



TAS EARLY LEARNING ENROLMENT FORM

Child Name:

ATTACHED DOCUMENTS

You will need the following documents **and/or** information in order to submit this application. Please return completed enrolment form and supporting documentation to admissions@tas.qld.edu.au

Child's birth certificate	Photo identification of Emergency Contacts
AIR Immunisation History Statement	ASCIA Action Plan (Anaphylaxis) and/or Asthma Action Plan (if applicable)
Parent Customer Reference Number (CRN) and date of birth	Medical documents and/or Toileting support management plan (if applicable)
Child Customer Reference Number (CRN)	Court Orders and/or legal documents including photos of unauthorized people (if applicable).

<p>Which year would you like to enrol?</p> <p>Please note: To be eligible for kindergarten your child must be at least 4 years of age by 30 June in the year in which they are enrolled.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 -2025 (please fill out waitlist form instead of this form)
<p>Which TAS Early Learning Centre (ELC) would you like your child to attend?</p>	<input type="checkbox"/> Kewarra Beach <input type="checkbox"/> White Rock
<p>Please indicate your group preference.</p> <p>Please note: Groups are subject to availability.</p>	<p>Group A Week 1 – Mon, Tues, Wed Week 2 – Mon, Tues</p>
	<p>Group B Week 1 – Thurs, Fri Week 2 – Wed, Thurs, Fri</p>
	<p>Group C 5 days a week (full time)</p>
<p>Kewarra Beach families only: Please indicate your session time preference.</p> <p>Please note: This is subject to availability.</p>	<input type="checkbox"/> 7:30am- 3:30pm (\$85 per day) <input type="checkbox"/> 7:30am- 6:00pm (\$105 per day) White Rock session times are: 7.30am-5.30pm (\$98 per day)



HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other:	

CHILD DETAILS

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

Child Surname	
Child First given name	
Child Second given name	
Child Preferred first name	

Date of Birth <i>Please attach copy of birth certificate.</i>		Gender	Male / Female
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Child Centrelink Customer Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address	
Child normally lives with	

Child's Start Date	
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CULTURAL CONSIDERATIONS

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

Does your child identify as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Not Indigenous <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Decline to Answer
Does your child speak a language other than English at home? (Please circle)	Yes / No If yes, what language(s) other than English are spoken at home.
County of birth	
Child's residency status	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident of Australia (Please attach copy of Permanent Residency Documentation and current Passport) <input type="checkbox"/> Temporary Resident of Australia (Please attach a copy of VISA and current Passport)
Please outline your child's cultural or religious background and if relevant any cultural or religious practices/celebrations you would like to be considered.	



PARENT/GUARDIAN 1

[Parent/Guardian 1 must also be the registered Centrelink CRN number holder]

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

Parent 1 First Name	
Parent 1 Surname	
Residential Address (if different to child's)	
Postal Address (If different to above)	
Phone Number/s	(H)
	(M)
	(W)
Date of Birth	
Email address	
Relationship to child	
Country of Birth	

Parent Centrelink Customer Reference Number (CRN)	
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Please provide any relevant cultural background details	
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Does the child normally live with you?	Yes / No
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Occupation	
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PARENT/GUARDIAN 2

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

Parent 2 First Name	
Parent 2 Surname	
Residential Address (If different from Parent/ Guardian 1)	
Postal Address (If different from above)	
Phone Number/s	(H)
	(M)
	(W)
Date of Birth	
Email address	
Relationship to child	
Country of Birth	

Parent Centrelink Customer Reference Number (CRN)	
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Please provide any relevant cultural background details	
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Does the child normally live with you?	Yes / No
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Occupation	
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Please complete if natural parents are not living together or require different communication rules.

Parents separated <input type="checkbox"/> Parents divorced <input type="checkbox"/> Father deceased <input type="checkbox"/> Mother deceased <input type="checkbox"/> Child living with mother <input type="checkbox"/> Child living with legal Guardian <input type="checkbox"/> Child living with father <input type="checkbox"/>	
Who receives day-to-day communications	Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>
Who receives copies of School Reports?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>
Who has access to the Online School Portal?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>

LEGAL CONSIDERATIONS

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

Please note that without this documentation the Service cannot legally enforce the Order/s.

Are there any relevant 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? <i>(If yes, please provide all relevant documentation and paperwork)</i>	Yes / No	Attached
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person? <i>(If yes, please provide all relevant documentation and paperwork)</i>	Yes / No	Attached
Have photographs and names of unauthorised people been attached to this form?	Yes / No	Attached
Briefly outline court order requirements		



CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To be eligible to claim Child Care Subsidy (CCS) you or your partner must meet all the following:

- care for your child at least 2 nights per fortnight, or have 14% care
- are liable for fees for care provided at an approved child care service
- meet the residency rules
- your child must meet immunisation requirements

Have you completed the Child Care Subsidy assessment on the myGov website?	Yes / No
Have you received confirmation about your Child Care Subsidy?	Yes / No

Please Note: If you need assistance with filling out the Child Care Subsidy form, please speak to the Director who will be happy to help. Please ensure that if any details change, you notify the applicable TAS Early Learning Centre immediately.

QKFS Plus Kindy Support

The QKFS Plus Kindy Support is a subsidy is provided directly to your service provider to reduce your out of pocket expenses. It is available to eligible families with a child enrolled in an approved kindergarten program.

You will be eligible if you:

- hold a current Australian Government Health Care Card (or have a child who does)
- are a foster family with a current Australian Government Health Care Card
- hold a Department of Veterans' Affairs Gold Card or White Card
- identify as being Aboriginal or Torres Strait Islander (or have a child who does)
- have 3 or more children, of the same age, enrolled in the same year.

Do you wish to claim QKFS Plus Kindy Support?	Yes / No
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MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3b, i, j) and 161 (1a)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible.

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare reference number	
Doctor's name			
Medical Centre		Phone number	
Doctor's address			
Dentist name			
Name of Service		Phone number	
Dentist's address			
Private Health Cover	Yes / No	Private Health Membership Number	
Private Health Care Fund Name:			
Do you authorise the Approved Provider, Nominated Supervisor or an educator at the Service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service?			Yes / No
Parent 1 Signature:		Parent 2 Signature:	
Do you authorise the Approved Provider, Nominated Supervisor or an educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?			Yes / No
Parent 1 Signature:		Parent 2 Signature:	
Do you authorise the Approved Provider, Nominated Supervisor or an educator to transport the child in an ambulance in the event of an emergency?			Yes / No
Parent 1 Signature:		Parent 2 Signature:	



CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

Allergies and Anaphylaxis

Allergies can include insect stings, food (e.g. nuts, eggs, peanuts) animals, latex, medication or other			
Allergy to			
Risk of Anaphylaxis	Yes / No	Has a doctor diagnosed this allergy?	Yes / No
Does your child have a current ACSIA Action Management Plan?			Yes / No
If yes, is this plan attached?			Yes / No
Has your child been prescribed an adrenaline autoinjector? <i>(If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).</i>			Yes / No
Medical specialist or doctor currently treating your child for this condition			
Phone contact		Address	
Please acknowledge that if your child is diagnosed with 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. <i>Education and Care Services National Regulations - Regulation 94.</i>			Yes / No
Parent 1 Signature:		Parent 2 Signature:	

Special dietary requirements

Prohibited Food	Detailed information



Medical Conditions (Other than Allergies and Anaphylaxis)

(Asthma, Severe Asthma, Epilepsy, Diabetes, other)

Medical condition			
Has a doctor diagnosed this condition?			Yes / No
Does your child have a current Action Management Plan (e.g. Asthma Plan)?			Yes / No
If yes, is this plan attached?			Yes / No
Does your child take any prescribed regular medication for this condition?			Yes / No
Medication Name/s			
<p>Please acknowledge that if your child is diagnosed with asthma 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.</p> <p><i>Education and Care Services National Regulations - Regulation 94.</i></p>			Yes / No
Parent 1 Signature:		Parent 2 Signature:	

Administration of Medication

<p>Please acknowledge that medication will only be administered if:</p> <ul style="list-style-type: none"> · it is prescribed by a registered medical practitioner · it is in the original container with the original label · the label contains the child's name · instructions and dosage can be clearly read · expiry date or use by date is valid · any verbal or written instructions provided by the medical practitioner must be provided by the parent/s <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>			Yes / No
Parent 1 Signature:		Parent 2 Signature:	



IMMUNISATION DETAILS

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

No child can be enrolled in an Early Childhood Education and Care Service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR), or the child has a medical exemption.

AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes / No	Attached
AIR Immunisation Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes / No	Attached
AIR Immunisation History Form is completed by a General Practitioner/Nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes / No	Attached

FAMILY INFORMATION

Does your child have any siblings attending TAS? If so, please provide their names and ages.	
Does your child have other siblings at home or attending another school? If so, please provide their names and ages.	
Does your child have any other close relations attending TAS? If so, please provide their names and ages.	



DEVELOPMENTAL INFORMATION

<p>Does your child have any problems with hearing, sight or speech?</p>	<p>Hearing (Yes / No) Details</p> <hr/> <hr/> <hr/> <hr/> <p>Sight (Yes / No) Details</p> <hr/> <hr/> <hr/> <hr/> <p>Speech (Yes / No) Details</p> <hr/> <hr/> <hr/> <hr/>
<p>Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?</p>	<p>Yes / No Details</p> <hr/> <hr/> <hr/> <hr/>
<p>Has your child ever received funded assistance? <i>(On-going assistance for the child including a specialist teacher, psychologist or other suitably trained professional practitioner)</i></p>	<p>Yes / No Details</p> <hr/> <hr/> <hr/> <hr/>
<p>Does your child require additional support for learning because of disability?</p>	<p>Yes / No Details</p> <hr/> <hr/> <hr/> <hr/>
<p>Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?</p>	<p>Yes / No Details</p> <hr/> <hr/> <hr/> <hr/>



<p>Does your child require additional support with toileting and/or independently dressing and hygiene practices? <i>(If yes, please specify and attach a Management Plan, if applicable)</i></p>	<p>Yes / No Details</p> <hr/> <hr/> <hr/>
<p>Has your child previously attended a childcare service? <i>(If yes, please indicate the type of early education and care your child has experienced.)</i></p>	<p>Yes / No Details</p> <hr/> <hr/> <hr/>

TRANSITION TO SCHOOL

<p>Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school?</p>			
Name of School:		Permission to exchange information:	Yes / No
Parent 1 Signature:		Parent 2 Signature:	
<p>Would you like the TAS Admissions department to contact you in regards to Prep enrolments?</p>			Yes / No



FIRST EMERGENCY CONTACT - AUTHORISED NOMINEE

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

There may be times or situations where your child has had an accident, injury, trauma or illness and **parent/s cannot be reached** or are unable to collect their child.

Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child. Please **attach Photo identification** for each emergency contact.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name <i>Please attach photo identification.</i>			
Relationship to child			
Phone Number	(H)		
	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to collect your child from the education and care service?			Yes / No
Parent 1 Signature:		Parent 2 Signature:	
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?			Yes / No
Parent 1 Signature:		Parent 2 Signature:	
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?			Yes / No
Parent 1 Signature:		Parent 2 Signature:	
Can this person give authorisation for the Service to take the child on regular outings?			Yes / No
Parent 1 Signature		Parent 2 Signature	



SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

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

Full Name <i>Please attach photo identification.</i>			
Relationship to child			
Phone Number	(H)		
	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to collect your child from the education and care service?			Yes / No
Parent 1 Signature:		Parent 2 Signature:	
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 if you cannot be contacted?			Yes / No
Parent 1 Signature:		Parent 2 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises if you cannot be contacted?			Yes / No
Parent 1 Signature:		Parent 2 Signature:	
Can this person give authorisation for the Service to take the child on regular outings?			Yes / No
Parent 1 Signature		Parent 2 Signature	



ENROLMENT AGREEMENT - CONSENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

I/we give permission for our child to:

HEALTH AND SAFETY

- have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any liability)	Yes	No
- have Band-Aids or sticking plasters applied when necessary	Yes	No
- have staff apply Insect Repellent (supplied by parents)	Yes	No
- participate in outings within the TAS school grounds (e.g. going to the library).	Yes	No
- participate in outings to places of interest outside the TAS school grounds <i>(A permission slip will need to be signed before allowing your child to leave the Service for any excursion)</i>	Yes	No

I/we give permission for:

PHOTOGRAPHY AND VIDEO

- photos and video footage being taken of my/our child for Service use and staff training purposes (footage will not leave the Service)	Yes	No
- 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 through the Service app.	Yes	No
- 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)	Yes	No
- 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 resources for this organisation.	Yes	No



PARENT AGREEMENT

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

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen, please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's Administration of Medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication, will not be given by staff (other than a single dose of paracetamol) unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Director deems the child well enough to attend Service.
- I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I have read the Parent Handbook and am familiar with the Service's policies. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.



Payment of fees

I/We acknowledge and agree:

- TAS Early Learning Centre (ELC) fees are payable in advance by the due date. Fees are still payable for any days your child does not attend due to illness or absence. Fees are to be paid via completing the iDebitPro Form, found in your orientation pack, or through the iParent Portal.
- A bond is payable at confirmation of placement, prior to attendance. The bond will be applied to the fees account at the commencement of Term 4. For those parents enrolling their child into TAS Preparatory for the following year, the bond can be utilised as payment for the School enrolment and confirmation fee, on the condition that the family is paying fees in advance via the iDebit Pro system. This bond is refundable when the child leaves on condition all outstanding fees have been paid.
- The Principal is authorised by the School Board to take any steps deemed necessary to recover unpaid fees or accounts.
- TAS ELC reserves the right to refuse permission for any student to commence a new term while any part of the fees or charges for the previous term remain unpaid.
- TAS ELC will charge an administration fee upon any amounts that are overdue for payment, calculated from the date the amount becomes overdue.
- A late pick-up fee will apply for every 10 minutes after the child's pick-up time.
- TAS ELC reserves the right to change fees. The Service will notify you of any changes are made to fees. You may obtain a copy of the current fees at any time.
- Parents/Legal Guardians are required to provide TAS ELC with at least two weeks' notice of withdrawal of child from care. Parents agree that they have been informed that children must be in care on the last day of the withdrawal period or no Child Care Subsidy (CCS) is payable.
- To access Centrelink or myGov via www.my.gov.au to lodge a Child Care Subsidy (CCS) claim. This will be done before enrolling your child. Parents acknowledge that they are responsible for updating Centrelink with any changes to income, activity and other circumstances. I/we will inform TAS ELC of any subsidy changes and parents are aware that it may alter fees. Parents acknowledge that attendances cannot be submitted to the CCS System later than 14 days from the previous fortnight.

I have read and understood the information in this application. Information provided about my child or other people, has been given with their authorisation.

Print Name: _____ Signature: _____ Date: __/__/__

Print Name: _____ Signature: _____ Date: __/__/__

Privacy Disclaimer

We acknowledge and respect the privacy of our families. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.