



130 WOMERAH AVE DARLINGHURST NSW 2010
(P) 02 9331 7181 (F) 02 9361 5389 (E) DARLOPLAYCENTRE@GMAIL.COM (W) WWW.DARLOPLAYCENTRE.COM.AU

Registration Form 2021

(Returning Family ONLY)

* **Non-refundable registration fee will be applied to registered family : AUD\$40 per family**

* **New Family please enrol via the link below :**

https://prodadmin.myxplor.com/enrollment_v2/centre/0lf6gEUUxTnEcwPFzRZwQ

CHILD(ren) INFORMATION

Child 1

Your children will have their own individual CRN number.	First Name		Surname	
	Date of Birth		K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> (please select the 2021 class for your child)	
	Sex of child	<input type="checkbox"/> Male <input type="checkbox"/> Female	Child CRN	

Child 2

Your children will have their own individual CRN number.	First Name		Surname	
	Date of Birth		K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> (please select the 2021 class for your child)	
	Sex of child	<input type="checkbox"/> Male <input type="checkbox"/> Female	Child CRN	

Child 3

Your children will have their own individual CRN number.	First Name		Surname	
	Date of Birth		K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> (please select the 2021 class for your child)	
	Sex of child	<input type="checkbox"/> Male <input type="checkbox"/> Female	Child CRN	



130 WOMERAH AVE DARLINGHURST NSW 2010
(P) 02 9331 7181 (F) 02 9361 5389 (E) DARLOPLAYCENTRE@GMAIL.COM (W) WWW.DARLOPLAYCENTRE.COM.AU

BOOKING INFORMATION

Will your child be attending the same days each week?

- Yes (please fill out section below)
- No (No, I will be booking my child in only when I need care. Skip section below and continue onto next page)

Commencement Date : _____

CHILD 1 BOOKING DETAILS:

Before School Care:	After School Care
<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday

CHILD 2 BOOKING DETAILS:

Before School Care:	After School Care
<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday

CHILD 3 BOOKING DETAILS:

Before School Care:	After School Care
<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday

Points to note

Please check and update in your Xplor account the followings :

- **Parent's information (including CRN number)**
- **Child(ren) information (including medical condition)**
- **Emergency Contacts**
- **Bank account details**



130 WOMERAH AVE DARLINGHURST NSW 2010
 (P) 02 9331 7181 (F) 02 9361 5389 (E) DARLOPLAYCENTRE@GMAIL.COM (W) WWW.DARLOPLAYCENTRE.COM.AU

BACKGROUND INFORMATION

Please tick the appropriate column. (If you are registering more than one child, please indicate which child you are referring to.)	YES	NO
1. Does your child have any diagnosed medical conditions (e.g. epilepsy, diabetes) ? If yes, please provide details and a medical management plan.		
2. Does your child suffer from asthma ? If yes, please provide details and an asthma record card (available on our website) and action plan.		
3. Does your child require regular medication ? If yes, please provide details :		
4. Does your child have any known allergies ? If yes, please provide details :		
5. If your child does have allergies have they been diagnosed as a risk of anaphylaxis ? If yes, please provide details and an anaphylaxis management plan (available on our website) signed by a doctor.		
6. Does your child have any disabilities of additional needs ? If yes, please provide details :		
7. Does your child have any dietary restrictions (religious or medical) ? If yes, please provide details :		



130 WOMERAH AVE DARLINGHURST NSW 2010
 (P) 02 9331 7181 (F) 02 9361 5389 (E) DARLOPLAYCENTRE@GMAIL.COM (W) WWW.DARLOPLAYCENTRE.COM.AU

BACKGROUND INFORMATION

Please tick the appropriate column. (If you are registering more than one child, please indicate which child you are referring to.)	YES	NO
8. Does your child have any cultural or religious requirements ? If yes, please provide details:		
9. Are there any court orders, parenting orders or parenting plans relating to your child ? If yes, please outline the details and provide originals to be copied and sighted by the Centre :		
10. Are there any other special considerations relevant to your child's care that the Centre should be aware of ? If yes, please provide details :		
11. Is the child, or one of the child's parents, of Aboriginal or Torres Strait Islander descent ?		



130 WOMERAH AVE DARLINGHURST NSW 2010
 (P) 02 9331 7181 (F) 02 9361 5389 (E) DARLOPLAYCENTRE@GMAIL.COM (W) WWW.DARLOPLAYCENTRE.COM.AU

PARENT CONSENTS

Privacy Statement

Darlo Play Centre has a firm commitment to protecting the privacy of our families. The Centre complies with the National Privacy principles set out in the Privacy Amendment (private sector) Act 2000.

The information collected on this form is required by the Centre for the purpose of management, administration and contact. It may be viewed by other agencies for the purpose of licensing, Child Care Benefit, National Quality Framework or in the event of health emergencies.

I understand and consent that:

Staff may display the following information within the service about my child:

1. Health: Action Plan Procedures, allergies, medications, accident reports, illness reports.
2. Staff/parent communication: Information summarizing the activities of the day and message books, pick up authorisation and fee books.
3. Education Program: Documentation of children's experiences including displays of photos and children's comments (own portfolio, day book and centre newsletters).

Parent/Guardian Name :

Parent/Guardian Signature :

- A.**
- (i) In the event of a serious accident, I give written authorisation for the service to seek urgent medical, dental or hospital treatment or ambulance service
 - (ii) In the event of a serious accident, I give written consent to the carrying out of appropriate medical, dental or hospital treatment in the event that such action appears to be necessary because the child has been injured, or is ill, at the premises.

Parent/Guardian Name :

Parent/Guardian Signature :

- B.** I agree to inform Darlo Play Centre staff if my child is diagnosed with a medical condition, and to provide a medical management plan for this medical condition. I understand that it is my responsibility to inform the Centre if there are any changes to the diagnosis or medical management plan.

Parent/Guardian Name :

Parent/Guardian Signature :

- C.** I have provided an up to date record of my child's immunisation status to the Centre. I understand that it is my responsibility to inform the Centre of any changes to my child's immunisation status. I understand that if I have chosen to not immunise my child or if my child's immunisations aren't up to date, that my child may be excluded from care in the event of an outbreak of a vaccine-preventable illness.

Parent/Guardian Name :

Parent/Guardian Signature :



130 WOMERAH AVE DARLINGHURST NSW 2010
(P) 02 9331 7181 (F) 02 9361 5389 (E) DARLOPLAYCENTRE@GMAIL.COM (W) WWW.DARLOPLAYCENTRE.COM.AU

D. I hereby give my permission for my child's participation in any film or photograph which may be taken while he/she is attending the service for the purposes of promoting the Centre.

Parent/Guardian Name :

Parent/Guardian Signature :

E. I hereby give my permission for my child's participation in any film or photograph which may be taken while he/she is attending the service for the purposes of display in the Centre.

Parent/Guardian Name :

Parent/Guardian Signature :

F. I hereby agree to notify the staff of the service if someone other than those names provided on the Registration Form is collecting my child. I will complete a Collector's Authorisation Form. This person will be required to provide identification on arrival. I will also provide all relevant paperwork should access to my child be restricted.

Parent/Guardian Name :

Parent/Guardian Signature :

G. I hereby give permission for educators to apply sunscreen to my child throughout the day as required.

Parent/Guardian Name :

Parent/Guardian Signature :

H. I hereby give permission for my child to watch G and PG rated movies on an occasional basis at the service.

Parent/Guardian Name :

Parent/Guardian Signature :



130 WOMERAH AVE DARLINGHURST NSW 2010
(P) 02 9331 7181 (F) 02 9361 5389 (E) DARLOPLAYCENTRE@GMAIL.COM (W) WWW.DARLOPLAYCENTRE.COM.AU

PARENT AGREEMENT

As a condition of enrolling my children with the Centre I AGREE:

- It is my responsibility to contact the Family Assistance Office (FAO) to apply for Child Care Benefit (CCB) and a Customer Reference Number (CRN)
- On confirmation of enrolment, 2 weeks of full fees must be paid and the applicable registration fee.
- I must sign my child in and out and for attendances
- Fees are payable for sickness, holidays and public holidays
- Fees must be paid 2 weeks in advance and must be paid by the due date.
- A daily fee is charged regardless of the number of hours my child attends.
- My child's attendance may be terminated if fees are one week in arrears without consultation with the Director.
- Fees where applicable will be reduced by CCB % after Assessment Notice is received by the service.
- A minimum of 2 weeks is required when withdrawing my child from care or fees will be payable in lieu of notice.
- I will not be eligible for CCB if my child commences at the service after their booking date or does not attend the service until their last booking date. In these cases full fees must be paid. (DEEWR website).

As a condition of enrolling my children with the Centre I AGREE:

- Educators are mandatory reporters, which mean that they are required, under the Children and Young Person's (Care and Protection) Act 1998, to make a report to DoCS if they suspect a child is 'at significant risk of harm'.
- My child's enrolment is subject to guidelines stated in the "Parent Information Booklet"
- That all communication regarding the behaviour management of the child(ren) is shared with DPS.
- That DPS and DPC may from time to time share information in regards of the wellbeing of my child.
- To abide by all policies and procedures of Darlo Play Centre
- All information provided is correct and accurate.

Parent / Guardian Name : _____

Parent / Guardian Signature : _____

Email : _____

Contact Number : _____ Date : _____