



Bright Futures
Early Learning Centres

Enrolment Form

Child's Details

Surname					
First Name					
Middle Name					
Sex	MALE / FEMALE				
Date of Birth					
Age (as at start date)	Years		Months		
Address					
Siblings					
Religion					
Ethnicity					
Languages spoken at home					
Custody/Court Orders	YES / NO (please provide copies)				
Days of attendance	Monday	Tuesday	Wednesday	Thursday	Friday
Please Tick					
Start Date					

How would you like to pay your fees?	Direct Deposit / Cheque / Cash
Will you be claiming Child Care Benefits as a daily fee reduction?	YES / NO
Child's CRN Number	
Who will child care fees to billed to?	

Parent/Carer 1 Details

Surname	
First Name	
Date of Birth	
Occupation	
Address	
Email Address	
Home Phone	
Work Phone	
Mobile Phone	
CRN Number	

Parent/Carer 2 Details

Surname	
First Name	
Date of Birth	
Occupation	
Address	
Email Address	
Home Phone	
Work Phone	
Mobile Phone	
CRN Number	

Medical Details

Medicare Number		
Health Fund		
Child's Doctors Name		
Child's Doctors Address		
Child's Doctors Phone Number		
Does your child have any allergies e.g. food, medicine, grass, bees, paint etc	YES / NO	(if yes please provide an action plan for reactions)
Does your child have any medical conditions?	YES / NO	(if yes please provide an action plan for dealing with any conditions)
Does your child take any regular medications?	YES / NO	(if yes please provide details)
Does your child have any special needs?	YES / NO	(if yes please provide details)
Does your child have any special dietary needs?	YES / NO	(if yes please provide details)
Are your child's immunisations up to date?	YES / NO	(please attach immunization record)
Has your child had any of the following	Measles German Measles Ear Infection	Hepatitis Chicken Pox Throat Infection

Authorised Nominee

An 'Authorised Nominee' is someone other than the child's parent or carer who is nominated to act on behalf of the family if the parent or carer is absent.

Surname	
First Name	
Middle Name	
Address	
Relationship to Child	
Should we contact this person in an emergency?	YES / NO
Home Phone	
Work Phone	
Mobile Phone	
Is this person authorised to pick up on a daily basis?	YES / NO
Is this person authorised to authorise the administration of medication?	YES / NO
Is this person authorised to authorise educators to take your child off of the services premises? For example, on an excursion.	YES / NO

Emergency Contact #1 (other than parents)

Surname	
First Name	
Middle Name	
Address	
Relationship to Child	
Home Phone	
Work Phone	
Mobile Phone	
Daily Pick Up	YES / NO
Is this person authorised to authorise the administration of medication?	YES / NO
Is this person authorised to authorise educators to take your child off of the services premises? For example, on an excursion.	YES / NO

Emergency Contact #2 (other than parents)

Surname	
First Name	
Middle Name	
Address	
Relationship to Child	
Home Phone	
Work Phone	
Mobile Phone	
Daily Pick Up	YES / NO

Emergency Contact #3 (other than parents)

Surname	
First Name	
Middle Name	
Address	
Relationship to Child	
Home Phone	
Work Phone	
Mobile Phone	
Daily Pick Up	YES / NO

I grant permission:

	Y / N
To take my child outside the centre boundaries in the case of an emergency only (e.g. fire evacuation/fire drill)	
To seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service or dentist	
To transport the child by ambulance	
To use my child's photo for displays	
To apply sunscreen for outdoor play	
To gain information from the family assistance office regarding my CCB	
To observe my child as part of educational program development	
To administer one dose of Panadol for a fever over 38 degrees	

I give permission for the staff at Bright Futures Early Learning Centres to apply Ultra Protect 30+ sunscreen to my child _____

My child is allergic to certain sunscreens. YES / NO (please circle)

If yes, please specify brand name _____

I give permission for my child _____
to have the medical creams listed below, applied when necessary (please circle those approved)

- Sting Goes
- Betadine antiseptic solution
- Savlon antiseptic cream
- Calamine Lotion
- Zinc and Caster oil cream
- Paw Paw ointment
- Sudocream

Parent/guardian Name _____

Parent/guardian Signature _____ Date _____

Immunisation records provided YES / NO

Birth certificate provided YES / NO

I have read Bright Futures Early Learning Centres Fee Policy and understand that:

- A \$200 bond is payable upon enrolment. This will be refunded when my child leaves the centre (if my account is settled in full and the appropriate notice period is provided).
- Fees are to be paid 2 weeks in advance at all times.
- If fees become in arrears for more than 2 weeks, my child's place at the centre will no longer be available.
- Fees are charged for all booked days my child does not attend due to illness, holidays etc. (including public holidays)
- Two weeks written notice must be provided prior to withdrawing my child from the centre and all outstanding fees must be paid in full. My deposit bond will be withheld if 2 weeks notice is not provided.
- Legal action will be taken by the centre to recover any outstanding monies owed by families. The cost of such legal action will be charged back to the family.
- Full fees must be paid until CCB percentage verification is received by the centre.

Parent/guardian Name _____

Parent/guardian Signature _____ Date _____

Privacy Disclosure

In this section, 'personal information' means information about me, including about my financial circumstances, my credit worthiness, credit history, credit standing and conduct of my account with Bright Futures Early Learning Centres.

I agree that, subject to the Privacy Act, Bright Futures Early Learning Centres and their agents may do the following, and this agreement continues until such further outstanding amounts owed by me are repaid:

- Obtain credit reports about me from credit reporting agencies to assess this application or to collect overdue payments from me, and obtain personal information from a business that provides credit worthiness information.
- Disclose personal information to credit reporting agencies before, during or providing the service account to me. This includes but is not limited to:
 - The fact that I have applied for an account;
 - Advice about payments at least 60 days overdue and which are in collection (and advice that payments are no longer due);
 - Advice that cheques drawn by me, or direct debit requests to my financial institution account which I authorised you to make, which are more than \$100, have been dishonoured more than once;
 - Your opinion that I do not intend to meet my account obligations or that I have committed some serious credit infringement;
 - That the amounts owed by me have been paid or discharged.

Exchange personal information with service providers in a credit report issued by credit reporting agency. This is for purposes including but not limited to:

- Assessing credit worthiness;
- Notifying other service providers of a default by me;
- Exchanging information about my account where I am in default with other service providers;
- Your administration of my account.

If I am in default under my account, notify and exchange personal information with collection agents.

Parent/Carer 1

Parent/Carer 2

Print name: _____

Print name: _____

Sign: _____

Sign: _____

Date: _____

Date: _____

Personal Profile Sheet

Please complete this survey of your child and his / her interests. It will help us to become better acquainted with your child and better able to meet their needs.

Full Name: _____

Nick Name: _____

Allergies:

Favourite Things:

Least Favourite Things:

Foods they like:

Foods they don't like:

Things that you would like to see your child do at Bright Futures Early Learning Centres:
