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Enrolment Form 2025

Personal Details:

Child's name: _____

(Family name)

(First name)

(Any other name)

Gender: Male/ Female

Date of birth ____/____/____

CRN (child): _____

D / M / Y

Address: _____

Suburb: _____ Postcode: _____

Country of birth: _____ Religion: _____

Language spoken at home: _____

Cultural practices: _____

Parent/ Guardian 1 Contact Details

Name: _____

CRN: _____ DOB: _____

Home address: _____

_____ Postcode: _____

Country of birth: _____

Religion _____

Cultural practices _____

Occupation _____

Work address _____

Phone h _____

Phone w _____

Phone m _____

Email _____

Parent/Guardian 2 Contact Details

Name: _____

DOB: _____

Home address: _____

_____ Postcode: _____

Country of birth: _____

Religion _____

Cultural practices _____

Occupation _____

Work address _____

Phone h _____

Phone w _____

Phone m _____

Email _____



Days Required (Please Circle)

Joey's (0-2yrs)	Monday	Tuesday	Wednesday	Thursday	Friday
Wallabies (2-4yrs)	Monday	Tuesday	Wednesday	Thursday	Friday
Preschool (4-6yrs)	Monday	Tuesday	Wednesday	Thursday	Friday

Positions will be given on a first-come first-served basis. We will do our best to ensure preferences are met.

Is your child of Aboriginal or Torres Strait Islander origin? YES / NO

Is your child of refugee or humanitarian status? YES / NO

Are there any court orders affecting the custody of your child? YES / NO

(A Photocopy must be attached and the Nominated Supervisor needs to be notified of changing circumstances)

Is there separation of parent/ guardians with agreed custody arrangements? YES / NO

If YES details: _____

(Information must be shared with Nominated Supervisor to ensure best care for your child)

Sibling Details:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Parent/Family Skills and Expertise

We are a community based not-for profit organization. We rely on all families to ensure your children have the best learning experience available. This can be done by providing assistance at special events/ fundraisers or by enhancing educator skills through mentoring / sharing of knowledge.
Please list any areas, skills or knowledge you could assist with below:

To operate Winston Mall Children's Centre INC requires a Management Committee. (to avoid confusion , without a committee WMCC would not continue to operate.) The committee meets every second month to make budgeting/ planning decisions and ensure the running of the service.

The persons representing the child enrolled on this form, becomes a general member of the incorporation and will have voting rights at all committee meetings, providing the annual membership fee is current. Please note, a maximum of 2 representatives per family unit are entitled to a vote when in attendance at meetings.

(Please note: Family Unit refers to the Parents / Guardians / Carers of all attendees they represent. This could include but is not restricted to a Grandparent, Aunt / Uncle, Step-parents or God-parents.)

Are you able to provide time to attend meetings: **yes/ no**

Are you willing to take a role on the committee: **yes/ no**

If YES which role suits your skills?

- | | | |
|--|--|---|
| <input type="checkbox"/> chairperson, | <input type="checkbox"/> treasurer, | <input type="checkbox"/> public /staff liaison officer, |
| <input type="checkbox"/> vice chairperson, | <input type="checkbox"/> compliance officer, | <input type="checkbox"/> fundraising officer |
| <input type="checkbox"/> secretary, | | |



Child's Immunisation Status:

Under the changes to the Public Health Act 2010 we require families to provide evidence of their child's immunisation status. Please attach a copy of your child's Australian Immunisation Register record OR immunisation history form outlining catch up schedule to this form.

Please note: if your child is not vaccinated or on a recognised schedule your child will not be enrolled into care.

My child is fully vaccinated for their age? Yes [] No []

My child is on a recognised catch up schedule Yes [] No []

I am aware I need to provide up to date immunisation details to remain enrolled at Winston Mall Childrens Centre

Parent/ Guardian Name

Signature

NOTE: Unvaccinated children may be asked to stay at home if there is an outbreak of a vaccine preventable disease at Winston Mall Children's Centre. Fees will still be applicable

Diet:

Does your child have any particular dietary requirement (vegetarian, religious and medical/ intolerance) or restriction? Yes / NO

If yes please provide details:

Health:

It is important to keep this information current at all times. Please notify the director in writing of any changes in your Childs health.

Family Doctor: _____ Phone: _____

Address: _____

Medicare Number (emergency use only) _____ Position on card: _____

Family Dentist _____ Phone: _____

Address: _____

Are you in a private Health Fund? Yes/ No

If yes please provide member details: _____

Does your child have any allergies? Yes/ No

If yes please provide cause of allergies: _____

An Allergy Action Plan or doctor's letter is required, along with any medication (Please note this information will be displayed in child's room, kitchen and staff room to ensure your child's wellbeing)



Does your child have anaphylactic reactions? Yes/ No.

If yes please provide cause of Anaphylaxis: _____

An Anaphylaxis Action Plan is required from your doctor, along with any medication. (Please note this information will be displayed in child's room, kitchen and staff room to ensure your child's wellbeing)

Does your child have Asthma? Yes/ No Are you concerned your child may have Asthma Yes/No

If yes please provide details: _____

An Asthma Action Plan is required from your doctor along with any medication (Please note this information will be displayed in child's room, kitchen and staff room to ensure your child's wellbeing)

Does your child have a continuing serious illness or ongoing medical condition? (for example; lazy eye, glue ear) Yes/ No

If yes please provide details of condition and strategies to overcome: (for example, eye patch/ glasses, grommets)

Does your child need regular medication for any other reason (for example; insect repellants, moisturiser creams) Yes/ No

If yes please provide details: _____

Please provide a doctor's letter or Action Plan stating reason for medication and how/ when to administer.

Has your child ever experienced, or are you concerned of any language or speech difficulties. Yes / No

If yes please provide details:

Have you attended speech therapy? Yes/No

If Yes where? _____

Please supply copy of report to Nominated Supervisor

Has your child ever experienced, or are you concerned of any other Learning difficulties? Yes / No

If yes please provide details:

Have you undergone any learning assessments? Yes/ No

If Yes please supply copy to Nominated Supervisor.

**Authorised Nominees:**

Please ensure at least 2 separate names, addresses and contact numbers. Please tick to indicate the relevant authorisations for each person.

Please note: *These MUST be people other than persons listed as Parent/Guardian 1 and 2 on form.*

Authorised Nominee 1:

Contact Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Mobile: _____

Place of Work: _____ Work Phone: _____

- Authorised to collect child from care and will require own kiosk pin number
- Notify in an emergency if parent cannot be contacted immediately
- Authorised to consent to medical treatment of, or to authorise administration of medication to the child;
- Authorised to authorise an educator to take the child outside the education and care services premises

Authorised Nominee 2:

Contact Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Mobile: _____

Place of Work: _____ Work Phone: _____

- Authorised to collect child from care and will require own kiosk pin number
- Notify in an emergency if parent cannot be contacted immediately
- Authorised to consent to medical treatment of, or to authorise administration of medication to the child;
- Authorised to authorise an educator to take the child outside the education and care services premises

Authorised Nominee 3:

Contact Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Mobile: _____

Place of Work: _____ Work Phone: _____

- Authorised to collect child from care and will require own kiosk pin number
- Notify in an emergency if parent cannot be contacted immediately
- Authorised to consent to medical treatment of, or to authorise administration of medication to the child;
- Authorised to authorise an educator to take the child outside the education and care services premises



Acknowledgements and Consents:

Following are a number of standard questions we need your acknowledgement and or consent for on an ongoing basis. Please answer yes or no for each question.

1	Do you consent to your child being photographed and his/her photos <ul style="list-style-type: none"> • Appearing on display at the Centre for developmental purposes? • Appearing in a PDF document emailed to families • Appearing on a private Kinder loop documentation app. • Appearing in Promotional material eg Website or Local Newspaper 	YES YES YES YES	NO NO NO NO
2	Do you give permission for your child to attend routine excursions, e.g. Evacuation Drills within walking distance (within a one kilometre radius of the centre) with the Nominated Supervisor and staff abiding by the Regulations as stated in the Education and Care Services Regulations 2011 Further permission will be requested at time of events if possible.	YES	NO
3	Occasionally we have TAFE or University students work with us for practical training towards their qualifications. Do you consent to your child being observed by students?	YES	NO
4	Do you consent to our staff applying sun cream (with a <u>minimum</u> protection factor of SPF 30+) to all unprotected areas of your child's skin as required?	YES	NO
5	Do you consent to our trained educators administering First Aid to your child where necessary, using contents of the First Aid Kit when appropriate?	YES	NO
6	In the case of an emergency, do you give permission and consent for our staff to seek out any medical treatment deemed appropriate (e.g. Medical, Dental, Hospital, Ambulance service, etc.) and consent to the carrying out of any such treatment for your child	YES	NO
7	Do you understand that you will accept full liability for the cost of any such medical treatment that is given to your child/children in case of emergency? i.e cost of ambulance	YES	NO
8	In the event that your child's temperature rises above 38°C, and IF we are unable to contact either Parent (or any other contact person listed on this form), do you give permission for our staff to administer in your absence one dose of a paracetamol-based medication in accordance with the manufacturer's instructions	YES	NO
9	Do you understand and accept that in the event that our staff consider your child too ill, or too contagious, to attend (or remain at) the Centre that you will be required to collect your child promptly?	YES	NO
10	Do you agree that if your child is suffering from a contagious illness that you will not return your child to the Centre until cleared by a registered Medical Practitioner, supplying a medical certificate to confirm this?	YES	NO
11	Do you acknowledge we have a 24 hour exclusion period for any child with temperatures, vomiting and diarrhoea? This exclusion period will increase to 48 hours if an outbreak has been confirmed by NSW Health. The Centre must be notified if you child has had any of the above mentioned illnesses and is required to submit details to NSW Health	YES	NO
12	Do you understand and accept that if there is an outbreak of a vaccine preventable disease at the Centre, AND if your child is not immunised against this disease, that your child may be excluded from attending the Centre by the order of the NSW Department of Health? And that fees will still apply.	YES	NO
Parent/ Guardian Name		Parent / Guardian Name	
Signature		Signature	



Date:	Date:
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Fees and Charges:

Please note:

By signing below you are consenting to the fees and charges associated with Enrolling your child at Winston Mall Childrens Centre INC for a 10 hour day session.

All of the information is presented in Winston Mall Children’s Centre Fee agreement.

Winston Mall Children’s Centre INC will operate according to the policies stated in the “Winston Mall Children’s Centre Policy and Procedure Folder”, which is available for you to review at any time.

1	You understand and accept that the fees for our Centre are payable fortnightly in advance? Y You will be responsible for ensuring all eligibility of CCS with Centrelink and confirming your child’s enrolment through your MYGOV account when prompted.
2	Confirmation of your child’s enrolment is subject to holding deposit being reconciled, This includes: Enrolment fee (per child once only), Membership fee (per family – annually) and One weeks full fees (please note this is for confirmed days of attendance)
3	You accept the policy relating to the continual late payment of fees. In the event of an outstanding debt at time of departure any additional charges associated with consulting debt collection services.
4	You acknowledge that in the event that you withdraw your child from the Centre that you need to give us at least two (2) weeks <u>written notice</u> , and that the fees relating to these last two weeks are payable regardless of whether your child attends.
5	You acknowledge the “Cessation of care” clause, if your child is absent on their first or last day of care, CCS will not be payable. (This also includes any absent day prior to last day.)
6	You acknowledge there are clauses that relate to CCS being paid whilst your child is absent, including but not limited to number of absent days per financial year (42) and absences for 8 continuous weeks. You acknowledge that in the event of a planned long term absence you will review these clauses with Centrelink and the nominated supervisor.
7	You understand and accept the fee relating to the late collection of your child? (being \$15 plus \$1 per minute late) Two notices either verbal or written will be given prior to fee being charged.
8	For children who will be attending primary school the following year, you agree that their placement booking is for the full 50 weeks and any withdrawal from September 1 st will incur a fee.
9	You agree to receive all financial statements via email. Please ensure you keep email records up to date.

Parent/ Guardian Name	Parent / Guardian Name
Signature	Signature
Date:	Date:

OFFICE ONLY	
Date Form received: _____	Enrollment entered into QIKIDS: _____
Received by: _____	Entered By: _____
Birth Certificate on file: _____	Immunistion on file: _____