



## **Enrolment Application Form**

### **Centre Information**

**Centre Name:** Play & Grow Early Learning PTY LTD

**Centre Address:** 13 Yuille Street, Melton, Victoria 3337

**Opening Hours:** Monday – Friday, 6.30am- 6.30pm

**Fee Details:** Included in enrolment pack/handbook

#### **Centre Contact**

**Director:** Kitty Bhabra

**Phone:** 03 9021 6866

**E-mail:** [info@playandgrow.com.au](mailto:info@playandgrow.com.au)

**Website:** [www.playandgrow.com.au](http://www.playandgrow.com.au)

**Facebook:** Play & Grow

**LinkedIn:** Play and Grow

### **Department Information**

**Department:** Department of Education and Training  
Grampians Area QARD Area Team

**Address:** 109 Armstrong Street North, Ballarat 3350

**Contact Number:** 03 4334 0589

**Email:** [Grampians.gar@edumail.vic.gov.au](mailto:Grampians.gar@edumail.vic.gov.au)

**Enrolment Details**

This form must be completed, signed and lodged with the centre prior to commencement of care by a parent or guardian. This person must be 18 years or older and have the legal right to sign for the child. All questions must be answered honestly and correctly to facilitate government funding for childcare. Ask our Director to assist you if unsure about any sections.

**Child & Family Details.**

Child's family name: \_\_\_\_\_

Child's Names: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Child's CRN No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ D.O.B: \_\_\_\_\_

Child's Gender: M / F

Number of children in care: \_\_\_\_\_

Group Name: \_\_\_\_\_

Start date in care: \_\_\_\_\_

Days of attendance (circle): Mon Tue Wed Thu Fri

Address: \_\_\_\_\_

P/C: \_\_\_\_\_

What is the main language spoken in your home?

\_\_\_\_\_

Does either parent identify as Aboriginal or Torres Strait Islander? Y / N

Does the child identify as Aboriginal or Torres Strait Islander? Y / N

List any cultural backgrounds that you or the child identify with.

\_\_\_\_\_

Cultural or religious information:

\_\_\_\_\_

Has the child had any involvement with Child Protection? Y / N

Is the child in Out-of-Home Care? Y / N

Is the child in Kinship Care? Y / N

**Required documents provided:**

Immunisation record: Y / N for Kindergarten- Birth Certificate: Y / N

**Parent 1 / Guardians full name:**

\_\_\_\_\_

DOB: \_\_\_\_\_

Parent CRN No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Residential address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_

**Mobile:** \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Workplace Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Parent 2 / Guardians full name:** \_\_\_\_\_

DOB: \_\_\_\_\_

Residential address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_

**Mobile:** \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Workplace Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Does the child live with: (circle)      Mother?      Father?      Both parents?

Other? Explain

\_\_\_\_\_

Are there any further comments you wish to make regarding the child's residential situation?

\_\_\_\_\_

\_\_\_\_\_

Do you or members of your extended family have any hobbies, skills or items of interest that you would be willing show and share during a visit to the centre at a time convenient to you? This could be as simple as a boat, truck, tractor, caravan, pet, musical instrument, home based hobby you enjoy, another language you speak, cooking you enjoy, bathing or feeding a baby. Many simple and everyday things are of great interest to young children. Please join us when you can to interact and have fun with children.

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**Legal & Custody Issues**

Is there a court order, parenting order or parenting plan in place for this child?

Yes      No

Please provide details and a copy of this for our records. Thank you.

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Do you have any further comments or details you would like us to be aware of for the child or family?

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**Emergency Contact Details**

(Please nominate 2 contacts if we cannot contact you at any time)

1. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address:

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Mobile: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address:

\_\_\_\_\_

Mobile: \_\_\_\_\_

Phone: \_\_\_\_\_

**Authorised Collection People for Child**

(Please nominate 2 people you trust to collect your child if you are unavailable to for any reason.

These people must be over 18 years of age to sign your child out of care)

1. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address:

\_\_\_\_\_

Mobile: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address:

\_\_\_\_\_

Mobile: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you authorise these people to consent to your child receiving medical treatment or administration of medication if you cannot be contacted? (circle which applies)

**YES**

**NO**

**Child's Medical & Health Details**

In this section, we collect important health information to ensure that we are able to cater to your child's health and medical needs.

**Please provide a record of the child's immunisation status.**

**Immunisation Status Sighted by:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

In the event of a serious incident or emergency where treatment is required, I \_\_\_\_\_ parent/guardian, authorise the centre staff to immediately provide first aid/arrange for emergency treatment (medical, dental, hospital, ambulance, or transport in an ambulance), if parents, guardians or a nominated person cannot be contacted?

Parent/Guardian Signature: \_\_\_\_\_

If the child has an extremely high temperature, and we have tried all possible methods to bring it down, in the event that we cannot contact either parent or any of the remaining emergency contacts, will you authorise us to administer a single recommended dose of Panadol, for their age (but not weight), to relieve their symptoms whilst we attempt to contact you for further instructions?

Please circle **Yes** **No** Signature: \_\_\_\_\_

**Specific health details:**

Has the child been diagnosed with any of the following? If so, please circle and provide further information:

Allergies / Anaphylaxis / Asthma / Require medication / Operations or injury / Dietary requirements / bladder or bowel control issues / Epilepsy / Disability / Diabetes / or any other medical condition?

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Do you have a medical management plan, anaphylaxis medical management plan, risk minimisation plan or any other plan that we should be aware of in respect of a specific health care need, medical condition or allergy? Please provide details and a copy of the plan. We will need to discuss in detail, specifics of your child's care need with you.

Health Insurance Company and member number:

\_\_\_\_\_

Your Medicare number:

\_\_\_\_\_

Ambulance Number:

\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Ph. \_\_\_\_\_

Address of surgery:

\_\_\_\_\_

### **Authorisations**

Are you able to assist with any excursions or in room activities? \_\_\_\_\_

1. Do you consent to educators applying sunscreen / nappy creams?

**Yes / No**

We use 50+ Cancer Council sunscreen

Nappy creams will need to be provided by yourself

Please advise us if you prefer to provide your own alternative sunscreen.

### **Payment**

Payment can be made by EFPTOS and DIRECT DEBIT. Parents need to ensure sufficient funds are available in the nominated account each week, as declined payments attract additional bank fees. **Fees must always be paid one week in advance.**

**Agreements**

I / We agree that we have read the enrolment information provided and understand that we are responsible for informing the centre promptly of any changes to details recorded here.

I / We are also responsible for prompt payment of fees owing for the care of the child/ren. We agree to keep our account in advance at all times and understand that we risk forfeiting the child's place at the centre should fees be outstanding for more than 2 weeks at any time.

I / We agree to pay via Quick Pay (at a cost of 80c per payment), and understand that I will be required to complete a Quick Pay Debit authorisation form to pay the child care fees weekly..

I / We understand that we must keep the centre informed if we are going to be away on holidays or for other reasons so that our place is held for our return.

I / We agree to immediately collect the child should he/she become unwell, as per Centre Policy.

I / We have read and answered each of the above points truthfully.

I / We agree to assign any eligible Kindergarten Funding to Play and Grow Early Learning Centre Kindergarten Program.

I/We understand that Play and Grow expects us to communicate clearly and respectfully with all team members.

**Signatures:**

Parent One: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Two: \_\_\_\_\_

Date: \_\_\_\_\_

This form has been completed, returned to the Director; any issues arising discussed and clarified.

Signed by Director: \_\_\_\_\_

Date : \_\_\_\_\_