

SARANNA EARLY CHILDHOOD EDUCATION & CARE CENTRE ENROLMENT FORM



Please attach a passport size photo of your child here.

Name:

ATTACHED DOCUMENTS

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

<input type="checkbox"/> Child's birth certificate	<input type="checkbox"/> MY Gov AIR Immunisation History Statement
<input type="checkbox"/> Child Customer Reference Number (CRN)	<input type="checkbox"/> ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)
<input type="checkbox"/> Medical documents	<input type="checkbox"/> Parent Customer Reference Number (CRN) and date of birth
<input type="checkbox"/> Court Orders and/or legal documents	<input type="checkbox"/> Photo identification of all parents and emergency contacts

Centre	Saranna Early Childhood Education and Care Centre		
Address	920 Gnangara Road Cullacabardee 6067 WA		
Phone number	(08) 9302 6444	Email	SECECCadmin@cyrenianhouse.com

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Internet search	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Social Media	<input type="checkbox"/> Other (please specify) _____	

CHILD DETAILS

Education and Care Services National Regulations 2012 - Regulation 160. (3)(a)(e)

Child's Surname					
First given name			Other given names		
Preferred name					
Date of Birth			Gender		
Child's CRN					
Child's primary address					
SUBURB			STATE		POSTCODE
Child normally lives with					
Child's secondary address <i>(if applicable)</i>					
SUBURB			STATE		POSTCODE

Days of attendance	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Session Start Time					
Session End Time					

Child's Start Date	
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CULTURAL CONSIDERATION

Education and Care Services National Regulations 2012 - Regulation 160. (f)(g)(h)

Is your child	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	<input type="checkbox"/> Neither
Child's Country of Birth				
Does your child speak a language other than English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what language is spoken	
Religion				
Religious practices or celebrations you would like followed?				
Cultural Background?				
Child's residency status				

PRIMARY CAREGIVER

The Primary Caregiver recorded must also be the registered CRN number holder and then person claiming CCS

Education and Care Services National Regulations 2012 - Regulation 160.(3)(b)

Full Name					
Gender		Pronouns			
CRN		DOB			
Telephone (M)		(W) / (H)			
Address					
SUBURB		STATE		POSTCODE	
Email Address					
Occupation					
Relationship to child					
Does the child normally live with you?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

SECONDARY CAREGIVER

Education and Care Services National Regulations 2012 - Regulation 160.(3)(b)

Full Name					
Gender		Pronouns			
CRN		DOB			
Telephone (M)		(W) / (H)			
Address					
SUBURB		STATE		POSTCODE	
Email Address					
Occupation					
Relationship to child					
Does the child normally live with you?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

TRANSITION TO SCHOOL

Have you decided what school to send your child to? If so, what is the name of the school				
Do you give the Service permission to exchange information with the school to assist your child transition to school? Permission to exchange information:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initial	
While public schools have no requirements 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.				

FAMILY INFORMATION

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	

CHILD'S ROUTINE

TIME	ROUTINE

FAMILY LAW, AVOS OR OTHER RELEVANT COURT ORDERS

Education and Care Services National Regulations 2012 - Regulation 160. (3)(c)(d)

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?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	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?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide all relevant documentation and paperwork
Have photographs and names of unauthorised people been attached to this form?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide all relevant documentation and paperwork
Briefly outline court order requirements		

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

CHILDCARE SUBSIDY (CCS)

Childcare Subsidy will be paid directly to the Service to reduce the fees families pay. For eligibility criteria and further information contact the Australian Government Department of Human Services.

1. Have you completed the Childcare Subsidy assessment on the MyGov website?

YES NO

2. Have you received confirmation about your Childcare 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.

COMPLYING WRITTEN ARRANGEMENT

The Approved Provider and a 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 ongoing agreement between the ECEC service provider and parent or guardian to provide care in return for fees
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Childcare Subsidy	ACCS	ACCS is used when a childcare provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the childcare 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 **Saranna Early Childhood Education and Care Centre** *(full name of primary caregiver)*

is an ongoing agreement between the ECEC Service provider and the parent or guardian, to provide childcare in exchange 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	<input type="checkbox"/> CWA	<input type="checkbox"/> RA	<input type="checkbox"/> ACCS	<input type="checkbox"/> Arrangement with organisation	
Name of Service	Saranna Early Childhood Education and Care Centre				
Service ID	190014250X				
Date the arrangement was entered					
Full Name of Child attending care					
Child's Date of Birth					
Child CRN					
Expected Session of Care	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Start time for Session					
End time for Sessions					
Care Arrangement	<input type="checkbox"/> Routine Care		<input type="checkbox"/> Casual Care		<input type="checkbox"/> Flexible Care
Fees to be charged to the individual for the sessions of care provided				\$135 per day	
Confirmation of the agreement	Name			Date	
	Signed				

MEDICAL INFORMATION

Education and Care Services National Regulations 2012 - Regulation 160. (3)(a)(i)(j)

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.

Child's Medicare Number					
Medicare Expiry Date		Child's Medicare reference number			
Doctor's name					
Medical Centre		Phone number			
Doctor's address					
Dentist's name					
Name of Dental Service		Phone number			
Dentist's address					
Private Health Cover	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Private Health Fund Name		
Private Health Care Membership Number		Ambulance Cover	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any additional Health Care providers we should be aware of?					

IMMUNISATION DETAILS

Education and Care Services National Regulations 2012 - Regulation 160. (3)(a)(i)(j)

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

MY GOV Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded. This must be less than 2 months old.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

If you answer yes to the items in this section, you must:

- Provide your child's current Medical Management Action Plan from child's Medical Practitioner
- Complete a Medical Condition Risk Minimisation and Communication Plan

Does your child suffer from an allergy? <i>These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergy					
Medical specialist or doctor who is currently treating your child for this condition					
Phone contact		Address			
Risk of Anaphylaxis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has a doctor diagnosed this allergy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a current Action Management Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your child been prescribed an adrenaline autoinjector?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).					

Does your child suffer from a medical condition? <i>i.e., Asthma, Epilepsy, Diabetes etc.</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical condition					
Has a doctor diagnosed this condition?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your child have a current Action Management Plan (eg Asthma Plan)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, is this plan attached?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your child take any prescribed regular medication for this condition?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medication Name/s					

DEVELOPMENTAL INFORMATION

Does your child have any problems with hearing, sight or speech?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details below
Does your child have a physical disability or delay, including intellectual, sensory, or physical impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details below
Does your child require additional support for learning because of disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details below
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details below
Has your child begun toilet training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details below
Is this the first time your child has been in care? If yes, please indicate the type of early education and care your child has experienced.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details below
Is your child used to being with other adults and children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details below
Does your child have any comforters? (security blanket, dummy, bottle etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details below

FIRST EMERGENCY CONTACT – AUTHORISED NOMINEE

Education and Care Services National Regulations 2012 - Regulation 160. (3)(b)(ii)(iii)(iv)(v) 161.(1)(a)(l)(ii) (1)(b)

There may be times or situations where a child has had an accident, injury, trauma, or illness and the primary caregivers cannot be reached or are unable to collect the 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.

Full Name			
Relationship to child			
Phone Number	(M)	(W) / (H)	
Address			
Email Address			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initial
Can this person be contacted to collect your child from the education and care service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can this person 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can this person give authorisation for the Service to take the child on regular outings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can this person give authorisation for the Service to transport the child or arrange transportation of the child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SECOND EMERGENCY CONTACT – AUTHORISED NOMINEE

Education and Care Services National Regulations 2012 - Regulation 160 (3)(b)(ii)(iii)(iv)(v) 161.(1)(a)(i)(ii) (1)(b)

Full Name			
Relationship to child			
Phone Number	(M)	(W) / (H)	
Address			
Email Address			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initial
Can this person be contacted to collect your child from the education and care service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can this person 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can this person give authorisation for the Service to take the child on regular outings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can this person give authorisation for the Service to transport the child or arrange transportation of the child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PERMISSIONS AND AGREEMENTS TO TERMS

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

Education and Care Services National Regulations 2012 - Regulation 160 (3)(a)(i)(j)

1. Emergency Medical Assistance Yes No Initial _____

I consent to the Service seeking urgent medical, dental or ambulance transport to hospital in the event of my child being injured or becoming ill whilst at the Service or otherwise in the Service's care. I agree to pay any expenses incurred for Medical treatment.

2. Administration of Paracetamol Yes No Initial _____

I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age and weight in the event of my child experiencing a temperature higher than 38C degrees and other measures to reduce their temperature have not been successful. In this event, I agree to collect my child within 30 minutes, or organise for someone to collect my child.

3. Administration of Emergency Treatment for Allergies or Anaphylaxis Yes No Initial _____

I agree that if my child has no known allergy but appears to be having an anaphylactic reaction whilst at the service, the Nominated Supervisor will immediately call an ambulance and a staff member with current Anaphylaxis Management training will follow the recommended treatment from the ambulance staff. This may involve administering an adrenaline auto-injector such as an Epi pen from the Service's Emergency First Aid Kit.

4. Medical Condition Requirements Yes No Initial _____

I agree to provide my child's Medical Management Plan upon enrolment if they have a relevant medical condition. Furthermore, I commit to working together with the Service and Medical Practitioner to create a risk minimisation and communication plan for the medical condition. I understand the importance of updating these plans every 12 months. Please refer to the Service Policies for further information.

5. Prescribed Medication Administration Yes No Initial _____

I acknowledge that a child will receive prescribed medication solely upon the completion and signature of an Administration of Medication Form by an authorised individual. Medication will only be administered if it is prescribed by a Medical Practitioner, it is in the original container with the original label and the label contains the child's name.

6. Permission for Evacuations Yes No Initial _____

I hereby grant authorisation for my child to take part in routine evacuation drills or actual evacuations when required. I give permission for my child to travel via bus to the designated safe place in the unlikely event of an evacuation of Saranna Early Childhood Education and Care Centre. I understand that there are no car seats/belts and that all safety precautions by the bus company are taken to keep my child safe. (Please refer to the Service's Emergency Management Plan for information).

7. Permission for Incursions, Excursions and Transportation Yes No Initial _____

I authorise my child to be transported by the service for involvement in incursions, routine outings, and excursions. Please be advised that additional authorisation will be sought specifically for excursions and transportation before your child departs from the service or is transported by the service.

8. Infectious Diseases/Medical Certificates Yes No Initial _____

I acknowledge that if my child contracts an infectious disease or condition, they will be excluded from the service. Re-admittance is conditional upon obtaining a Medical Certificate from a Qualified Practitioner. The final decision regarding the child's return to the service rests with the discretion of the Nominated Supervisor. Please refer to our Service Policies for further information.

9. Immunisation History Statement Yes No Initial _____

I acknowledge the requirement to submit my child's Immunisation History Statement to the Service during enrolment and periodically at each scheduled update.

10. Sunscreen Application Yes No Initial _____

I agree to bring my child to the Service with sunscreen applied and I consent to the Service applying sunscreen with a label indicating broad-spectrum, water resistance, and SPF 30 or higher regularly to my child for outdoor activities. I am aware that the Service may utilize different sunscreen brands, with details communicated to us as needed. In the case of my child needing a specific sunscreen, I agree to provide this product to the Service.

11. Topical and Un-Medicated Applications Yes No Initial _____

I consent to the Service applying non-medicated creams/ointments (such as insect repellent, unmedicated nappy cream, and teething gel) to my child upon my request. I acknowledge the necessity of providing the product specifically for my child's use, and it must come with a pharmacy label.

12. Band-Aid Application Yes No Initial _____

I consent to the Service applying band aids or plasters when necessary.

13. Permission for Observation Yes No Initial _____

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.

14. Administration of Emergency Treatment for known Allergies or Anaphylaxis Yes No Initial _____

I agree that if my child is diagnosed with Asthma or Anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or Emergency Services as soon as possible.

15. Permission for Internal Photography and Video Yes No Initial _____

I give permission for photos/videos to be taken of my child to be used for staff training purposes, learning stories, daily emails and to be shared with other families that attend the Service.

16. Permission for External Photography and Video Yes No Initial _____

I give permission for photos/videos to be taken of my child to be used outside of the Service for student training purposes, Service website, social media, and other internet purposes, such as advertisement and used in resources for this organisation.

17. Payment of Fees Yes No Initial _____

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.

I agree to pay a late fee of \$5.00 per minute after closing time. In the event that 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, educators or the Nominated Supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.

18. Collection of Child Yes No Initial _____

If I am unable to collect my child by closing time, I will organise for one of the 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 I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.

19. Fees for Public Holidays Yes No Initial _____

I acknowledge that Public Holidays and Absent Days will be billed at the regular daily fee rate, and there will be no option for make up or swap days.

20. Cancellation of Care Yes No Initial _____

I agree to provide two weeks written notice to withdraw my child or reduce booked days and all fees must be paid in full on completion. If my child does not attend on the last day of care, full fees will be charged from the day after their last day of attendance.

21. Child Care Subsidy (CCS) Yes No Initial _____

I acknowledge the necessity of completing and agreeing to a Complying Written Agreement (CWA) before our child commences care at the Service. Additionally, I understand that a new agreement must be completed if there are any permanent changes to my child's attendance.

22. Priority of Access Yes No Initial _____

I acknowledge that if our family falls within the priority of access category, we may need to adjust our days or relinquish our position in the Service to accommodate a higher-priority family.

This adherence is in accordance with the Priority of Access Guidelines and our Service Policies: First Priority – children at risk of serious abuse of neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government and Third Priority – all other children.

23. Presence of Visitors and Volunteers Yes No Initial _____

I acknowledge that on occasion, the Service may have visitors and/or volunteers assisting. I provide consent for my child to be under the supervision of the Service in the presence of these visitors and/or volunteers.

24. Presence of Animals and Pets Yes No Initial _____

I acknowledge the potential presence of animals or pets at the Service, and I understand that the Service will ensure proper hygiene practices and supervisions for interactions with them.

25. Family Handbook/Service Policies Yes No Initial _____

I have read the Family Handbook and am familiar with the Service's Policy Manual located in admin foyer and in the office. 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 am aware that I can share my suggestions either in person with a staff member or anonymously through the suggestion box.

26. Educational Program Yes No Initial _____

I, or someone I know has a skill they could share with the children to enhance the educational program.

27. Celebrations Yes No Initial _____

I give permission for my child to participate in celebrations at the Service such as Christmas, Birthdays, Easter, etc.

28. Absent Yes No Initial _____

I agree to email or call the centre by 9.30am if my child is absent.

29. Regular Outings Yes No Initial _____

I give permission for my child to participate in regular outings whilst being educated and cared for by the Saranna Early Childhood Education & Care Centre. Our regular outings are:

- Supervised walks (non-mobile children to use service prams) of up to 1 hour, within the property which includes a visit to the yarning circle, basketball courts, playgrounds, and to encounter kangaroos, birds, and other wildlife.

In the event of an injury or emergency, I acknowledge that the supervising worker will attempt to contact me. In an emergency, I authorise the service to obtain all necessary medical assistance, including ambulance, transport, medication and hospital admission.

I note a current risk assessment is in place.

30. Terminating Agreement Yes No Initial _____

I acknowledge that Saranna Early Childhood Education and Care Centre retain the right to terminate this agreement when, at our discretion, we believe it is in the best interest of the Service. This may encompass, but is not limited to, behaviour by a child or adult posing a threat to others at the Service or non-compliance with our policies and procedures. Saranna Early Childhood Education and Care Centre are committed to providing the family with reasonable notice of our intention to exercise this right and will refund any credited payments.

CAREGIVER DECLARATION AND AGREEMENT

- I have read and understood the information in this enrolment application. I understand that my child's enrolment at the Service depends on my acceptance of the Service's Policies and Procedures, a copy of which I have access to on request. I have read the Policy Manual and the Policies explained in the Family Handbook and I understand and accept them.
- I have read and understood the Permissions & Agreement to Terms section of this Enrolment Form.
- I confirm that all the information provided about my child or other people is correct and has been given with their permission.
- I agree to inform the Service in writing immediately of any changes to the above information i.e. contact details, emergency contacts, medical details, change in family strictures and required medical plans etc.
- I also understand that my fees will be kept up to date at all times knowing that if fees fall behind by two weeks, my child's position at the Service is in jeopardy of being withdrawn.
- I agree with all conditions, terms and expectations outlined in the Family Handbook and within this enrolment form.

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

Full Name		Date	
Signature			
Full Name		Date	
Signature			

PRIVACY & CONFIDENTIALITY – 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 (e.g., 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 e.g., for Child Care Subsidy, Immunisation status, or employment related purposes
 - software companies that provide childcare management systems
 - management companies we may engage to administer the Service.
 - software companies that provide tailored computer based educational tools for children.
 - 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.
 - authorities if we are taking action in relation to unlawful activity, serious misconduct, or to reduce or prevent a serious threat to life, health, or safety.

PRIVACY NOTICE

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 will 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, childcare 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 the Approved Provider or Nominated Supervisor who may be contacted by telephone on 9302 6444 or email sececcadmin@cyrenianhouse.com.

We will provide a copy of any updates to our Privacy and Confidentiality Policy in our enrolment package.