

Orientation Process for New Children

Welcome to Blue Gum Early Learning & Child Care Centre

We encourage you to come in and visit our centre. Please feel free to look around, meet the centre staff and share information about your child and your family. This helps families to feel more at ease with the centre and gives your child an opportunity to play and become familiar with their new learning environment.

We appreciate that starting at any new centre can be a little unsettling for all involved. Therefore we use a number of strategies to make the transition smoother.

During the orientation process, you and your child will be shown around the centre and important aspects of your child's room will be highlighted. These include the sign-in book, various communication channels; the time the Group Leader is available to discuss the children's development, the foyer suggestion jar and our daily curriculum. The Director / assistant director will also take this opportunity to explain to you the curriculum process, which occurs in each room and discuss how it caters for the individual needs and interests of each child.

Parents are encouraged to come and spend time with their child before they commence at the centre. This will help your child feel more secure and at ease during the transition process and welcome you into the Blue Gum Family. As all children are uniquely different, so too are their settling in patterns. Should you, at any time, wish to discuss your child's progress or how they have settled in, we are only too happy to provide you with this feedback along with further strategies for you and your child at separation time. We are here for you and your family and we look forward to working with you in the very best interests of your child.

Once again, Welcome to Blue Gum Early Learning and Child Care Centre.

Enrolment Form

CHILD'S DETAILS

Given Name/s: Last Name: Sex: M / F

Other name/s or former name/s the child is known by:
.....

Date of Birth:/...../..... Place of Birth: Date to start:

Ethnicity: Language spoken: Religion:

Child's Home Address:

Custody / Court Orders? Yes / No (If Yes, please provide details and copies)

Days / Times Booked

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					

Are you applying for Child Care Subsidy?

Child's Doctor:

Doctor:

Address:

Phone:

Medicare Number:

Health Fund:

Parent / Guardian Details – Parent/ Guardian 1

Title/First Name:

Last Name:

Other name/s parent is known by:

Home address:

Home Phone:

Mobile:

Ethnicity:

Language Spoken:

Marital Status:

Occupation:

Work Name & Address:

Work Phone:

Relationship to the Child:

EG Mother/Father/Guardian

Email Address:

Child's Dentist:

Dentist:

Address:

Phone:

Ambulance Fund: Yes / No

If yes, please provide details:

Parent / Guardian Details – Parent/ Guardian 2

Title/First Name:

Last Name:

Other name/s parent is known by:

Home address:

Home Phone:

Mobile:

Ethnicity:

Language Spoken:

Marital Status:

Occupation:

Work Name & Address:

Work Phone:

Relationship to the Child:

EG Mother/Father/Guardian

Email Address:

Family Details:

Other children living at home, names and D.O.B.

Can you contribute any skills to our centre’s curriculum or have time to volunteer?

E.g. play a musical instrument, speak another language etc.

Have you used Child Care before: Yes / No

If yes, please provide details:

Immunisations

Has your child been immunised? Yes/ No

Is your child up to date with immunisations? Yes / No

If no, please provide details:

Please provide evidence of immunisations E.g. your child’s health book

Immunisation Schedule

Birth	<input type="checkbox"/> Hep B				
2 Months	<input type="checkbox"/> Hep B	<input type="checkbox"/> DTPa	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> Pnuemococcal
4 Months	<input type="checkbox"/> Hep B	<input type="checkbox"/> DTPa	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> Pnuemococcal
6 Months	<input type="checkbox"/> Hep B	<input type="checkbox"/> DTPa	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> Pnuemococcal
12 Months	<input type="checkbox"/> Hep B	<input type="checkbox"/> DTPa	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> Pnuemococcal
18 Months	<input type="checkbox"/> VZV				
4 Years	<input type="checkbox"/> DTPa	<input type="checkbox"/> MMR	<input type="checkbox"/> IPV		

Allergies

Does your child have any allergic reactions? E.g. Foods, medicine, grass, sunscreen, etc. Yes / No

If yes, please provide details and action plan for dealing with allergic reactions:

Medical Conditions

Does your child have any medical conditions? E.g. asthma, convulsions, etc. Yes / No

If yes, please provide details and action plan for dealing with medical conditions:

Does your child take any regular medication? E.g. Ventolin etc: Yes / No

If yes, please provide details:

Child’s present health status:

Special Needs

Does your child have any special needs / challenging behaviours? Yes / No

If yes, please provide details:

Does your child regularly visit a specialist? E.g. speech therapist etc. Yes / No

If yes, please provide details:

GENERAL INFORMATION

Food/Meals

Does your child have any special dietary needs? E.g. vegetarian, religious beliefs, etc. Yes / No

If yes, please provide details:

Foods they like: Foods they dislike:

Other details:

General Needs

Does/can you child participate in festivals/celebrations? Yes / No

Please provide details:

Does your child have any special comforter? Yes / No

If yes, please provide details:

Does you child have any fears? E.g. animals, thunder, trucks etc. Yes / No

If yes, please provide details:

Authority to collect (Do not include Parent/s name/s)

I authorise the staff members of Blue Gum Early Learning and Child Care Centre to give the following persons access to my child. (Must be over 16 years of age). Please ensure these contact persons are willing and able to collect your child in the event that they are required to do so. At least two contact names must be completed before enrolment commences.

Contact/Collect
First name:
Last Name:
Address:
.....
Home phone:
Mobile:
Work phone:
Relation to Child

Contact/Collect
First name:
Last Name:
Address:
.....
Home phone:
Mobile:
Work phone:
Relation to Child:

Contact/Collect
First name:
Last Name:
Address:
.....
Home phone:
Mobile:
Work phone:
Relation to Child:

I give the Management/Staff of Blue Gum Early Learning and Child Care Centre the authority:

- For my child to take part in short walking excursions from the centre; (Parent permission will be sought annually to accommodate spontaneous excursions) Yes / No
- To use the name and/or photo/video of my child for the centre displays and Storypark online curriculum; Yes / No
- To apply sunscreen to my child for outside play; Yes / No
- For centre personnel and students to observe my child to assist in developing programmes; Yes / No
- To allow the people listed as Parents & Contact Persons to drop off and collect my child from the Centre unless otherwise specified Yes / No
- To allow the people listed as Parents & Contact Persons authorised to drop off and collect my child to also sign off Medication Records and Accident/Incident Reports unless otherwise specified. Yes / No

Parent/s Signature & Name: Date:

GENERAL INFORMATION

Medical Emergency

In the case of accident or emergency, every effort will be made to contact the parent/s immediately.

In the event that my child requires medical attention, I authorise the staff of Blue Gum Early Learning & Child Care Centre to obtain / or provide medical assistance, and agree to pay any medical / transport costs incurred.

Parent/s Signature & Name Date/...../.....

Payment Agreement

I / we understand that:

- Fees are payable two weeks in advance
- If my fees are in arrears for more than two weeks and no arrangements have been made with the Director, my child’s place will be withdrawn.
- Fees will be charged for booked days that my child does not attend due to illness, holiday, public holidays, and RDO days.
- I need to provide two weeks’ notice in writing prior to withdrawing from the centre and will agree to pay all outstanding fees prior to my departure.
- Should I fail to pay my fees and my place is withdrawn or when I leave the centre, I will be liable for all additional costs incurred by the centre in collecting the outstanding fees.
- Full fees are payable until Child Care Benefit confirmation is received by the Centre.

Parent/s Signature & Name: Date:/...../.....

Parent’s Signature & Name: Date:/...../.....
(To be signed by both parent/s or guardians where applicable)

Information Authority

The Family Assistance Office can provide your information to someone else in special circumstances, where Commonwealth Legislation allows or requires, or where you give your permission.

Blue Gum Early Learning and Child Care Centre may need to request the following Information from the Family Assistance Office:

- Details regarding your Child Care Subsidy percentage and it’s currency;
- Your current residential address and phone number

I give the Family Assistance Office the authority to provide Blue Gum Early Learning & Child Care Centre information regarding my Child Care Subsidy percentage and it’s currency and my current residential address and phone number.

Parent/s Signature & Name: Date:/...../.....

Looking at the Multi-Cultural Needs of your Family

To enable our staff to provide appropriate programmes for all children, it is vital that we have as much information about each child as possible.

Child's Name:

Date of Birth:

Country of Origin:

Language spoken at home:

Can the child speak English?

Can the child understand English?

Would an interpreter be of benefit to the child during the settling in period?

What religious or cultural practices would you like your child to observe? Please give details:

.....

.....

How many family members live with the child? (Older/younger brothers and sisters, grandparents, aunts, uncles, etc. Please give details):

Eating patterns: Any special diet or food?

.....

Family rules: Discipline, affection (Please give details)

.....

.....

Are there any activities in the centre which may contravene your family values or beliefs?

.....

.....

Could you help us find posters, artefacts, cookery, dolls, musical instruments, dress-up clothes, or any articles to assist us to share and enhance your culture with the other children in the group:

.....

Can you help us provide an insight into your ethnic cultural background? Can you explain jobs, careers, different cultures, stories, music, foods, craft, art etc. from your country to the children?

.....

Implementing a multi-cultural, anti-bias approach in early childhood is a top priority at our Centre. Any information that you can provide to assist us would be appreciated.

Child Profile

(This form is required to assist our Group Leaders develop individual educational programmes for your child)

Date: / /

Name:

Date of Birth: / /

Family Background:

.....
.....
.....
.....
.....

Religion:

Cultural Requirements:

.....
.....
.....
.....
.....

Allergies:

.....
.....
.....

General Comments / Special Needs:

.....
.....
.....

What is your preferred method of contact?

Mobile Email Storypark All

Parent Statement

Family Name:

Family CRN:

Child's CRN:

Mother's Name: Date of Birth: / /

Father's Name: Date of Birth: / /

1. Complete the section below if you have additional child/ren attending another service in the same week/s, which you will also receive a CCB percentage for. Only indicate one category for each additional child/ren.

1st Child's Name: attends this centre

2nd Child's Name: attends this centre attends other service

3rd Child's Name: attends this centre attends other service

4th Child's Name: attends this centre attends other service

2. Complete the section below if your child has used "Allowable Absentees" at another service during the current financial year.

How many "Allowable Absentees" have been used? days.

Parent's Signature:

Parent's Name: Date: / /

If you are uncertain on how to complete this form correctly, please ask your Centre Director for assistance.

Children's Safety Notice

1. For the health, safety and well-being of all children attending the centre, please ensure these items are removed from your child's bag:

- Cigarettes
- Cigarette lighter
- Creams
- Headache tablets
- Medications (including Panadol & Bonjela)
- Poisons
- Safety pins, rubber bands, hair clips etc.
- Mobile phones
- Cosmetics
- Plastic nappy bags
- Any other item that could potentially cause harm to a child

2. Please ensure that you close all doors behind you at all times

3. It is a legal requirement that each child be signed into and out of the centre on a daily basis.

Thank you for your assistance to help us provide a safe environment for all children at the centre.

I / We acknowledge that we have read this document.

Parent's Name/s: _____

Parent's Signature: _____

Privacy and Disclosure Statement

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through our website, social media page, Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the Early Years Learning Framework. This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, child care benefit information, Medicare number, , immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences and needs, including special needs.

We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent or we are complying with an Australian law.

We aim to keep the personal information we hold accurate, up-to-date and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency.

We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is Jane Brenzi the Nominated Supervisor who may be contacted by telephone on 08 93646517 or email admin@bluegumchildcare.com.au or by mail to 33 Moolyeen Road Brentwood 6153

We will provide a copy of any updates to our Privacy and Confidentiality Policy via email and include the changes in our Newsletter.

Disclosure Statement

We will not use personal information for any purpose that is not reasonably needed for the proper or effective operation of the service. Personal information may be accessed by and exchanged with staff educating and caring for a child or by administrative staff.

We do not disclose your personal information to others unless you would have reasonably expected us to do this or we have your consent. For example, personal information may be disclosed to:

- emergency service personnel where this is necessary to provide medical treatment in an emergency
- special needs educators or inclusion support agencies
- volunteers, trainees and work experience students (with consent)
- trainers or presenters if children participate in special learning activities
- organisations related to the Service (eg other Services)
- another Service to which a child is transferring where you have consented to the transfer.
- the new operator of the Service if we sell our business and you have consented to the transfer of enrolment and other documents listed in Regulation 177 of the National Education and Care Regulations.

We may disclose personal information where we are permitted or obliged to do so by an Australian law. For example, personal information may be disclosed to:

- authorised officers when our service is assessed and rated under the National Education and Care Law and Regulations
- Government employees (eg for CCS, Immunisation, Medicare purposes)
- software companies that provide child care management systems
- management companies we may engage to administer the Service
- software companies that provide computer based educational tools which use a child's personal information.
- lawyers in relation to a legal claim
- officers carrying out an external dispute resolution process
- a debt collection company we use to recover outstanding fees
- react to unlawful activity, serious misconduct, or to reduce or prevent a serious threat to life, health or safety. We are obliged to cooperate with law enforcement bodies in some circumstances.