



Enrolment Form

Please note: It is the Parent/Guardians responsibility to notify the Service Manager of any changes to the enrolment form. The service is not responsible for changing information on the enrolment form.

Service: _____ LDC OSHC VAC Today's Date: ____ / ____ / ____

Child's Details

Child's last name: _____

Child's first name: _____ *(This is the child's name as known at Centrelink)*

Centrelink Child's Ref No: _____

Date of Birth: ____ / ____ / ____ Age: ____ Years and ____ Months Child's Sex: Male/Female

Address: _____

Postcode: _____

Contact Telephone: () _____ Mobile: _____

Email: _____

Parent/Guardian Detail

Parent/Guardian One

Centrelink Customer Ref No: _____

Relationship to Child: _____

Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Home No: () _____

Work No: () _____

Mobile No: _____

Nationality: _____

Occupation: _____

Place of Work: _____

Parent/Guardian Two

Relationship to Child: _____

Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Home No: () _____

Work No: () _____

Mobile No: _____

Nationality: _____

Occupation: _____

Place of Work: _____

Would you prefer: E-Mail / Written/ Verbal Correspondence (please circle)

Custody of Child: Yes / No

Is there a court, parenting order or parenting plan relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, or court orders relating to the child's residence or the child's contact with a parent or other person.

Yes / No If **"Yes"**, please provide a copy of documents relevant (National Regulation 160 3 (c) (d))

OFFICE USE ONLY

| | | | | | | |
|------------|-------|------------------------------------|---------------------|----------------------|--------------------------|--------------------|
| Start Date | Room: | Family Information Handbook Given: | Ezi Debit Returned: | Immunisation Sighted | Health Care Card Copied: | Access Code: _____ |
|------------|-------|------------------------------------|---------------------|----------------------|--------------------------|--------------------|

Health and Immunisation

Family Doctor: _____ Phone: () _____

Address: _____ Postcode: _____

Medicare No: _____ Healthcare card: Yes/No (Service Manager to take a copy)

Has your child been immunised? Yes / No (If yes, please provide copy of immunisation/ child's health record)

If "No", please indicate reason(s) and give details: _____

*A non-immunised child may be temporarily excluded from the service if a vaccine preventable illness outbreak occurs at the service. Families will need to ensure their child is immunised or on the catch up schedule to continue receiving childcare payments.

Does your child have any specific healthcare needs, allergies or medical conditions? Yes/No

Has your child been diagnosed as at risk of anaphylaxis? Yes/No

Has your child been diagnosed as at risk of asthma? Yes/No

If "Yes", please supply medical management plan (signed by practitioner), anaphylaxis management plan or risk minimisation plan to be followed, with respect to a specific healthcare need, medical condition or allergy:

Does your child have any additional needs? Yes/No

If "Yes", please give details and attach any supporting documentation/plans: _____

Does your child have any dietary requirements Yes/No

If "Yes", please give details and attach any supporting documentation/plans: _____

Cultural Needs

Are there any special considerations for the child for cultural or religious practices or beliefs? Yes /No

If "Yes", please give details: _____

Child's nationality/cultural background: _____

Is your child Aboriginal or Torres Strait Islander? _____ Yes/No

Parent/Guardian's cultural background: _____

Language spoken by child and Parent/Guardian's at home: _____

Panadol (Paracetamol)

I hereby give permission for the educators of the above service to administer Panadol (Paracetamol) to my child should he/she have a high fever (38 degrees or higher) and all other methods used to lower the temperature have failed, i.e. Tepid sponging, removal of excess clothing, increased intake of fluids. I understand that all efforts will be made to notify me (or another nominated responsible adult) at the time Panadol (Paracetamol) needs to be administered, and that I (or another nominated responsible adult) may be required to collect my child immediately. If contact is unable to be made, then, in the interests of the health and comfort of my child, the Panadol (Paracetamol) will be administered. (*National Regulations 93 5 (b)*)

Signature: _____ Witness: _____

Date: ____ / ____ / ____ Date: ____ / ____ / ____

Child's Name _____

Authorisation for the Collection of Child/Emergency Contact

In accordance with the *National Regulations*, we must have, on file, the name, address and telephone numbers of the authorised nominees permitted to drop off and collect your child/children. If someone arrives to collect your child, and we have not been notified by you and their name is not on the list below, we CANNOT allow your child to leave the service with them. No child will be released into the care of a person under the age of seventeen (17) years, unless authorised by the Service Manager. Any changes to the list below must be done personally by adding names to the list below. Non-custodial parents will not be given access to children under any circumstances, *(providing we have supporting documentation)*

I give permission to the service to release the enrolled child to the care of the following people and to give authorisation for the nominated person to consent to medical treatment of, or to authorise administration of medication to, my child; and, to take the child out of the service, if the Parent/Guardian/carer is unable to be contacted:

Contact 1

Relationship to Child: _____

Name: _____

Address: _____

Home No: () _____

Work No: () _____

Mobile No: _____

Emergency contact only Authority to collect

Contact 2

Relationship to Child: _____

Name: _____

Address: _____

Home No: () _____

Work No: () _____

Mobile No: _____

Emergency contact only Authority to collect

Contact 3

Relationship to Child: _____

Name: _____

Address: _____

Home No: () _____

Work No: () _____

Mobile No: _____

Emergency contact only Authority to collect

Contact 4

Relationship to Child: _____

Name: _____

Address: _____

Home No: () _____

Work No: () _____

Mobile No: _____

Emergency contact only Authority to collect

Should none of the above authorised persons have collected my child at service closing time, I give permission for the service to make whatever provisions are deemed necessary to secure the care of my child. I also agree to pay a late fee for each minute my child remains in the service after closing at \$1.00 per minute, at the discretion of the Service Manager.

Signature: _____

Witness: _____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Child's Name _____

General Information

Does this child currently attend any other approved child care services Yes / No

If "Yes", please complete the Nomination of Eligible Hours form (attached)

If "No" has your child attended a service previously this financial year Yes / No

If "Yes" can you please advise how much CCR you have received this financial year \$_____

Do you have any other children attending any other approved childcare service? Yes / No

If "Yes", please complete the Nomination of Number of Children In Care form (attached)

Please advise which child care services they are attending _____

Names of siblings at other service: _____

If any of the above information changes, it is the parent's/guardian responsibility to advise the service in writing of any changes.

Please note: To qualify for any childcare benefit (CCB) payment or the child care rebate (CCR) a customer and child reference number (CRN) is required for all children who attend this service

Enrolment Details

Days of Attendance: Monday Tuesday Wednesday Thursday Friday

OSHC: BS/AS BS/AS BS/AS BS/A BS/AS

Expected start date: ____/____/____ Expected hours of attendance: ____:____ a.m. to ____:____ p.m.

(Please note that all permanent changes to bookings are for a three week minimum)

Is this child currently attending a school or prep facility? Yes / No

If "Yes" which grade are they currently enrolled in? _____

School Attending: _____

Reasons for care: _____

Marketing Information

How did you find out about our service? (Please tick)

- | | |
|--|---|
| <input type="checkbox"/> - Yellow Pages | <input type="checkbox"/> - Google Search |
| <input type="checkbox"/> - Local Paper | <input type="checkbox"/> - Site location |
| <input type="checkbox"/> - Brochure | <input type="checkbox"/> - Facebook |
| <input type="checkbox"/> - Letterbox flyer | <input type="checkbox"/> - Radio |
| <input type="checkbox"/> - Sesame Lane Website | <input type="checkbox"/> - Other Website: _____ |
| <input type="checkbox"/> - Billboard | <input type="checkbox"/> - Signs |
| <input type="checkbox"/> - Sesame Lane Bus | <input type="checkbox"/> - Local Event: _____ |
| <input type="checkbox"/> - Referral | |

Why did you choose Sesame Lane? (Please tick)

- | | |
|---|--|
| <input type="checkbox"/> - Services offered | <input type="checkbox"/> - Staff |
| <input type="checkbox"/> - Price | <input type="checkbox"/> - Convenience |
| <input type="checkbox"/> - Reputation | <input type="checkbox"/> - Recommendation – by staff |
| <input type="checkbox"/> - Location | - by friend |

Child's Name _____

Agreements

1. Permission for staff to act in case of emergency or accident *(National Regulations 161 (a) (ii))*

Although every care will be taken of your child whilst at the service, in case of an accident or illness requiring emergency treatment, every effort will be made to contact the parents/guardians and those listed as emergency contact persons before such treatment is sought. However, should this prove impossible, We require your authorisation below to consent to the service seeking medical treatment for your child from a registered medical practitioner, hospital or ambulance service; and transportation of your child by an ambulance.

I _____ authorise the staff of the service to seek and provide emergency medical treatment, as per *Education and Care Services National Regulation 161 (a) (ii)*, at my expense, for my child _____, should this be considered necessary. Furthermore, I have read, and agree to abide by, the conditions of the use of the service and to accept such responsibility as enrolment at the service imposes.

Signature: _____ Witness: _____

Date: ____/____/____ Date: ____/____/____

2. Permission for observations and to display Individual and group Learning Stories

(National Regulations Part 4.1 – Regulations 73, 74, 75 and 76; National Law 168)

The program being delivered to children is based on an approved learning framework and is based on developmental needs, and Interests, experiences and takes into account the differences of each child.

I consent to my child being the subject of observations to assess his/her individual developmental needs, interests, experiences, participation in the program and progress against the 5 outcomes set out in Belonging, Being and Becoming - the Early Years Learning Framework for Australia, My Time, Our Place – the Framework for School Age Care in Australia and the Queensland Kindergarten Learning Guidelines:

1. Children have a strong sense of identity
2. Children are connected with and contribute to their world
3. Children have a strong sense of wellbeing
4. Children are confident and involved learners
5. Children are effective communicators

If questioning or testing of my child is to be undertaken by educators or students for study purposes, I understand my permission will be sought in writing.

Signature: _____ Witness: _____

Date: ____/____/____ Date: ____/____/____

3. Permission for Ezi Debit

The Service Manager will provide you with the form to complete to authorise Ezi Debit to be deducted weekly, fortnightly.

4. Emergency evacuation

In case of fire or any other disaster at the service, I hereby agree for my child to be taken off the premises to safety, following evacuation procedures *(National Regulations 97)*

Signature: _____ Witness: _____

Date: ____/____/____ Date: ____/____/____

Child's Name _____

5. Sunscreen application

I give permission for the staff to apply sunscreen to my child that is age appropriate. The service supplies 50+

Signature: _____ Witness: _____

Date: ____/____/____ Date: ____/____/____

6. Insect Repellent application

I give permission for the staff to apply insect repellent to my child that is age appropriate.

Signature: _____ Witness: _____

Date: ____/____/____ Date: ____/____/____

7. Maintaining fees

I/We agree to pay a weekly fee for my/our child's attendance, two (2) weeks in advance. Normal fees will be payable at all times including absence of the child for sickness, holidays, (half fees charged in week blocks only) etc. In fairness to all families, we apply permanent changes on a three weeks minimum basis. Change will only be made where the days are available. I understand that if fees are not paid, enrolment in the service will not be guaranteed. I also understand that failure to pay my fees in accordance with service policy can place my enrolment at risk. I understand that fees are to be paid through Ezi-Debit.

I understand that my child's attendance record is to be fully completed and approved on the KIOSK in accordance with current legislation requirements *Education and Care Services National Regulations 158*. If I do not comply with this, I understand that my childcare benefit may be withdrawn.

In case of an increase of days, another sibling enrolling at the service or a reduction in child care benefit I accept that I will increase my limit on Ezi Debit. I also agree that on my departure from the service, I will provide two full weeks' notice by completing the appropriate form. Failure to do so, will forfeit any refunds due. Once all outstanding fees have been paid, and my child's attendance record has been fully completed and submissions for CCB have been approved through Centrelink.

Signature: _____ Witness: _____

Date: ____/____/____ Date: ____/____/____

8. Policies and enrolment information

I am aware that the service has policies which have been outlined to me and, discussed with the Service Manager, and agree to abide by them.

A policy manual is located in the service foyer for my reference. I am also aware that the policies will change from time to time due to review by the service and by the Approved Provider. I understand that the service will keep me informed of any changes.

I also acknowledge that I have read and understand the contents of the Family Handbook issued by the service, and agree to abide by the conditions and policies stated therein. I understand the importance of the family co-operation and agree to participate as far as possible in the activities of the service.

I understand that if my family situation is considered a lower priority category as stated in the government guidelines (below) and should service enrolments require it, I will be asked to either change my days of attendance or leave the service to provide care for a family in a higher priority category.

| | |
|------------------------|---|
| First Priority | A Child at risk of serious abuse or neglect |
| Second Priority | A child of a single parent/guardian who satisfies, or of parents/guardians who both satisfy the work/training/study test. |
| Third | Any other child |

Signature: _____ Witness: _____

Date: ____/____/____ Date: ____/____/____

Child's Name _____

Before and After School Parent's/Guardian's Agreement

The program offered to children attending before and after school sessions are based on My Time Our Place, the Framework for School Age Care in Australia.

Children will be allocated quiet times for homework sessions, staff will oversee these times but cannot be held directly responsible for children completing homework as they are responsible for engaging with all children at this time.

Parents/guardians will be responsible for advising Sesame Lane if the child will not be attending the service at any time. Fees are payable for all permanent booked days that parents/guardians have indicated on enrolment, regardless of any absence.

Vacation care will be charged on a "booked basis only". As we have limited vacancies only during holidays, if parents/guardians have requested care over the school holidays and do not use, fees will be charged as normal, unless 24 hours notice is given. Vacation care spaces, especially for excursions are limited – so please return forms and moneys quickly.

Children will be escorted to and from school at all times by a staff member to a designated area as arranged with Sesame Lane and the school. Children will leave the service between 8:15am and 8:45am and will return between 3pm and 3:15pm. Staff will be in uniform and can be easily recognised.

***Children who are using the school bus service need to be at the service every day by 8am.**

Staff member who is driving the bus will have a current suitability card, a current driver's licence and have completed First Aid, CPR, anaphylaxis and asthma training.

The children will be transported by a bus that is fitted with seatbelts and appropriate child restraints. Children aged 4-7 years will be provided with a booster seat with lap-sash H-harness or a booster seat with a secured adult seatbelt. The Sesame Lane vehicle delivers children to and from prep and school. Because the run changes daily we are unable to outline the exact route the bus would take. However, we endeavour to take the most direct route taking into consideration traffic hazards and obstructions. The duration of the bus trips varies but is generally no longer than 30 minutes.

***Please clarify with the service as to which school their bus collects children from and which schools children are escorted from.**

Staff will sign the children out and in through the KIOSK when delivering and receiving them from the school. These records are required as part of your Child Care Benefit and National Regulation/Law records. Staff at all times will have a copy of the Emergency Contacts phone numbers for each child, copy of Sesame Lane contact numbers and a mobile phone.

A risk assessment will be undertaken every 12 months to ensure children's safety when walking between the school and the service; and, when being transported by the service vehicle to and from the service.

Please refer to the Service Policy Manual

- Before / After School Care and Vacation Care
- Bus Transport
- Transporting Children

Pick up / Drop Off School Designated Area

School: _____ Location: _____

I, _____ hereby give permission for my child/ren _____ to be transported by Sesame Lane service vehicle under the supervision of Sesame Lane staff, for the purposes of transport for before and after school care to and from _____ (name of school).

Signature: _____ Witness: _____

Date: _____/_____/_____ Date: _____/_____/_____

Source: Education and Care Services National Regulations 2011; www.tmr.qld.gov.au; www.kidsandtraffic.mq.edu.au; RACQ www.racq.com; and Kidsafe Qld www.kidsafeqld.com.au

Child's Name _____

Parent/Guardian Orientation Checklist

Welcome to Sesame Lane Care & Kindergarten. We understand that the enrolment process can be a confusing time for new parents and children, so we have compiled a checklist to assist in the orientation process. This, we hope will help you all to settle in and enjoy the Sesame Lane experience.

Do you know?

- How to sign in and out on our KIOSK in the reception area?
- The opening and closing times of the services?
- The procedure when you arrange for someone else to pick up your child?
- What to do if your child is absent or running late?
- The service's phone, fax or email address?
- Where the service policies are kept?
- About the National Quality Standards?
- About the National Quality Framework?
- Where to find our learning information?
- Who to approach to find out details of your child's progress?
- Where to find our services Quality Improvement Plan (QIP)?
- How you can contribute to the service's Quality Improvement Plan (QIP)?
- How to pay your weekly fees and remain 2 week in advance?
- Where to find and how to fill out medication forms? Where to put medication?
- What is the service exclusion policy?
- Where the menus are displayed?
- Where to park and where parking is not permitted?
- Where to find any messages or notices?
- Who to see if the office is unattended?
- When rest / sleep times are and what the policy is?
- Where to find out about your child's day?
- What is an accident / incident form?



Service specific information

Your Service Manager is: _____

Your Second in Charge is: _____

Your Child's Lead Educator is: _____ who is _____ qualified.

Your child's Educator is: _____ who is _____ qualified.

Your child's Room is: _____ Ages of children in this group are:_____.

If you have any further questions or queries, please do not hesitate to ask

Parent/Guardian Sign: _____ Date: _____ / _____ / _____

Parent/Guardian Sign: _____ Date: _____ / _____ / _____

Child's Name _____

0-2 Child's Routine

Child's Name: _____

General Information

The name I prefer to be called is _____

The name I call my mother is _____, my father _____ my Guardian is _____

The things I enjoy doing include: _____

Songs I enjoy singing: _____

I have a pet? **Yes/No**

If "Yes": My pet is a _____ and is called _____

Feeding

Is your child currently on formula/ Milk/ Breast Milk? _____

(Please note: all bottles must be prepared at home. Formula / water cannot be measured by staff. Prepared containers of formula are acceptable.) Bottle times: _____

Does your child like to be nursed when having a bottle? **Yes/No**

Does your child usually drink the whole bottle? **Yes/No**

Does your child like to have his/ her bottle warm? **Yes/No**

(Please Note: Bottles will only be warmed using a bottle warmer or hot water)

Does your child need to be burped through bottle? **Yes/No** How many times? _____

Does your child have reflux or any other feeding concerns? _____

Eating

Does your child have any dietary restriction/ allergies? _____

Does your child like to feed themselves? **Yes/No**

Does your child have a **Small/Medium/Large** appetite?

Other comments: _____

Sleeping

Day sleep: From: ___:___ to: ___:___

From: ___:___ to: ___:___

In which position does your child go to sleep? _____

Does your child like to be patted? **Yes/No**

Does your child have a comforter or dummy to go to sleep? **Yes/No**

Further Comments: _____



Nomination of eligible hours *where a child is attending more than one service*

You should complete this form if your child or children attend more than one approved child care service in the same week, and where the hours of child care used are likely to exceed your weekly Child Care Benefit (CCB) eligible hours limit. This form will enable you to direct your CCB eligible hours to the service of your choice.

CCB can only be paid up to your weekly limit of eligible hours.

The total number of hours you nominate across all services should not exceed your weekly CCB eligible hours limit. Your weekly CCB eligible hours limit is shown on your CCB assessment notice, issued by the Family Assistance Office (FAO).

You can change this nomination at any time and should inform your service if your weekly CCB eligible hours limit changes.

The information you include on this form will be used by the FAO when calculating your weekly CCB fee reductions.

The nomination of CCB eligible hours in these circumstances is voluntary and your child care service cannot insist that you complete this form.

If you choose to nominate how your CCB eligible hours are paid to your child care services you will need to complete a nomination form **at all services** used by your child or children in the week.

If you choose not to nominate how your eligible hours are paid to all the services you use, CCB will be paid on a first-in first-served basis (that is, firstly to whichever service reports your weekly usage first, and then to other services if there are still hours in the week for which you are eligible). This means the child care services you use will not be able to predict how much CCB they will receive on your behalf, and your gap fee may vary from week to week.

If you complete a nomination form your service will inform the Department of Families, Community Services and Indigenous Affairs (FaCSIA) of how many hours you nominate, along with other information provided about your child's attendance. This will be used to determine the amount of CCB paid to services on your behalf.

Services must keep a copy of this form and may need to provide it to FaCSIA to verify that they have reported your nominated hours in accordance with your nomination.

This form should only be used at approved child care services operating under the Child Care Management System (CCMS). You should ask your service if they are operating under the CCMS.

If you have any questions about how to complete this form, please speak to your child care service.

Your details

| | |
|--|----------------------------|
| Family name | <input type="text"/> |
| Given name(s) | <input type="text"/> |
| Home address | <input type="text"/> |
| | <input type="text"/> |
| | Postcode |
| Home phone number | () |
| What is the weekly CCB eligible hours limit on your CCB assessment notice issued by FAO? | <input type="text"/> Hours |

Child details

| | Child 1 | Child 2 |
|--|---|---|
| Family name | <input type="text"/> | <input type="text"/> |
| Given name(s) | <input type="text"/> | <input type="text"/> |
| Number of CCB eligible hours you wish to claim for this child at this service? | <input type="text"/> Hours | <input type="text"/> Hours |
| Does this nomination apply for a specific period or is it ongoing? | Ongoing <input type="checkbox"/> Specific period <input type="checkbox"/> Start date | Ongoing <input type="checkbox"/> Specific period <input type="checkbox"/> Start date |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | End date | End date |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

NOTE: Start date cannot be earlier than the Monday of the current week.

Child details - *continued*

| | | |
|--|--|--|
| | Child 3 | Child 4 |
| Family name | <input type="text"/> | <input type="text"/> |
| Given name(s) | <input type="text"/> | <input type="text"/> |
| Number of CCB eligible hours you wish to claim for this child at this service? | <input type="text"/> Hours | <input type="text"/> Hours |
| Does this nomination apply for a specific period or is it ongoing? | Ongoing <input type="checkbox"/> | Ongoing <input type="checkbox"/> |
| | Specific period <input type="checkbox"/> Start date <input type="text"/> | Specific period <input type="checkbox"/> Start date <input type="text"/> |
| NOTE: Start date cannot be earlier than the Monday of the current week. | End date <input type="text"/> | End date <input type="text"/> |

Statement

- I declare that the information I have provided on this form is complete and correct.
- I understand the FAO will calculate my weekly CCB fee reductions using the information contained in this form.
- I understand that I should not nominate across all services used during the week, more than my CCB eligible hours for each child.

Signature  Date

Service to complete

Service details

Service name

Service CCB Approval Id

Enrolment ID – Child 1

Child 2

Child 3

Child 4

What you must do with this form

You must record the nominated hours as specified by the family on this form on each weekly attendance record, for the period nominated by the family.

You must retain a copy of this form for 36 months from the end of the calendar year in which the care was provided.

Nomination of Number of Children in Care

This form is to be used to nominate how many children in care a parent/guardian is claiming each week.

The parent/guardian needs to complete the relevant section(s) and needs to sign and date the form.

A form needs to be completed for each Sesame Lane Service.

Childcare Service: _____

Parent/Guardian Name: _____

Parent/Guardian daytime contact phone number: _____

(Note: Provide details below only for children who attend the above service)

| | Child 1 | Child 2 | Child 3 | Child 4 |
|---|---------|---------|---------|---------|
| Child's Family Name | | | | |
| Child's Given Name(s) | | | | |
| Child's Date of Birth | | | | |
| How many children attend an approved childcare service and should be claimed for every week? | | | | |

Does this nomination apply for a specified period? Yes / No *(please circle)*

If Yes, Specified period start date Monday ____/____/____ to Friday ____/____/____

Parent/Guardian Sign: _____ Date: ____ / ____ / ____

Print Name: _____

Request for Confirmation of CCB

The parent/guardian needs to complete the relevant section(s) and needs to sign and date the form.

Childcare Service: _____

Customer Full Name: _____ Date of Birth: ____/____/____

Relationship to Child: _____

Customer Centrelink Reference Number: _____

Customer Address: _____

Customer contact phone number: _____

Customer e-mail address: _____

(Note: Provide details below only for children who attend the above service)

| | Child 1 | Child 2 | Child 3 | Child 4 |
|---|----------------|----------------|----------------|----------------|
| Child's Family Name | | | | |
| Child's Given Name(s) | | | | |
| Gender | M / F (circle) | M / F (circle) | M / F (circle) | M / F (circle) |
| Child's Centrelink Reference Number | | | | |
| Child's Date of Birth | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| Is this child using another approved childcare service | Yes / No | Yes / No | Yes / No | Yes / No |
| If Yes, how many hours of childcare should be charged at this service? | | | | |
| How many children attend an approved childcare service and should be claimed for every week? | | | | |

Are you currently funded for the JET (Jobs Education and Training) scheme: Yes / No If yes a copy of the JET Centrelink eligibility letter showing number of JET funded hours and period of JET funding MUST be provided with this form.

Indigenous status (please circle) **Aboriginal** / **Torres Strait Islander** / **Both** / **Neither**

Does your child suffer from a disability **YES** / **NO**

Details: _____

Does your child have any special needs **YES** / **NO**

Details: _____

Parent/Guardian Sign: _____ Date: ____ / ____ / ____

Print Name: _____

Information for your Child's Profile

Child's name: _____ D.O.B: ____/____/____

Your child's cultural heritage: _____

Does your child speak another language? No Yes

If "Yes" what language: _____

Additional needs: _____

Allergies: _____

First carer's name: _____

Second carer's name: _____

Siblings names and ages: _____

Is there extended family that you have regular contact with?

Do you have pets at home? No Yes

If "Yes" what details: _____

My child's interests are: _____

My child's strengths are: _____

Name of your child's friend's: _____

Do you have any concerns regarding your child's development that you would like our educators to work on?

What is your child looking forward to when starting at Sesame Lane?

What are your expectations for your child while in care at Sesame Lane?

What might help your child to settle into Sesame Lane?

Is there any additional information you would like to share about your child?

Request for Consent

Sesame Lane Care & Kindergarten staff and Educators take photographs and videos of all children, parents, guardians and families within our Services on a regular basis. These images and videos are used to communicate to families about the daily activities their children are engaged in and are displayed in our Services as well as each child's learning journey portfolio. Sesame Lane also publically publishes images in print and digitally (on the internet including social media worldwide). and participates in media articles and releases both print and digital whereby an external reporter/photographer will interview and photograph within our Centres (such as newspaper articles or features).

By completing and returning this consent form you are granting consent for Sesame Lane to use and disclose as above the following:

- Media (photo/film/video/audio recordings) in which you or your child appear
- Written or verbal comments made by you or your child (these may be quoted, edited or summarised)
- You and your child's names
- The Sesame Lane Centre your child normally attends
- Work samples made by you or your child (for example, a painting, written work, craft project)

Consent

This consent is given in perpetuity, and does not require prior approval by me. I can withdraw my consent at any time (must be in writing). Media, comments and names obtained and published while an Image Consent and Release Form were current cannot be withdrawn from previous publication or distribution. Consent is given without expectation of compensation or other remuneration, now or in the future. All negatives, prints and digital reproductions remain the property of Sesame Lane. We are happy to supply copies to parents or legal guardians upon request.

This consent extends to third parties at Sesame Lane's discretion (such as newspaper reporters/photographers). In this case, a Sesame Lane staff member will be present at all times during period of participation to ensure all media is tasteful and age appropriate to the subject.

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Child's full name: _____

Legal guardian's full name: _____

Address: _____

Date consent given: _____

Signature of legal guardian: _____

Witness name: _____

Witness signature: _____