

DARLO PLAY CENTRE

130 WOMERAH AVENUE DARLINGHURST NSW 2010

[P] 02 8283 0025 [E] admin@darloplaycentre.com.au [W] www.darlolplaycentre.com.au

ENROLMENT FORM – 2025

(for Returning Child only)

- * **Non-refundable registration fee will be applied to registered family : AUD\$55 per family**
(AUD\$45 for early registration on or before 29 Nov2024)
- * **New Child please register via the link below :**
https://prodadmin.myxplor.com/enrollment_v2/centre/0lf6gEUUxTnEcwPFzRZwQ

ATTACHED DOCUMENTS

Please ensure **ALL** of the following documents are attached to this application before submission:

Child's birth certificate/identity documents (if haven't submitted in the first Enrolment)		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement		Parent Customer Reference Number (CRN) and Date of Birth	
ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma) – (if any)		Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan – (if any)	
Copies of any family law or other relevant court Orders and/or legal documents – (if any)		Photo identification of all emergency contacts (Recommended)	

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CHILD DETAILS

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

Family Name			
First given name		Second given name	
Preferred first name			
Date of Birth		Gender (Please tick)	Male Female
Child's home address			
Child normally lives with			

CENTRELINK REFERENCE NUMBER (CRN)

Please note: Parent and child have their own individual CRN number

Child CRN	
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ENROLMENT DETAILS

Child's Year Level <i>(Please circle)</i>	K	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6

BOOKING INFORMATION

Child's Start Date							
Will your child be attending the same days each week ?	YES	Regular booking <i>(Please fill out section below)</i>					
	NO	I will be booking my child in only when needed – Casual booking <i>(Skip section below and continue onto next page)</i>					
Days of attendance (Regular booking): <i>(Please tick)</i>	Mon	Tue	Wed	Thurs	Fri		
Morning Session – Before School Care (BSC)							
Afternoon Session – After School Care (ASC)							

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CHILD CULTURAL CONSIDERATION

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

Is your child of Aboriginal or Torres Strait Islander origin?	No Aboriginal Torres Strait Islander Both
Does your child speak a language other than English at home? <i>(Please tick)</i>	Yes No If yes, what language (s) other than English are spoken at home :
County of birth	
Child's residency status	
What is your child's cultural background?	
Please outline any cultural practices you would like followed : (Cultural, dietary)	
Religion	
Relevant religious, cultural practices /celebrations you would like followed.	

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PRIMARY PARENT / GUARDIAN DETAILS

Education and Care Services National Regulations - Regulation 160 (3b, f, g, h)

[Primary Parent must also be the registered CCS claimant]

Parent Name			
Parent Surname			
Country of Birth		Date of Birth	
Address			
Phone Number/s	Home : Mobile : Work :		
Email address			
Occupation			
Relationship to child			
Languages other than English spoken at home			
Please provide any relevant cultural background details			
Does the child normally live with you? (Please tick)	Yes No		
Parent Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>			

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SECONDARY PARENT / GUARDIAN DETAILS

Education and Care Services National Regulations - Regulation 160 (3b, f, g, h)

Parent Name			
Parent Surname			
Country of Birth		Date of Birth	
Address			
Phone Number/s	Home : Mobile : Work :		
Email address			
Occupation			
Relationship to child			
Languages other than English spoken at home			
Please provide any relevant cultural background details			
Does the child normally live with you? (Please tick)	Yes No		
Parent Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>			

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FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

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

[Please note - Without this documentation we 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>(Please tick)</i>	Yes No	Attached
	If yes, please provide all relevant documentation and paperwork	
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>(Please tick)</i>	Yes No	Attached
	If yes, please provide all relevant documentation and paperwork	
Have photographs and names of unauthorised people been attached to this form? <i>(Please tick)</i>	Yes No	Attached
Briefly outline court order requirements		

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CHILD'S MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, i, j) and Regulation 162(d, g)

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. Specific healthcare needs for your child must be kept in the enrolment record.

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 Dentist Service		Phone number	
Dentist's address			
Private Health Cover	Yes No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes No
Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service) (Please tick)			Yes No

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CHILD'S MEDICAL CONDITIONS - ALLERGIES AND ANAPHYLAXIS

Education and Care Services National Regulations - Regulation 94

Provide details of child's allergies. e.g., nuts, eggs, peanuts, animals, latex, medication or other

Medical specialist or doctor currently treating your child for this condition

Address

Phone

Risk of Anaphylaxis

Yes
No

Has a doctor diagnosed this allergy?

Yes
No

Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen® or Anapen®?)

Yes
No

Does your child have a current ASCIA Action Plan?

Yes
No

A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis

Yes
No

If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).

What is the expiry date of the adrenaline autoinjector? (Month/Year)

I acknowledge that in the case of an anaphylaxis or asthma emergency, the Nominated Supervisor or other educator may administer medication to your child without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.

Yes
No

**Parent /
Guardian 1
Signature:**

**Parent /
Guardian 2
Signature:**

Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service)

Yes
No

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CHILD'S MEDICAL CONDITIONS - ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES OR OTHER

Education and Care Services National Regulations - Regulation 93 and 95

Medical condition			
Has a doctor diagnosed this condition?	Yes No		
Does your child have a current Medical Management Plan (e.g., ASCIA Asthma Plan)	Yes No		
- If yes, is this plan attached?	Yes No	Attached 	
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90)	Yes No		
- If yes, is this plan attached?	Yes No	Attached 	
Does your child take any prescribed regular medication for this condition?	Yes No		
Medication Name/s (please provide the medication)			
<p><i>I acknowledge medication will only be administered if:</i></p> <ul style="list-style-type: none"> <i>it is prescribed by a medical practitioner</i> <i>it is in the original container with the original label</i> <i>the label contains the child's name instructions and dosage can be clearly read</i> <i>expiry date or use by date is valid</i> <i>Any verbal or written instructions provided by the medical practitioner must be provided by the parent/s</i> <p><i>Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.</i></p>	Yes No	Parent / Guardian 1 Signature:	
		Parent / Guardian 2 Signature:	

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REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION

Education and Care Services National Regulations - Regulation 96

Students in infant classes may require supervision when self-administering medication and other aspects of healthcare management. In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, the Service and the student's medical/health practitioner.

Please advise if your child's medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.

Do you agree to your child independently self-administer their own medication?	Yes	Parent / Guardian 1 Signature:	
	No	Parent / Guardian 2 Signature:	
Please indicate the medication that your child has permission to self-administer (e.g.: asthma reliever, enzymes for cystic fibrosis).			
Doctor's name			
Medical Centre		Phone	
Signature		Date	

DIETARY REQUIREMENTS – Intolerances (e.g. lactose free, gluten, sulphites), vegetarian, cultural and religious beliefs

Does your child have any special dietary requirements or restrictions ?	Yes	No	Attached
	(if yes, please fill below and attach the completed Dietary Requirement Form)		
Prohibited Food	Detailed information :		

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IMMUNISATION DETAILS

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

Immunisation Status of Child at enrolment	Fully immunised Catch up schedule	
AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes	Attached
	No	
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes	Attached
	No	
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes	Attached
	No	

FAMILY INFORMATION

Does your child have any siblings attending our Service?	Yes No If yes, please provide their names and ages.
Does your child have other siblings at home or attending school ?	Yes No If yes, please provide their names and ages.
Does your child have any other close relations attending the Service?	Yes No If yes, please provide their names and ages.

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DEVELOPMENTAL INFORMATION

Please provide any relevant information relating to your child's development

Does your child have any problems with hearing, sight or speech?

Hearing
Sight
Speech

If *any ticked*, please elaborate on their needs.

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?

Yes
No

If *yes*, please elaborate on their needs.

Does your child require additional support for learning because of disability?

Yes
No

If *yes*, please elaborate on their needs.

Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?

Yes
No

If *yes*, please elaborate.

Is this the first time your child has been in OSHC?

Yes
No

If *yes*, please indicate the type of early education and care your child has experienced.

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AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) and Regulation 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 ensure you have obtained the person's consent before listing them as an emergency contact.

FIRST EMERGENCY CONTACT

Full Name	
Relationship to child	
Phone Number	Home : Mobile : Work :
Address	
Email Address	

SECOND EMERGENCY CONTACT

Full Name	
Relationship to child	
Phone Number	Home : Mobile : Work :
Address	
Email Address	

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AUTHORISED NOMINEE – Cont.

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

Can emergency contacts listed above be contacted to collect your child from the education and care service. <i>(Please tick)</i>	Emergency contact 1	Yes	No	N/A
	Emergency contact 2	Yes	No	N/A
Can emergency contacts listed above 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? <i>(Please tick)</i>	Emergency contact 1	Yes	No	N/A
	Emergency contact 2	Yes	No	N/A
Can emergency contacts listed above be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? <i>(Please tick)</i>	Emergency contact 1	Yes	No	N/A
	Emergency contact 2	Yes	No	N/A
Can emergency contacts listed above give authorisation for the Service to take the child on regular outings? <i>(Please tick)</i>	Emergency contact 1	Yes	No	N/A
	Emergency contact 2	Yes	No	N/A
Are emergency contacts listed above authorised to authorise the education and care service to transport the child or arrange transportation for the child? <i>(Please tick)</i> [If your service does not offer, or arrange transportation of children as part of your education and care service - mark N/A]	Emergency contact 1	Yes	No	N/A
	Emergency contact 2	Yes	No	N/A
Parent / Guardian 1 Signature:				
Parent / Guardian 2 Signature:				

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AUTHORISATIONS – Illness, Accident and Emergency Treatment

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

Do you authorise the Nominated Supervisor or other educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?

Yes
No

Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?

Yes
No

Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?

Yes
No

Do you authorise the nominated supervisor, or other educator to administer paracetamol or ibuprofen in the event my child registers a temperature of **38°C or higher as per *Incident, Injury, Trauma and Illness Policy*? Your child must still be collected from the service and an *Administration of Medication Record* signed?**

Yes
No

Parent / Guardian 1 Signature:

Parent / Guardian 2 Signature:

HEALTH AND SAFETY

Do you authorise educators to apply SPF50+ sunscreen to your child prior to sun exposure (If not, please provide a letter releasing the Service of any liability) ?

Yes
No

Do you authorise educators to apply Band-Aids® or sticking plasters when necessary ?

Yes
No

Do you authorise educators to apply Insect Repellent to my child as required (supplied by parents) ?

Yes
No

Parent / Guardian 1 Signature:

Parent / Guardian 2 Signature:

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PHOTOGRAPHY AND VIDEO

I agree for photos and video footage to be taken using devices to record and store images that are issued by the Service of my/our child for Service use and internal staff training purposes (footage will not leave the Service).

Yes
No

I agree for photos and video footage of my/our child used in observations, and photos taken within the observation to be shared with other families that attend the Service.

Yes
No

I agree for photos and video footage of my/our child to be used for student training purposes using Service devices only.

(Students are required to notify and obtain written permission prior to observing and recording of any photos or video footage of your child- photos and video footage will leave the Service for students to present to their RTO or University for viewing and marking)

Yes
No

I agree for 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

NOTE: These images will be in public domain and may be unable to be removed once used.

Parent / Guardian 1 Signature:

Parent / Guardian 2 Signature:

TRANSPORTATION AUTHORISATION

Education and Care Services National Regulations - Regulation 102 (4) and Regulation 102D (4)

I acknowledge the Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for :

- regular outings (once every twelve months)
- an excursion that is not a regular outing

Parent /
Guardian 1
Signature:

Parent /
Guardian 2
Signature:

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PARENT AGREEMENT

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

I agree to inform the Service in writing immediately of any changes to the above information.	Yes No
I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.	Yes No
I agree to keep my fees paid up to date, as per <i>Payment of Fees Policy</i> , 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.	Yes No
If I am unable to collect my child by closing time, I will organise for one of the people listed as emergency contact/authorised nominee 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 emergency contact/authorised nominee will be called by Service staff to collect my child.	Yes No
I agree to pay a late fee of \$35.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service after the scheduled closing time, the staff will attempt to contact parents and emergency contacts/authorised nominees. If parents or emergency contacts/ authorised nominees are unavailable or uncontacted, the service may need to contact the police and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the regulatory authority.	Yes No
I agree to provide two weeks written notice to withdraw my child or reduce booked days.	Yes No
I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's <i>Administration of Medication</i> 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 letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the nominated supervisor deems the child well enough to attend Service.	Yes No

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PARENT AGREEMENT – Cont.

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

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.

Yes
No

I give permission for my child to be involved with leisure activities offered at the OSHC Service.

Yes
No

I have read the Family Handbook and am familiar with the Service's Policy Manual located in the Junior Room. 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.

Yes
No

I am interested in being a part of a Parent Committee that meets occasionally to update policies, provide feedback, assist with activities, fundraising and social events.

Yes
No

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

Parent / Guardian 1 Name :

Parent / Guardian 1 Signature:

Date

Parent / Guardian 2 Name :

Parent / Guardian 2 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 Privacy and Confidentiality Policy.