Consent to medical treatment	<input type="checkbox"/> Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness				<input type="checkbox"/> Yes <input type="checkbox"/> No

Health and Medical Information

Medicare Number	Medical Centre Name
Name of Doctor	Phone
Address	
Private Health Insurer	Do you have private Ambulance Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No

Does Your Child Have:

Any allergies: eg. food, medication, animals, insects, plants? Yes No

Please note: A Medical Action Plan will need to be provided for children who require Epi-PENS or Asthma Inhalers and a Medical Risk Minimisation plan will need to be discussed and completed with the service Coordinator for all children with a medical condition.

Any special dietary requirements? Yes No

Any problems with hearing, sight, speech? Yes No

Any health problems, operations, illnesses, disabilities? Yes No

Does your child take any regular medication? Yes No

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? Yes No

Are there any behaviour issues that we should be aware of? Yes No

Does your child socialise well with other children? Yes No

Cultural Information

Are there any aspects of your cultural, ethnic, and/or religious background that you would like us to be aware of?

Yes No If yes, please provide more details

Are there any religious activities the staff should be aware of?

Yes No If yes, please provide more details

Payment Information

- Session fees are available to view on the Families notice board. Families should be aware that annual fee increases may apply. The fees policy is available for families to view, this is located within the services policy folder.
- Atlantis require all payments for childcare fees, to be made through Debit Success.
- Fees are to be paid 1 week in advance upon commencement at Atlantis.
- Two weeks written notice must be given if your child will be ceasing attendance. If this is not done then two weeks will be added to your final account to compensate this period.
- Casual days off, sick days and public holidays are still payable, for all permanent positions.
- Once a booking of casual sessions is booked it cannot be canceled and the full fee will be charged
- All Casual sessions will incur an additional \$3.00 charge.
- Any accounts outstanding more than 3 weeks will be passed on to a debt collection agency and your child's position will immediately be suspended until paid. You will be personally liable for all debt collecting, and legal costs incurred for the retrieval of the outstanding debt.

Families' non-compliance with any part of our fee & centre's policy may result in immediate cancellation of the child's position.

- Certain circumstances may get approval for payment arrangements for the outstanding amount only. The weekly session fees will still need to be paid.

How would you like to receive your invoice? Emailed Hard copy

Please complete the attached Debit Success form and return to the centre office before commencing care.

Service received form Yes No

Authorisations

I consent to Atlantis staff seeking medical attention for my child in an emergency situation and authorise for my child to travel in an ambulance. If the child is taken by ambulance to Hospital, a staff member will accompany the child in the ambulance. The ambulance fee is the parent/guardian's responsibility.

Signed:

Date

I consent to Atlantis staff applying a minimum of SPF 30+ sunscreen on my child for excursions.

Signed:

Date

I give permission for my child to have photos taken at the Centre. I understand that photos may be displayed within the centre.

Signed:

Date

I give permission for my child to have photos taken that may be used on the Atlantis website, Facebook and on the Internet or by the local newspaper.

Signed:

Date

I give permission for the staff and training childcare students to take observations of my child for use in the development of centre programs and learning experiences for the children at the centre. These observations may include photographs.

Signed:

Date

I give permission for photos of my child to be used on the Closed Atlantis App where families can access information about the program specific to their children's care room.

Signed:

Date

I understand that Atlantis requires written authorisation from a parent/guardian before any child is transported in any vehicle, with the exception of an emergency situation.

Signed:

Date

I understand that my child will not leave the Centre unless collected by a parent, or a person authorised by the parent/s, to do so. In the case of an emergency, the Nominated Supervisor can authorise a person to take my child from the Centre, if all authorised contacts are uncontactable, and the Nominated Supervisor believes this person has due regard to the well being of my child.

Signed:

Date

Authorisations

Atlantis After School retains the right to refuse entry to any child or parent, who display aggressive behaviour that poses a threat to children, educators or other Centre visitors that attend this service.

A late fee of \$1.00 per minute per child will be charged for all children still in attendance after 6:00pm. This fee is to be paid in cash to the staff on duty and is to be paid on the date of occurrence.

I / We

/

Have read and understand all information provided in this enrolment form and agree to the terms and policies of Atlantis After School.

How did you hear about us? Facebook Live Local Another Parent Play Centre

Signage Community Event Buses Other

Immunisation status is current and up to date Yes No

Current immunisation record and Birth Certificate have been sighted by the Nominated Supervisor and copies have given to the service at time of enrolment Yes No

Nominated Supervisor:

Signature:

Parent/Legal Guardians Name:

Signature:

We acknowledge Aboriginal and Torres Strait Islander Peoples as the Traditional Custodians of this land and pay respect to Elders past and present in the spirit of reconciliation.

Permission for Walking or Transporting School Age Children To and From School: 2019

I _____ (Parent's Name) give permission for my child
_____ (Child's Name) (Age) _____ to be walked or transported to and
from _____ (Name of School) by Atlantis After School Staff.

- In accordance with the National Law and the Education and Care Regulations, Children under the age of 4 years will be transported in a 5 point harness Safety Seat. Children aged from 4 years and 7 years will be required to travel in a Lap Sash Booster seat.
- Transporting of children to and from School will be in accordance with the Atlantis Transportation & Excursion Policy.
- Risk Assessment is completed at the start of each year for each school Atlantis After School Care services.
- Children will only be transported in an Atlantis After School Care vehicle.

Parent Signature: _____

Date: _____

Medical Management and Risk Minimisation Plan

Child's Name: Date of Birth:

Parent Name:

Name of Medical Condition

Is the Medical Condition Diagnosed Undiagnosed

Action Plan attached Yes No N/A

Signs and symptoms of the medical condition

Prescribed medication (including dosage) and treatment required for medical condition

Nominated place for medication to be kept

In the event of a medical emergency the educator will call 000, notify parents and Co-ordination Staff.

Medical Management and Risk Minimisation Plan

Identified Risks

- The child is at risk of Anaphylaxis
- The child has been diagnosed with Asthma
- The child has Diabetes
- The child has an allergy
- Other

Risk Management Actions

- The educator has current first aid, anaphylaxis and asthma certificates
- A daily safety check of the home environment is carried out
- The management plan will be enacted in an emergency
- The action plan of a child with anaphylaxis, asthma or allergy is displayed in the fdc home environment
- The child will not come into care without the prescribed medication listed on the medical management plan.
- Precautions are taken to ensure the identified allergens are not present in the fdc home environment
- Food used in crafts and cooking activities will be restricted depending on the allergies of particular children
- There is no sharing of food, food utensils and food containers
- Severely allergic or anaphylactic children may bring meals prepared from home
- A risk assessment is carried out prior to all excursions and the medical management plan and medication is taken on all excursions the child attends
- Parents are given a copy of the policy dealing with medical conditions - including severe allergies, anaphylaxis, asthma and diabetes
- The educator will be trained in the monitoring and administration of medication for my child's diabetes

I authorise Atlantis Educator's to follow this Plan.

I authorise educator's to call 000 in the event of a medical emergency.

I will notify Atlantis After School Care in writing if there are any changes to the Plan.

I agree to review the Management Plan annually or as required by Atlantis After School Care Policies and the Education and Care Services National Regulations.

I agree to complete a new plan if there are changes to my child's medical condition.

Parents Signature:	Date:
Staff Signature	Date:
Name of Staff	