



Howrah Sunrise  
Early Learning Centre

## Enrolment Form

10 Ploughman Road  
Howrah, Tasmania, 7018

Ph: 03 62406980

Email: [info@howrahsunriseelc.com.au](mailto:info@howrahsunriseelc.com.au)

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



Child's Details

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ CRN \_\_\_\_\_

Gender

Male

Female

Is your child of Aboriginal or Torres Strait Islander origin?

No

Yes, Torres Strait  
Islander

Yes, Aboriginal

Does your child have a disability?

No

Yes

If yes: \_\_\_\_\_

Does your child have any dietary requirements?

No

Yes

If yes, please provide details:

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Does your child have any know allergies or medical conditions?

No

Yes

If yes, please provide details:

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Has your child got an allergy or asthma action plan?

Yes

No

If yes, please sign the Authorisation/Permission of Medication Form (Located on page 5)

If yes, has your child's action plan been provided to the centre?

Yes

No

Parents/Guardians Details

(Note- if 2 parents/guardians then both are to complete and sign form)

**Parents/Guardian 1 Full Name** \_\_\_\_\_  
 DOB \_\_\_\_\_ CRN \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone (H) \_\_\_\_\_ Mobile \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Telephone (W) \_\_\_\_\_ Occupation \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_

**Parents/Guardian 2 Full Name** \_\_\_\_\_  
 DOB \_\_\_\_\_ CRN \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone (H) \_\_\_\_\_ Mobile \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Telephone (W) \_\_\_\_\_ Occupation \_\_\_\_\_  
 Relationship to child \_\_\_\_\_

Would you like your account Emailed to you?

Yes

No

If yes; please provide Email Address \_\_\_\_\_

Days Required: (Please indicate below which days by ticking appropriate boxes)

Monday	Tuesday	Wednesday	Thursday	Friday

Required Starting Date \_\_\_\_\_

Times That Your Child Will Be Dropped Off and Picked Up Each Day \_\_\_\_\_

Emergency Contacts &  
Persons Authorised To Collect Your Child

These contacts are other relatives or friends that could be available in emergency's if Parent/  
Guardian 1 & 2 are unavailable or if you require other people to collect your children.

**Emergency Contact 1\***

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home \_\_\_\_\_ Mobile \_\_\_\_\_

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

**Emergency Contact 2\***

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to child's parent/guardian \_\_\_\_\_

**Emergency Contact 3\***

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to child's parent/guardian \_\_\_\_\_

\* Proof of identity will be required from the "Authorised person" before your child can be collected from centre

Medical Information

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Do you have Private Health Insurance? Yes No \_\_\_\_\_

Name of Private Health Fund \_\_\_\_\_

**Permission for centre staff to act in an emergency / accident**

In the event of an accident / illness requiring emergency treatment,

We \_\_\_\_\_ give permission for centre staff to seek medical treatment for my child \_\_\_\_\_ and if necessary, to call for an ambulance and/or Doctor.

We agree to pay any medical expenses incurred.

Parent/Guardian 1 Signature \_\_\_\_\_ Dated \_\_\_\_\_

Parent/Guardian 2 Signature \_\_\_\_\_ Dated \_\_\_\_\_

Immunisation Records Provided

Yes

No

Copy Attached

Yes

No

Staff Signature \_\_\_\_\_ Dated \_\_\_\_\_

If you choose not to have your child immunised the Federal Government may exclude you from receiving the Child Care Subsidy in which case, you will be responsible to pay 100% of the Child Care cost reviewed and charged by the centre. If you have chosen not to have your child immunised, then you are required to complete a Statutory Declaration form. (Public Health Act February 1998). Your child will be excluded for the prescribed period during any outbreaks of an infectious disease within the centre.

Please note the Federal Government has introduced the “No Jab No Pay” policy.

Non-Prescribed Medications

It is imperative that the centre has parent permission to apply non-prescribed medications to your child, these can be nappy creams, insect bite creams, antiseptic creams and bonjela. An educator can apply non-scheduled medications when written permission is obtained from a parent. Due to the safety and wellbeing of your child the service will only administer medications if it is in its original container with a chemist label displaying child’s name, amount required and frequency it is to be given.

Do you give permission for educators to apply non-prescribed Medications?

Yes

No

Parent/Guardian 1 Signature \_\_\_\_\_ Dated \_\_\_\_\_

Parent/Guardian 2 Signature \_\_\_\_\_ Dated \_\_\_\_\_

Authorisation/ Permission of Medication for Child with an Allergy or Medical Condition

I/We \_\_\_\_\_ give permission for an authorised qualified educator  
**(Parent/Guardian Names)**

at Howrah Sunrise Early Learning Centre to administer \_\_\_\_\_  
 their medication **(Child’s Name)**

\_\_\_\_\_ and dosage of \_\_\_\_\_  
**(Name of Medication) (Dosage amount needed)**

Which is required for their Anaphylaxis, Allergy, Asthma or Medical Condition as per their medical plan provided by a general practitioner or specialist.

Parent/Guardian 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Nominated Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Child's Online Portfolio

We use an online program to record children's learning and development. This program is aimed to build better communication with families and to keep families updated on your child's development. Our online program will enable an educator to place learning stories, observations, photos, and videos of your child's learning. This program is private, and families will only have access to their child's portfolio through their own account.

Email Address. \_\_\_\_\_

Parent/Guardian 1 Signature \_\_\_\_\_ Dated \_\_\_\_\_

Parent/Guardian 2 Signature \_\_\_\_\_ Dated \_\_\_\_\_

Court Orders

Are there any court orders in place in relation to your child?

Yes

No

If there is a court order in place, you need to provide a copy to the centre. Have you provided a copy

Yes

No

Name of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Dated \_\_\_\_\_

Minor Excursions

As part of our daily practices we aim to provide opportunities for children to explore, learn and grow within our community areas. We will provide children opportunities to be a part of minor excursions within our surrounding environments. Children will have opportunities to attend bush walks, pram walks, community programs and playground areas. This allows children to become confident learners and provides opportunities to build resilience and build connection to their world. Risk Assessments are completed before an excursion happens and a full first Aid Qualified Educator will be in attendance.

Do you give permission for your child to attend minor excursions within the local community area of the centre.  Yes  No

Signed Parent/guardian 1 \_\_\_\_\_ Dated \_\_\_\_\_

Signed Parent/Guardian 2 \_\_\_\_\_ Dated \_\_\_\_\_

Sun Block Protection

We give permission for the centre staff to apply sun block to our child while attending the centre.

Yes

No

Signed Parent/guardian 1 \_\_\_\_\_ Dated \_\_\_\_\_

Signed Parent/guardian 2 \_\_\_\_\_ Dated \_\_\_\_\_

Head Lice Check

We give permission for the centre staff to check our child’s hair if the need arises in relation to head lice.

Yes

No

Signed Parent/guardian 1 \_\_\_\_\_ Dated \_\_\_\_\_

Signed Parent/guardian 2 \_\_\_\_\_ Dated \_\_\_\_\_

Photography / Media

We give permission for our child to be photographed including being in group photos while attending the centre and agree for these photos to be displayed within the centre environment, in the centre newsletter, on our website and through our online learning platforms. We acknowledge that our child’s photo maybe taken during group experiences and these photos may be included in Learning Stories that may go home in other children’s portfolios.

Yes

No

Signed Parent/guardian 1 \_\_\_\_\_ Dated \_\_\_\_\_

Signed Parent/guardian 2 \_\_\_\_\_ Dated \_\_\_\_\_

Special Centre Events

As part of our daily practices and planning for children we often have special events throughout the year in which we encourage children to participate in such as cooking experience, birthday celebrations, special centre events and cultural celebrations some of these will include food, and drinks being provided to children. Do you allow your child to participate in these events? The centre will abide by all children medical/ allergy requirements and cultural beliefs before providing any food to your child. The service will provide written notice to families of events happening at the centre.

Do you give permission for your child to participate in Special Centre Events within the service

Yes

No

Signed Parent/guardian 1 \_\_\_\_\_ Dated \_\_\_\_\_

Signed Parent/Guardian 2 \_\_\_\_\_ Dated \_\_\_\_\_



Contract of Howrah Sunrise Early Learning Centre

We have visited and viewed the Howrah Sunrise Early Learning Centre and consent to the enrolment of our child. We acknowledge having access to the Handbook in the centre foyer and we agree to abide by the centre policies as they relate to our child’s placement.

We agree to comply with all Government requirements in relation to the centre and its service. We agree to pay fees by centre’s direct debit system and this information was provided to us during our visit to the centre, we also agree that fees will be debited from my nominated account on Friday’s Fortnightly. We are aware that fees will be charged if our child is absent for any reason and that all absentees must be phoned in by 10.00am that day. We acknowledge that we pay for any Public Holidays throughout the year (excluding Christmas Day and Good Friday Day) that may fall on any of our child’s booked days at the centre. We will also sign for the absentees and public holidays when we next enter the centre.

We agree that if the account is not paid by the due date the account may be lodged with a mercantile agent for recovery, and in such circumstances that we will bear an account surcharge to cover the agent’s commission. In addition, we agree to bear all legal costs and disbursements incurred in the recovery of the debt.

We also understand that a “late fee” of \$25.00 will be charged for each 15 minutes for late collection of our child after 6.30pm. We understand that we will be required to give two weeks’ notice on terminating our child’s enrolment. We understand that the staff can make the decision as to the fitness of our child to attend the service on any given day and this decision shall be binding. In the event of an accident/illness, staff will contact the Parent/Guardian to collect their child. If contact cannot be established with the Parent/Guardian, then an Emergency contact will be phoned.

The centre reserves the right to terminate this contract at its discretion with consideration that to do so would be in the best interest of the child, the centre and all parties involved. The centre agrees to give the parent reasonable notice of its intention to exercise this right. We have read this contract of care and have received the parent information pack about the service offered by the centre on my first visit for care.

Name of Child \_\_\_\_\_

Parent/ Guardian Name 1	Parent/ Guardian Signature 1	Date
_____	_____	_____

Parent/ Guardian Name 2	Parent/ Guardian Signature 2	Date
_____	_____	_____

Director’s Name	Director’s Signature	Date
_____	_____	_____

Developed January 2021