

Address: 5 Rosegum Road Warabrook NSW 2304
PO Box 371 Mayfield 2304
Email: childcare@mulberrycottagenursery.com.au
Phone: 02 4960 8355



REQUIRED DOCUMENTATION

Regarding your application to enrol your child at Mulberry Cottage Education and Care Service, we require the following approved documentation from you to process your child's application.

1. Under the NSW Public Health Act 2010, an approved immunisation form from the Australian Immunisation register (AIR) must be provided in order to enrol your child as follows:

- i. An Immunisation History Statement showing your child's immunisations are up to date (including if your child has a medical contraindication or natural immunity to some or all vaccines), or;
- ii. An Immunisation History Form where an immunisation provider has certified vaccines given by another immunisation provider (i.e. vaccines given overseas) and/or organised to commence your child on a catch-up schedule for any overdue vaccines

Other immunisation records, such as the Interim NSW Vaccination Objection Form, Blue Book, a GP letter or an overseas immunisation record are not acceptable.

AIR Immunisation History Statements are automatically sent to parents/guardians after their child has completed their 4 year old immunisations, but parents/guardians can obtain updated statements at any time (up to the child being 14 years of age) by:

- Using their Medicare online account through my Gov at <https://my.gov.au/>
- Using the Medicare Express Plus App at www.humanservices.gov.au/individuals/subjects/express-plusmobile-apps
- Calling the AIR General Enquiries Line on 1 800 653 809

Complying Written Agreement

Parties of Agreement

Between: Primary Carer as registered with Centrelink and written on Page 2 , residing at address as listed on page 2 (Guardian)

And: Mulberry Cottage Early learning centre and nursery

For the care of: Child as written on Page1, DOB as written on page 1, Start Date: _____ (Child)

By: Mulberry Cottage Early learning centre and nursery

As a part of your enrolment at our service we require you to confirm acceptance of the following items in order to be able to receive Government funding on your behalf. Acceptance of these items as well as all other information on this enrolment form can be used as a Complying Written Agreement for Child Care Subsidy purposes. Please read these items and confirm by signing below.

Session and Fee Details (please note these details are true and correct at time of enrolment and may be subject to change with fee increases and day changes.

On-going (Week 1)

Tick	Day	Session Start	Session End	Nursery Fee	Early learning fee	Unit
	Monday	7:00am	6:00pm	\$108.00	\$101.00	Session Fee
	Tuesday	7:00am	6:00pm	\$108.00	\$101.00	Session Fee
	Wednesday	7:00am	6:00pm	\$108.00	\$101.00	Session Fee
	Thursday	7:00am	6:00pm	\$108.00	\$101.00	Session Fee
	Friday	7:00am	6:00pm	\$108.00	\$101.00	Session Fee

I confirm:

- That my details in the enrolment form, as well as the details of my child are correct.
- I have agreed to the days of care within the service and understand the start and end times of these sessions of care.
- I understand that I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a fee schedule or parent handbook) which are subject to change over time based on advice from the provider and acceptance by me.
- In the event that your child leaves our centre, you are required to provide two weeks written notice to childcare@mulberryc.com.au; and if you are absent in this time frame the child care subsidy cannot be applied and you will be liable for the full fee payment.

Name: _____

Guardian Signature: _____ Date: _____

Enrolment Application

Child's Surname: _____

Given Names: _____

Date of Birth: ____ - ____ - ____ Sex: M/F

Address: _____

Child's Centrelink Customer Reference Number ____ - ____ - ____

Mother/Guardian:

Name: _____ D.O.B ____ - ____ - ____

Address: _____

Home Telephone; _____ Mobile: _____

Mother's Centrelink Customer Reference Number: ____ - ____ - ____

Ethnicity: _____ Languages Spoken: _____

Place of Work: _____ Work Phone: _____

Email address: _____

Father/Guardian:

Name: _____ D.O.B ____ - ____ - ____

Address: _____

Home Telephone; _____ Mobile: _____

Father's Centrelink Customer Reference Number: ____ - ____ - ____

Ethnicity: _____ Languages Spoken: _____

Place of Work: _____ Work Phone: _____

Email address: _____

Days Required: Monday Tuesday Wednesday Thursday Friday

Court Order Affecting Custody

Is there a Court Order relating to this child? Yes/No

(Please note that a copy of the Court Order must be provided to the centre.)

If yes, which parent has legal custody of the child? _____

Medical Contacts

Family Medicare Number: _____

Family Doctor: _____ Phone: _____

Doctor's Address: _____

Emergency Contacts (If you are unable to be contacted)

1. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Mobile: _____

2. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Mobile: _____

3. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Mobile: _____

Authority to Pick Up Your

1. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Mobile: _____

2. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Mobile: _____

3. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Mobile: _____

Authority to Consent to

1. Emergency Treatment for my child
2. Administration of Medication to my child

3. An educator taking my child outside of Mulberry Cottage Early Learning (i.e. excursions, medical treatment)

1. Mother/Guardian _____
Address: _____
Home Phone: _____ Mobile: _____
Signed: _____

2. Father/Guardian _____
Address: _____
Home Phone: _____ Mobile: _____
Signed: _____

Please answer all the following questions:

Has your child ever been hospitalised? Yes/No

If yes, for how long: _____ Reason: _____

Is your child Asthmatic? Yes/No Use a Ventolin Machine? Yes/No

(If yes, you need to provide the centre with a copy of their Asthma Action Plan from the Doctor)

Does your child have any allergies? (e.g. food, medicine, grass, bees) Yes/No

If yes, please give details: _____

(If yes, you need to provide the centre with a copy of their medical management plans, anaphylaxis medical management plan or risk minimisation plan)

Does your child have any dietary restrictions? Yes/No

If yes, please give details: _____

Does your child have any special considerations such as:

Dietary requirements? _____

Cultural requirements? _____

Religious requirements? _____

Does your child have any additional needs or disabilities? Yes/No

If yes, please give details: _____

Does your child have any regular medication/have any special medical condition? Yes/No

If yes, please give details: _____

Does your child have any behaviour difficulties we should know about? Yes/No

If yes, Please give details: _____

Has your child been immunised? Yes/No

Do you agree for us to keep a copy of your child's immunisation record? Yes/No

Signed: _____

(Please be aware that if your child **HAS NOT** been immunised or the centre has not been provided with a copy of their immunisation records, and an outbreak of an infectious disease occurs, your child **WILL** be excluded from the centre during the exclusion period.)

I give permission for sunscreen to be applied to my child at this centre. Yes/No

Signed: _____

I give permission for a staff member to administer my child paracetamol (Panadol) when their temperature has risen to 38°C or more and every other effort has been taken to reduce the temperature, also if you will be more than 15 minutes away from collecting your child and the temperature has not subsided. Yes/No

Signed: _____

I am aware that a staff member will attempt to contact me first before administering medication.

Signed: _____

I authorise that in the case of an emergency (except for unconsciousness), the centre will contact the persons listed on the authority to consent to emergency treatment list immediately to gain permission to seek medical/dental treatment for my child. If they cannot be contacted, the centre will seek medical/dental treatment on their behalf. I agree that the costs of such treatment are **NOT** the responsibility of the centre.

Signed: _____

I authorise that in the case of my child losing consciousness, the educators of Mulberry Cottage Early Learning will call an ambulance BEFORE they contact the persons on the consent to authorise for emergency treatment list.

Signed: _____

I authorise that in the case of emergency medical treatment, the approved provider, nominated supervisor or an educator of Mulberry Cottage Early Learning will seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service.

Signed: _____

I authorise Mulberry Cottage Early Learning to transport my child by an ambulance service in the case of an emergency.

Signed: _____

I authorise Mulberry Cottage Early Learning to administer Asthma First Aid in the case where my child has difficulty breathing or has a first attack of Asthma.

Signed: _____

I authorise the staff of this centre to give my nominated emergency contact names I have listed, access to my child. I am aware they must be responsible persons as deemed by the staff of this centre.

Signed: _____

I authorise my child's information to be added to the Story Park website as a means for staff to document my child's growth and development _____

Please sign for the below only if you are happy for the staff to do so:

I give permission for nappy cream to be applied to my child at this centre.

Signed: _____

I give permission for 'Stingose' to be applied to my child at this centre in the case of a green ant bite.

Signed: _____

I give permission for the Mosquito Repellent 'OFF' to be applied to my child at this centre in the case of mosquitoes present.

Signed: _____

General Conditions

I understand that under no circumstances will staff allow a person or persons to take my child from this centre unless they have been authorised to do so by myself or they are listed on the authorised pick up list on this form.

I understand that this centre must apply the "Priority of Access Regulations" as advised by the Australian Government. Priorities are:

PRIORITY 1 – a child at risk of serious abuse or neglect

PRIORITY 2 – a child of a single parent who satisfies or of parents who both satisfy the working, training or study test

PRIORITY 3 – any other child

The regulations also require the centre to undertake a quarterly review of attendances, which may result in a reduction of days to a level that is more appropriate to my needs.

I understand that I am booking a place for my child up to the end of the calendar year (52 weeks in a full year) and I must give two (2) weeks' notice if I wish to vacate their position. I also acknowledge that fees are payable for Public Holidays or days not attended (e.g. sick or on holidays).

I understand that I must notify the centre if my child has contracted a contagious disease and will not bring my child to the centre until clearance from a Medical Practitioner is provided.

I understand that on occasions, my child will be photographed and may be used within the centre (e.g. Children's Developmental Portfolios, photographic displays).

I understand that my child's development may be observed and recorded by an employed trainee and students completing their work place practicum.

I agree that I have read the above conditions and will abide by them.

Signed: _____