



# Sparkles Early Learning Enrolment

## Child's Details

Education and Care Services National Regulations - Regulation 160 (3a, e)

First Name	Yun Xi
Middle Name	
Surname	Liu
Preferred Name <i>If applicable, please enter the child's preferred name</i>	Evelyn
Gender	Female
Date of Birth	2019-07-03
Centrelink Reference Number (CRN)	605 676 080L
Street Address	20B BRAIBRISE ROAD
Suburb	Wilson
Postcode	6107
Lives With <i>Full Name of the person that the child lives with</i>	Jianjing (Frank) Liu

## Days of Attendance

Session 1	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Casual Care	<input checked="" type="checkbox"/>				
Child's school	Wilson primary school				
Room	Vacation Care				

Room 2	Please select
Start Date	2024-12-03

# Primary Parent/Guardian

Education and Care Services National Regulations - Regulation 160 (3b)(i)

First Name	Jianjing
Surname	Liu
Street Address	20B BRAIBRISE ROAD
Suburb	Wilson
Postcode	6107
Email Address	riverdragon82@hotmail.com
Home Phone Number	
Mobile Phone Number	0430429831
Work Phone Number	
Date of Birth	1982-07-17
Country of Birth	Other
If Other Country, please specify	China
Does The Child Live With You?	<input checked="" type="checkbox"/>
Relationship to Child	Father
Centrelink Reference Number (CRN)	605 534 950K

Provide Any Relevant Cultural Background Details

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Occupation	
Place of Employment	
Hours of Work <i>e.g. 7am to 3pm</i>	

## Secondary Parent/Guardian

Education and Care Services National Regulations - Regulation 160 (3b)(i)

First Name	
Surname	
Street Address	
Suburb	
Postcode	
Email Address	
Home Phone Number	
Mobile Phone Number	
Work Phone Number	
Date of Birth	
Country of Birth	
If other Country, please specify	
Does The Child Live With You?	<input type="checkbox"/>
Relationship to Child	
Centrelink Reference Number (CRN)	

Provide Any Relevant Cultural Background Details

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Occupation	
Place of Employment	
Hours of Work <i>e.g. 7am to 3pm</i>	

# Cultural Consideration

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Is the Child of Aboriginal or Torres Strait Islander Descent?	<input type="checkbox"/>
Language Spoken at Home	
Ethnicity	
Religion	

Provide Any Cultural Practices You Would Like Followed

Provide Any Religious Background and if Relevant Any Religious Practices You Would Like Followed

Religious Celebrations	
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# Medical Information

Education and Care Services National Regulations - Regulation 160 (3a, l, j) & 162(b)

Medicare Number	6201930458
Medicare Expiry Date <i>e.g. 01/2016</i>	11/2029
Number of Child on Card	4
Child's Registered Medical Practitioner or Service Name	
Practitioner's Name	
Contact Numbers	
Address	
Child's Registered Dental Practitioner or Service Name	
Practitioner's Name	
Contact Numbers	
Address	
Do You Have Private Health Cover	<input type="checkbox"/>
Private Health Fund Name	
Private Health Care Membership Number	
Do You Have Ambulance Cover	<input checked="" type="checkbox"/>
Does the Child Have Any Specific Health Care Needs or Conditions, Including Allergies and Anaphylaxis	<input type="checkbox"/>

If yes to above, please provide a medical management plan, which the child's medical practitioner has prepared.

## The Plan should include:

- A photo of the child
- If relevant, state what triggers the medical condition, allergy or anaphylaxis
- First aid needed

- Contact details of the doctor who signed the plan
- When the Plan should be reviewed

**Note: This can be uploaded at the end of this form.**

## Medical Acknowledgements

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Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:

- The label must contain the child's name and
- Parents must provide any verbal or written instructions provided by the medical practitioner.

**Education and Care Services National Regulations Regulation 95 Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our “Administration of Authorised Medication” form.**  
**Education and Care Services National Regulations Regulation 93**

Parent 1 - I acknowledge this	<input checked="" type="checkbox"/>
Parent 2 - I acknowledge this	<input type="checkbox"/>

**Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?**

Authorise Medical Treatment	Yes
Parent 1 - I acknowledge this	<input checked="" type="checkbox"/>
Parent 2 - I acknowledge this	<input type="checkbox"/>

**Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?**

Authorise Dental Treatment	No
Parent 1 - I acknowledge this	<input checked="" type="checkbox"/>
Parent 2 - I acknowledge this	<input type="checkbox"/>

**Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency?**

Authorise Transport	Yes
Parent 1 Initials	Jianjing liu
Parent 2 Initials	

**Do you authorise that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible?**

*(Education and Care Services National Regulations - Regulation 94)*

Authorise First Aid	Yes
Parent 1 Initials	Jianjing liu
Parent 2 Initials	

## Medical Condition and Illness

Does your child have Anaphylaxis?	No
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If yes, please undertake the following:

- 1) Complete "Anaphylaxis Management, Risk Minimisation & Communication Plan - this is obtained from the service
- 2) Complete an ASCIA Action Plan for Anaphylaxis Reactions form (Found at ASCIA [www.allergy.org.au](http://www.allergy.org.au) ). Have the forms signed by your child's doctor

ASCIA Action Plan for Anaphylaxis	
Does the child have any allergies?	No

If yes, please undertake the following:

- 1) Complete "Allergy Management, Risk Minimisation & Communication Plan - this is obtained from the service
- 2) Complete an ASCIA Action Plan for Allergic Reactions form (Found at ASCIA - [www.allergy.org.au](http://www.allergy.org.au) ). Have the forms signed by your child's doctor

ASCA Plan for Allergic Reactions	
Does your child have Asthma?	No

If yes, please undertake the following:

- 1) Complete "Asthma Management, Risk Minimisation & Communication Plan - this is obtained from the service
- 2) Complete an Asthma Australia Asthma Care Plan for Education and Care Service form Reactions form (Found at Asthma Australia - [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au) ). Have the forms signed by your child's doctor

Asthma Australia Asthma Care Plan	
Does your child have another medical condition not listed above (for example diabetes, epilepsy, hearing loss, etc)?	No

If yes, please undertake the following:

- 1) Complete "Medical Management, Risk Minimisation & Communication Plan - this is obtained from the service
- 2) If required have the forms completed and signed by your child's doctor
- 3) Upload signed forms to our enrolment system section below - Medical Documents

Does the Child Have Any Dietary Restrictions?	No
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## Dietary Restriction Details

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In the event that any parent/guardian cannot be contacted, I give permission for a staff member at the service to administer paracetamol to my child in line with the Administration of First Aid and Medication Policy	No
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## Immunisation Details

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I have chosen not to have my child immunised	Yes
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Please note: Approved documentation must be provided before your child can attend. See Immunisation Policy

**Note: This can be uploaded at the end of this form.**

Are Your Child's Immunisation Up To Date?	Yes
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Please provide a copy of your child's: Immunisation History Statement provided by Medicare

**Note: This can be uploaded at the end of this form.**

# Transportation Authorisation

Education and Care Services National Regulations - Regulation 102(4), 102D (4)

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The service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for:

- regular outings (once every twelve months)
- an excursion that is not a regular outing

Parent 1 Initial	Jianjing liu
Parent 2 Initial	

## Developmental Information

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**Is your child undertaking or have undergone assessment to support any particular developmental areas such as speech therapy, occupational therapy, Autism spectrum disorder?**

Please attach supporting documents and provide us with any other information we should know about your child (For example, additional learning and support needs, information about the child's wellbeing, physical comfort or personal needs, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)

Details

Child's Routine

## Family Information

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Does the child have any siblings? If so, please provide their names and ages

Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names and ages.

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# Court Order

Education and Care Services National Regulations - Regulation 160 (3c, d)

**Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?**

Has Parenting Court Order	No
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**Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?**

Has Residence Court Order	No
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Please note: Without this documentation we cannot legally enforce the Order/s.

**Note: This can be uploaded at the end of this form.**

# First Emergency Contact/Authorised Nominee

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)

An authorised nominee is an acknowledged person who, with the parents/guardian's authorisation, is allowed to give permission for the following:

- 1) Dropoff / collect the child if necessary (r160(3)(b)(iii))
- 2) Authorise the taking of the child outside the service by an educator of the service (r160(3)(b)(v), r161(1)(a)(ii), r161(1)(b) & r102)
- 3) To authorise the service to take the child on a regular outing (r161(1)(b))
- 4) Give consent to the medical treatment to the child (r160(3)(b)(iv)) r161(1)
- 5) Request or permit the administration of medication or authorises administration of medication or medical treatment to the child (r160(3)(b)(iv), r161(1)(a);
- 6) Consent to the transportation of the child by an ambulance service? (r161(1)(a)(ii))

Full Name	
Relationship to Child	
Street Address	
Suburb	
Postcode	
Email Address	
Home Phone Number	
Mobile Phone Number	
Work Phone Number	

**Can this person be contacted to give consent for educators to transport the child or arrange transportation of the child?**

Consent Transport	Yes
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**Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted?**

Consent Medical	Yes
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**Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?**

Consent Premises	Yes
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**Can this person be contacted to give consent to the transportation of the child by an ambulance service?**

Consent Transport	Yes
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**Can this person give authorisation for the Service to take the child on regular outings?**

Consent Outings	Yes
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**This person can be contacted and notified of an emergency involving the child if any parent or carer cannot be immediately contacted?**

Consent Outings	Yes
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**This person has been given permission by parent or carer to drop-off and collect the child from the service**

Consent Outings	Yes
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## Second Emergency Contact

Education and Care Services National Regulations -Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)

*(Please obtain the person's consent before listing them as an emergency contact)*

An authorised nominee is an acknowledged person who, with the parents/guardian's authorisation, is allowed to give permission for the following:

- 1) Dropoff / collect the child if necessary (r160(3)(b)(iii))
- 2) Authorise the taking of the child outside the service by an educator of the service (r160(3)(b)(v), r161(1)(a)(ii), r161(1)(b) & r102)
- 3) To authorise the service to take the child on a regular outing (r161(1)(b))
- 4) Give consent to the medical treatment to the child (r160(3)(b)(iv)) r161(1)
- 5) Request or permit the administration of medication or authorises administration of medication or medical treatment to the child (r160(3)(b)(iv), r161(1)(a);
- 6) Consent to the transportation of the child by an ambulance service? (r161(1)(a)(ii))

Full Name	
Relationship to Child	
Street Address	
Suburb	
Postcode	
Email Address	
Home Phone Number	
Mobile Phone Number	
Work Phone Number	

**Can this person be contacted to give consent for educators to transport the child or**

**arrange transportation of the child?**

Consent Transport	Yes
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**Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted?**

Consent Medical	Yes
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**Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?**

Consent Medical	Yes
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**Can this person be contacted to give consent to the transportation of the child by an ambulance service?**

Consent Transport	Yes
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**Can this person give authorisation for the Service to take the child on regular outings?**

Consent Outings	Yes
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**This person can be contacted and notified of an emergency involving the child if any parent or carer cannot be immediately contacted?**

	Yes
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**This person has been given permission by parent or carer to drop-off and collect the child from the service**

	Yes
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## **Child Care Subsidy (CCS)**

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Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

1. You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?	Yes
2. Are you liable for fees for care provided at an approved child care service?	No
3. Do you meet residency requirements?	Yes
4. Does your child meet the immunisation requirements?	Yes
5. Have you completed the Child Care Subsidy assessment on the myGov website?	Yes

6. Have you received confirmation about your Child Care Subsidy?	Yes
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**Please Note: If you need assistance with filling out this form please speak to the Director who will be happy to help. Please ensure that if any details change, you notify the Service immediately.**

## Enrolment Agreement

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**PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF**

Please tick the following items to authorise:

**I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)**

Agreement Outings	Yes
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**Have SPF50+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)**

Agreement Sunscreen	Yes
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**Have Band-Aids or sticking plasters applied when necessary**

Agreement Bandaid	Yes
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**Have staff apply Teething Gel (supplied by parents)**

Agreement Teething Gel	No
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**Have staff apply Insect Repellent (supplied by parents)**

Agreement Insect Repellent	No
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**For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service)**

Agreement Photos Training	Yes
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**For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service**

Agreement Photos Learning Stories	Yes
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**For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)**

Agreement Photos Training Outside	Yes
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**For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources**

Agreement Photos Social	Yes
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**Do you ONLY give permission for photos and video footage of your child to be taken for**

**your own personal viewing and to receive copies**

Agreement Photos Personal	Yes
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**Attached Documents**

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Child's birth certificate	
Immunisation record	
Child's photo	
Photo identification of all emergency contacts	
Medical document: E.g. Action plan	
Dietary Restrictions (if any)	
Court orders, parenting orders or parenting plans (if any)	
Court orders relating to the child's residence (if any)	

**How did you hear about us?**

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Word of Mouth	<input checked="" type="checkbox"/>
Advertisement	<input type="checkbox"/>
Internet Search (e.g. Google, Bing, etc)	<input type="checkbox"/>
Social Media	<input type="checkbox"/>
Website	<input checked="" type="checkbox"/>
Radio	<input type="checkbox"/>

**Confirmation & Signature**

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Full Name	Jianjing liu
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Signature	
I agree to also receive the OWNA newsletter (you may unsubscribe at any time via the newsletter)	<input checked="" type="checkbox"/>