

Hours of operation	Monday to Friday 8.00 am to 6.00 pm (excluding public holidays)
The Centre closes for two weeks over Christmas and New Year (fees are not paid during this time)	
Please note: The Centre charges for public holidays	

In this folder you will find the following:

- Enrolment Forms
- Emergency Details Form
- Kiosk Access Information Form
- Child Care Subsidy Forms
- This information sheet about the how's and why's of completing the Enrolment Forms and Emergency Details Form

All information gathered is maintained in a private and confidential manner and stored appropriately. As per regulation 181 of the Education and Care Services National Regulations and the Privacy Act information is not divulged or communicated to any other party other than relevant authorities e.g.: medical information may need to be shared with health care providers without your permission.

We only ask for information relevant to the business of providing Early Education and Care for your child

Families are billed for the whole 10-hour session each day the child attends.

Parent Information and Policy Information can be found on our website – www.wodenchildcare.com.au

The Enrolment Form

- **Is required before your child starts care with us and links to regulations 158-162**

The questions asked are needed to assist the Centre to claim any government entitlements on your behalf e.g. your D.O.B. and CRN are needed as identifiers in relationship to claiming the Childcare Subsidy (CCS). If your CRN is absent or inaccurate your child's enrolment is unable to receive the Childcare Subsidy (CCS) until these details are provided.

Permissions

- We request permission to give your child Paracetamol if they are unwell or have a fever – we do try and ring a parent to ask if the child has had Paracetamol earlier in the day, however if the child has been in care longer than 4 hours and we can't contact one of the parents we will administer Paracetamol only where written permission has been provided.
- We request your medical practitioner details so that in the event of an emergency we/the treating doctors can gain any relevant medical information, which may assist them in their treatment of your child. This is required under Regulation 162.
- Immunisation records – we ask for your Medicare details along with your child's immunisation records under Regulation 162. This information is photocopied (2 copies) one copy is sent to the Dept. of Health for their records as per government requirements and the other copy is held here at the centre in line with Education and Care Services National Regulation 172. Immunisation records are also required for the receipt of CCS. <https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy>
- **Custody issues** – it is vital that we are aware of any court orders relating to the children in our care. We have a legal responsibility to keep all children safe. If someone breaches a court order (and we are aware) then we are able to contact the police
- **Sun cream** is applied routinely (with your permission) to children, you may choose to bring your own or use the Centre's. If you bring in your own we will create a Communication Plan for your child.

Observations

- Educators take photos and document each child's learning and then plan for that learning.
- This information will be posted to the Centre's app for individual families to view about their child.
- Families are encouraged to comment on the observations and make suggestions in relation to their child's interests so that we may extend on their interests.
- We sometimes display photos in the front foyer as a way of communicating to families what we do.
- All information gathered is maintained in a private and confidential manner and stored appropriately

Walking Excursions

- In alignment with our Centre Philosophy we take the opportunity to explore the local area. On these regular walks we will not cross a **major road**.
- These excursions enrich our programs and provide the children with a sense of belonging - they know where they are in the scheme of things.
- There is a sense of adventure when someone says, "Let's go for a walk", it leads to questions such as 'where will we go?' "What will we see?"
- By providing permission it means the group can just get up and leave the Centre for a walk if they feel it appropriate, weather permitting.
- Educators will carry mobile phones and a basic first aid kit.
- Room ratios are maintained during these incidental excursions.

**** Major excursions** – where **crossing a main road** requires a permission note signed by parent/guardian or authorised nominee for that excursion alone. The ratios are different they are one educator to four children.**

Emergency Detail Forms

- This form may seem like a duplication of information, however these are vital as they provide us with the most up to date information about your child. These are usually up-dated annually – however if families have major changes then it is best to fill out another form.
- We store these forms separately to the enrolment form and take these forms in the event of an emergency so that we can contact and inform families as to what is happening.
- The forms are also taken to the hospital with your child in event of a serious accident.
- Educators access these forms to check that permission has been given for walks, paracetamol, Ventolin, allergies etc. **This is why they need to be up dated as soon as changes occur.**

Emergency Contacts (alternate pick up people) / Authorised Nominee

- **Emergency Contacts** are persons other than the parents of the child, and within reasonable proximity of the Centre. For example, in the case of illness accident or emergency, and if neither parent is able to be contacted who do you wish us to contact next? These people may also be required to sign permission for medication.
We welcome any questions that you may have regarding these forms and the information required.
- **Authorised Nominees** are persons other than the parents of the child who are able to authorise and give consent for medical treatment from a registered medical practitioner, hospital or ambulance and administration of medication to the child. This person has been given written permission by the parent or guardian to collect the child from the Centre or able to authorise an educator to take a child out of the service for excursions
- **Kiosk Access Information Forms** allow the persons named by a parent or guardian to be able to sign the child in and out of the service upon arrival and departure. These people need to be over the age of 18.

Days of attendance	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>
Date of CommencementRoom Age.....					

Child's information

Family Name:Given Name:

Preferred Name: Gender (please circle): Male/Female Date of Birth:

Child's Home Address:

Home Telephone: Childs CRN:

(each child has their own customer reference number - for more information contact the Dep of Human Services on 136 150 or visit mychild.gov.au)

Court Orders and Access

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

No Yes please supply a copy of the relevant documentation and paperwork

Are there any court orders relating to the child's residence or the child's contact with a parent or other person?

No Yes please supply a copy of the relevant documentation and paperwork

Is there anyone you **DO NOT** wish to have access to your child? (please circle) YES / NO

Whom:

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

Fees

Name of person responsible for payment of fees?

Email address for delivery of account:

Note it is the responsibilities of the person responsible for payment of fees to ensure that the Centre is updated with email account changes

Family involvement

In which way would you be willing to support your child's program at Woden Early Childhood Centre?

volunteer excursions gardening with children reading with children policies

fundraising cooking with children Member of the Management Committee other

Enrolment Form

Child's Name: Date of Birth:

FAMILY INFORMATION:

Primary Parent /Guardian Person entitled to claim CCS	Secondary Parent/Guardian
Full Name: Gender (Please circle): Male / Female Address: Mobile: Email Address: Parent CRN: DOB: Country of Birth: Cultural Background: Occupation: Work Telephone: Employer: Hours of Work: Relationship to child: Are you the parent/guardian who receives the Child Care Subsidy? Yes <input type="checkbox"/> No <input type="checkbox"/> Child Lives with? <input type="checkbox"/>	Full Name: Gender (Please circle): Male / Female Address: Mobile: Email Address: DOB: Country of Birth: Cultural Background: Occupation: Work Telephone: Employer: Hours of Work: Relationship to child: Are you the parent/guardian who receives the Child Care Subsidy? Yes <input type="checkbox"/> No <input type="checkbox"/> Child Lives with? <input type="checkbox"/>

Siblings

Childs name: Age:
 Childs name: Age:
 Childs name: Age:

Close relations in the Centre (cousins, etc.):

Pets.....
 Other.....

Enrolment Form

Child's Name:	Date of Birth:
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Medical Information:

Doctor's Details:	
Doctor's Name:	Doctor's Phone:
Doctor's Practice:	Practice Address:

Medicare Details:	
Medicare Number:	Number of Child on Card:
Medicare Expiry Date:	

Health Cover:	
Private Health Cover (Please Circle): YES / NO	Private Health Fund Name:
Private Health Care Membership Number: Ambulance Cover (Please Circle): YES / NO	

Immunisation	
is your child fully immunised? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes please provide a current immunisation record.	
If you are a conscientious objector to immunisation, please provide a signed "conscientious objector form" and sign here to verify that you are aware that your child may be excluded from attending the Centre if there is an outbreak of a preventable disease until the outbreak has ended.	
Parent/Guardians signature	
Immunisation records supplied: <input type="checkbox"/> No <input type="checkbox"/> Yes	

Child's Health Details	
Medical conditions: (Asthma and anaphylaxis plans which the child's medical practitioner has prepared, must be attached)	
.....	
.....	
Medications:	
.....	
Allergies: (Include family history of allergies and reaction)	
.....	
Accident History:	
.....	
Illness history:	
.....	
Dietary needs (List all foods your child cannot eat):	
.....	

**** 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 fill out a medication record and provide instructions either written or verbally given by the medical practitioner.**

Any medication, including non-prescription medication such as nappy creams and Panadol, must be authorised by the parents or an authorised nominee on the permissions form.

Enrolment Form

Child's Name: Date of Birth:

Child's information

Do you identify your child as being of Aboriginal or Torres Strait Islander descent?

No Yes, Aboriginal Yes, Torres Strait islander I prefer not to answer this question

Ethnic and Cultural identity of your child?

Languages spoken at home?

Preferred language to be used across the Program?

Are there any ways the Centre can support your family with these requirements?

.....
.....

Your Child's Patterns:

Diet

Sleep

Toileting

Behaviour

Play

Fears

Support services used

Does your child attend another Early Childhood Program?

Transition to School:

Have you decided what school to send your child to? Yes No

If Yes, please provide the name of school:

Do you give permissions for Woden Early Childhood Centre to exchange information with the school to assist your child transition to school? Yes No

While public schools have no requirement for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them into your child's program:

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

Enrolment Form

Child's Name: Date of Birth:

Authorised Nominee is:

- This person can authorise and give consent to medical treatment from a registered medical practitioner, hospital or ambulance service and administration of medication to the child.
- This person has been given permission by a parent or guardian to collect the child from the Centre.
- This person is authorised to authorise an educator to take a child out of the service for excursions.

Authorised Nominee /Emergency Contact 1

Name:

Address:

Telephone:

Relationship to child:

D.O.B: Gender: Male / Female

- This person has my permission to consent to medical treatment from a registered medical practitioner, hospital or ambulance service
- This person has my permission to consent to administration of medication to the child.
- This person has my permission to collect the child from the Centre
- This person has my permission to authorise an educator to take a child out of the service for excursions

Authorised Nominee /Emergency Contact 2

Name:

Address:

Telephone:

Relationship to child:

D.O.B: Gender: Male / Female

- This person has my permission to consent to medical treatment from a registered medical practitioner, hospital or ambulance service
- This person has my permission to consent to administration of medication to the child.
- This person has my permission to collect the child from the Centre
- This person has my permission to authorise an educator to take a child out of the service for excursions

Authorised Nominee /Emergency Contact 3

Name:

Address:

Telephone:

Relationship to child:

D.O.B: Gender: Male / Female

- This person has my permission to consent to medical treatment from a registered medical practitioner, hospital or ambulance service
- This person has my permission to consent to administration of medication to the child.
- This person has my permission to collect the child from the Centre
- This person has my permission to authorise an educator to take a child out of the service for excursions

Authorised Nominee /Emergency Contact 4

Name:

Address:

Telephone:

Relationship to child:

D.O.B: Gender: Male / Female

- This person has my permission to consent to medical treatment from a registered medical practitioner, hospital or ambulance service
- This person has my permission to consent to administration of medication to the child.
- This person has my permission to collect the child from the Centre
- This person has my permission to authorise an educator to take a child out of the service for excursions

Enrolment Form

Child's Name: Date of Birth:

Permissions

I am willing for my child to be observed by students studying early childhood education subjects while in attendance at this Centre. **YES/NO**

I am willing for my child to be photographed involved in audio/visual recordings and have written documentation about their involvement in the program displayed within the Centre and in Portfolios. I understand that my child's photo may appear in other children's portfolios as a reflection of group care and friendships. **YES/ NO**

I wish the centre to supply and apply sunscreen (SPF 30 + UVA/UVB) to my child between August and May as per the Sun Protection Policy. **YES/ NO**

I wish the Centre to apply only the sunscreen which I **have supplied** for my child between August and May as per the Sun Protection Policy. **YES/ NO**

I authorise my child to participate in regular walking excursions in the local area as part of the Program at Woden Early Childhood Centre. **YES/ NO**

I Authorise my child to be administered one dose of Paracetamol as directed on the product packaging in an emergency such as a high temperature (greater than or equal to 38 degrees Celsius.) **YES/ NO**

I Authorise my child to be administered Ventolin in the event of breathing difficulty in line with the Centre's Asthma Policy **YES/ NO**

Please be advised that it is a regulatory requirement that if the child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or senior 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 hereby understand and give authorisation for a staff member of the Centre to provide appropriate medical attention for my child in an emergency (Inclusive of First Aid) **YES/ NO**

I hereby understand and give authorisation for ambulance transport to be called for my child if my child requires emergency hospital treatment **YES/ NO**

I hereby understand and give authorisation for evacuation in an emergency. **YES/ NO**

Please note that all medical expenses incurred will be at the expense of the parent. It is also understood at the time of incident every effort will be made to contact parents/guardians or emergency contacts to advise them of such an incident. Educators will provide relevant information about my child to Ambulance officers and the Hospital.

I am aware that all early childhood educators and staff are mandated by law to report any suspected cases of child abuse

Parent/Guardian signature.....Date..... Witness.....

Parent/Guardian signature.....Date..... Witness.....

Enrolment Form

Child's Name: Date of Birth:

Enrolment agreement

I/we parent/s of

- Have visited Woden Early Childhood Centre and discussed the enrolment of my/our child.
- I understand the importance of family co-operation and agree to participate where possible in the activities of the Centre.
- Agree to be bound by the Constitution/Rules, Regulations and Policies of Woden Early Childhood Centre (available from the Centre).
- Agree to collect or make arrangements to collect the child referred to in this enrolment form if he/she becomes unwell at the service.
- Declare that the information in this enrolment form is true and correct and undertake to immediately inform Woden Early Childhood Centre in the event of any change to this information.
- Will refer to the service Policy Documentation for further information

Parent/Guardian signature.....Date..... Witness.....

Parent/Guardian signature.....Date..... Witness.....

Office use only (tick and initial)

- Permissions entered on computer
- Email address entered
- Immunisation record copied
- Dietary information passed onto educators and kitchen staff
- Form emailed to NBCA

Enrolment Form

Child's Name:

Date of Birth:

Child Care Subsidy (CCS)

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

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 Form

Child's Name: Date of Birth:

Enrolment Agreement

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

Please circle the following items to authorise:

Health and Safety:

I/We give permission for my/our child to: Participate in outings to places of interest (permission slip will have to be signed when crossing a main road, before allowing your child to leave the Service)	YES	NO
Have (SPF 30 + UVA/UVB) sunscreen applied prior to sun exposure (if not, please provide a letter releasing the Service of any liability)	YES	NO
Have educators apply Centre authorised Nappy Cream (supplied by the parent)	YES	NO

Photography and Video:

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)	YES	NO
For photos and video footage of my/our child to have written documentation about their involvement in the program displayed within the Centre and in Portfolios. I understand that my child's photo may appear in other children's portfolios as a reflection of group care and friendships.	YES	NO
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)	YES	NO
For photos and video footage of my/our child to be used on our Service's website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO
We ONLY give permission for photos and video footage of our child to be taken for our own personal viewing and receive copies	YES	NO

Enrolment Form

Child's Name: Date of Birth:

Written Arrangements:

A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identities to pay the child care fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

This Written Arrangement between _____ and Woden Early Childhood Centre
(Parent/Guardian Full Name) (ECEC Service Provider)

is an ongoing agreement between the ECEC Service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B (3) of the *Family Assistance Administration Act*.

Arrangement Type: (please circle)	CWA	RA	ACCS	Arrangement with an organisation	
Name of Service:	Woden Early Childhood Centre				
Service ID:	190010695K				
Parent/Guardian Full Name:					
Parent/Guardian Contact Details:					
Parent CRN:					
Date the arrangement was entered:					
Full Name of the child attending care:					
Child's Date of Birth:					
Child's CRN:					
Expected Session of Care: (please circle)	Mon	Tues	Wed	Thurs	Fri
Care Arrangement: (please circle)	Routine Care		Casual Care		Flexible Care
Fees to be charged to the individual for the sessions of care provided					

Note: Proposed fees can be detailed by reference to other material (such as fee schedule or information on website maintained by the provider) Parties understand and are aware fees may vary from time to time.

Enrolment Form

Child's Name: Date of Birth:

Please tick box to confirm that you have read each point:

	I agree to inform the Service in writing immediately of any changes to the above information
	I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
	If I am unable to collect my child by closing time, I will organise for one of the other 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 if 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 pay a late fee of \$15.00 for first 5 minutes and \$5.00 for every minute after closing time. If a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, staff will notify Children's Education and Care Assurance and may be required to take our child to the local Police Station to await our arrival. A note will be left detailing the child's whereabouts at the Centre.
	I agree to give two weeks written notice to withdraw my child or reduce booked days. My child must attend for these two weeks or full fees will be paid as CCS isn't paid for non-attendance once notice is given
	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 you 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 the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature. Please note that if your child is not coping in group care or the temperature has not gone down after the child is administered paracetamol you will be required to come and collect your child
	I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's 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 unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication

	<p>I give permission for my child to be observed by the Educators of the Service and students supervised by a Senior Educator. I give permission for my child to participate in programs organised by practicum students under the supervision of a Senior Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.</p> <p>I have read and am familiar with the Service's Policies located in the front foyer of the Service and on the Service's website. I agree to follow, support and abide by these Policies and am aware that educators are available to discuss with me 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.</p>
	<p>I have provided accurate and up to date information on the Written Arrangement</p>
	<p>I am interested in being a part of the Management Committee that meets occasionally to update policies, etc.</p>
	<p>I, or someone I know has a skill they could share with the children</p> <p>please list _____</p>

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

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

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. 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 Confidentiality Policy

WECC Emergency Detail Form

Child's information

Family Name: Given Name: Date of Birth: Male/Female

Primary Parent/ Guardian	Secondary Parent/ Guardian
Full Name:	Full Name:
Address:	Address:
Work Details:	Work Details:
Work Telephone:	Work Telephone:
Phone: Gender: Male / Female	Phone: Phone: Gender: Male / Female
Child Lives with? <input type="checkbox"/>	Child Lives with? <input type="checkbox"/>

Authorised Nominee is:

- This person can authorise and give consent to medical treatment from a registered medical practitioner, hospital or ambulance service and administration of medication to the child.
- This person has been given permission by a parent or guardian to collect the child from the Centre.
- This person is authorised to authorise an educator to take a child out of the service for excursions.

Authorised Nominee /Emergency Contact 1	Authorised Nominee /Emergency Contact 2
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Relationship to child:	Relationship to child:
D.O.B: Gender: Male / Female	D.O.B: Gender: Male / Female
<input type="checkbox"/> This person has my permission to consent to medical treatment from a registered medical practitioner, hospital or ambulance service	<input type="checkbox"/> This person has my permission to consent to medical treatment from a registered medical practitioner, hospital or ambulance service
<input type="checkbox"/> This person has my permission to consent to administration of medication to the child.	<input type="checkbox"/> This person has my permission to consent to administration of medication to the child.
<input type="checkbox"/> This person has my permission to collect the child from the Centre	<input type="checkbox"/> This person has my permission to collect the child from the Centre
<input type="checkbox"/> This person has my permission to authorise an educator to take a child out of the service for excursions	<input type="checkbox"/> This person has my permission to authorise an educator to take a child out of the service for excursions

Child's Health Details

Does your child have any medical conditions? **YES/NO** If yes, please list

(Asthma and Anaphylaxis Plans which the child's medical practitioner has prepared, must be attached)

Does your child have any medications? **YES/NO** If yes, please list

Does your child have any allergies? **YES/NO** If yes, please list

(Include family history of allergies and reactions)

Does your child have any dietary needs? **YES/NO** If yes, please list

(List all foods your child cannot eat)

Accident/Illness History:

Is there anyone you **DO NOT** wish to have access to your child? (Please circle)

YES /NO

Name:

WECC Emergency Detail Form

Permissions

I am willing for my child, while in attendance at this Centre to be observed by students **YES/NO**

I am willing for my child to be photographed involved in audio/visual recordings and have written documentation about their involvement in the program displayed within the Centre and in Daily Journal I understand that my child's photo may appear in other children's portfolios as a reflection of group care and friendships **YES/ NO**

I wish the centre to supply and apply sunscreen (SPF 30 + UVA/UVB) to my child between August and May as per the Sun Protection Policy as recommended by the Cancer Council **YES/ NO**

I wish the Centre to apply only the sunscreen which I have supplied for my child between August and May as per the Sun Protection Policy as recommended by the Cancer Council **YES/ NO**

I Authorise my child to be administered one dose of Paracetamol as directed on the product packaging in an emergency such as a high temperature (38 degrees Celsius or higher.) **YES/ NO**

I Authorise my child to be administered Ventolin in the event of breathing difficulty in line with the Centre's Asthma Management Policy **YES/ NO**

Please be advised that it is a regulatory requirement that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or senior 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 hereby understand and give authorisation for a staff member of the Centre to provide appropriate medical attention for my child in an emergency. (Inclusive of First Aid) **YES/ NO**

I hereby understand and give authorisation for ambulance transport to be called for my child if my child requires emergency hospital treatment. **YES/ NO**

I hereby understand and give authorisation for evacuation in an emergency. **YES/ NO**

I hereby understand and give authorisation for a staff member of the Centre to contact our Authorised/ Emergency contact if they are unable to contact either parent/guardian **YES/ NO**

Please note that all medical expenses incurred will be at the expense of the parent. It is also understood at the time of incident every effort will be made to contact parents/guardians or emergency contacts to advise them of such an incident.

I am aware that all early childhood educators are mandated by law to report any suspected cases of child abuse

Parent/Guardian signature: Date.....

Parent/Guardian signature: Date.....

Checklist

Please complete the below checklist prior to submitting these forms:

Have you completed all sections of these forms?	YES/ NO
Have you provided a copy of your child's immunisation schedule?	YES/ NO
Have you provided details of a least one authorised nominee?	YES/ NO
Have you provided details of any relevant medical conditions?	YES/ NO
Have you attached a current(less than 12 months old) Medical Action Plan?	YES/ NO
Have you attached a current(less than 12 months old) Asthma Action Plan?	YES/ NO
Have you attached a current(less than 12 months old) Anaphylaxis Action Plan?	YES/ NO
Have you attached relevant court order documentation?	YES/ NO

Notes:

Kiosk Access Information Form

Child's Name: _____

Room Name: _____

Date of Birth: _____

All persons must be at least 18 years old

Parent Name:	Relationship to Child:	Contact Number:
Parent Name:	Relationship to Child:	Contact Number:
Authorised Person 1:	Relationship to Child:	Contact Number:
Authorised Person 2:	Relationship to Child:	Contact Number:
Authorised Person 3:	Relationship to Child:	Contact Number:
Authorised Person 4:	Relationship to Child:	Contact Number:
Authorised Person 5:	Relationship to Child:	Contact Number:

I _____ give permission for the above listed authorised nominees to collect and deliver my child _____ to Woden Early Childhood Centre. I can have these people removed as an authorised nominee by written request to Centre Director.

Parent Signature

Date

OWNA Parent and Guardian Consent Form

Dear Parent/Guardian,

The Woden Early Childhood Centre App is a secure mobile-based portfolio platform specifically designed for early childhood education services and parents. This app was built in-conjunction with OWNA Corp Pty Ltd (ACN: 613 387 474).

Paper-based records for daily information (for example: eat/sleep charts, nappy changes) and portfolios are a good way to track your child's progress throughout the day and their early learning experiences. However, they are only available within the centre on the given day or for portfolios a few times a year at most and can be out of date.

The Woden Early Childhood Centre app allows you to see your child's activities at any time. Educators share photos, videos, stories and reflections in real time. Parents can read and respond to posts, upload their own photos, and stay updated on announcements. Access the Woden Early Childhood Centre app via an iOS (Apple) or Android enabled device.

The Woden Early Childhood Centre app provides a secure environment to that improves communication. Collaboration between parent-educators is at the heart of our service and we understand that we our services can improve with increased engagement between parent & educators. Learning is visible so when everyone is on the same page, the outcomes for the children can only be positive.

To begin using the Woden Early Childhood Centre app we need to have your permission to upload photos, videos, learning stories and artwork involving your child into the Woden Early Childhood Centre app platform. Your child will appear in other children's portfolios, if you **do not** wish for your child to appear in other children's portfolios please speak to the Centre Director. Please sign below and return to us. Also, please provide your email address so we can send you an invitation to join the Woden Early Childhood Centre app.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter/email to the Centre Director and such rescission will take effect upon receipt by the Centre Director

Educators will use the Woden Early Childhood Centre Application in accordance with the Privacy Policy set out on our website. Our Website may contain links to other websites. Please be aware that we are not responsible for the privacy practices of other sites. When you go to other websites from our website, we advise you to be aware and read their privacy policy.

Name of child: _____

As the parent, guardian, or responsible adult for the above child, I consent to the above service's collection, use and display of my child's information on the Woden Early Childhood Centre Application in accordance with the Privacy Policy set out on the OWNA website.

Parent/Guardian Signature: _____

Date: _____

Full Name: _____

Email: _____