The Secret Garden Preschool

Enrolment Pack

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| Child’s details |
| Child’s full name |  |
| Other names the child is known by |  |
| Child’s date of birth |  |
| Place of birth |  |
| Sex of child |  |
| Residential address |  |
| Parent email address |  |
| Cultural background |  |
| Primary language spoken at home |  |
| Religious background |  |
| Special requirements concerning culture/religion |  |
| Is your child of Aboriginal or Torres Strait Islander origin? | Please circleNO YES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Child’s days of attendanceUsual Start and Finish Times | Please circleMON TUE WED THU FRIMON TUE WED Start: Start: Start: Finish: Finish: Finish THU FRIStart: Start:Finish: Finish: |
| Child’s commencement date: * The care type you are entering is a routine session, with casual care permitted

Parent/Guardian one sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian two sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

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| Family CRN details - Please contact the FAO on 13 61 50 and link your child to The Secret Garden Preschool. These details must be provided before your child commences at the centre. The FAO will be provided with the following details: |
| Name of parent linked to FAO | Parent’s CRN | Child’s CRN |
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| Parent’s / Guardians details |
|  | Parent / Guardian one | Parent / Guardian two |
| Full name |  |  |
| D.O.B |  |  |
| Address |  |  |
| Cultural Background |  |  |
| Home phone |  |  |
| Mobile |  |  |
| Occupation |  |  |
| Work address |  |  |
| Work phone |  |  |
| Do parents live together?Are there any court orders, parenting orders, or parenting plans affecting your child, regarding their custody, residence or contact with a particular Parent / person? (If yes, a copy of this must be supplied to the centre) |

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| Sibling’s details |
| Name: | Name | Name |
| Age | Age | Age |
| Sex | Sex | Sex |
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| Authorised Nominees: a person who has been given permission to collect the child from the service. Only Parents and the Authorised Nominees will be able to collect children from the service. |
|  | Person one | Person two |
| Relationship to parent / Guardian |  |  |
| Full name |  |  |
| Address |  |  |
| Home phone |  |  |
| Mobile |  |  |
| Occupation |  |  |
| Work address |  |  |
| Work phone |  |  |
| Is this authorised nominee authorised to:A) Be notified of an emergency if the parents cannot be contacted:b) Consent to medical treatment or administration of medication to the childc) Consent and authorisation to take child of the premises | A)Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_B)Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ParentSignature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C) Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ParentSignature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A)Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ParentSignature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_B)Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ParentSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C) Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ParentSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Child’s health details |
| Family doctor name |  |
| Medicare number |  |
| Name of health fund (if any) |  |
| Address |  |
| Telephone |  |
| Family dentist’s name |  |
| Address |  |
| Telephone |  |
| Does your child have any allergies? If yes, have they been diagnosed as at risk of anaphylaxis? If yes, please speak to Nominated Supervisor regarding additional documentation required |  |
| Do you give permission to have your child’s health requirements displayed in the room/kitchen for educators to be aware of? E.g: Allergies, asthma condition | Please circleYES NOSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does your child have any food restrictions / special dietary requirements? |  |
| Details of any disabilities / special needs |  |
| Does your child have any medical conditions? If yes, please speak to Nominated Supervisor regarding additional documentation required |  |
| Is your child on any long-term medication? If so, please list and fill out long term medication form |  |
| Do you give authority for the centre to seek and carry out medical/ dental/ hospital treatment from a registered medical practitioner and Ambulance service if necessary, and accept financial responsibility for this child’s medical treatment in cases of emergency and if an Ambulance is required?  YES / No (Please circle)Every attempt will be made to contact you.Parent/Guardian one sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian two sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If ambulance service is required, do you give authority for the ambulance to transport your child to a hospital?YES/No (Please Circle)Parent/Guardian one sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian two sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you give permission to authorise and educator to take your child outside the education and care service premises in case of an emergency?Yes/No (Please Circle)Parent/Guardian one sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian two sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you give permission for staff to administer Ventolin to your child, in the event that they shows serve signs / symptoms of asthma? Staff will contact parents and will at all times follow the asthma first aid plan developed by the Asthma Foundation YES / No (Pleased circle)Parent / Guardian one sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent / Guardian two sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Paracetamol Parents/Guardians will be contacted to collect their child if they develop a fever during the day. In the event that a parent\guardian cannot be contacted, do you give permission for Panadol to be administered to your child, following the instructions on the label?YES NO Parent/guardian sign:  Date:  |
|  IllnessPlease confirm that you are aware that if you need to collect your child from preschool due to illness, they will be unable to return until**Vomiting**- They have not vomited for at least **24 hours****Diarrhea-** They have not had a loose stool for at least **24 hours****Suspicious rash**- You have a clearance letter from a doctor stating that your child is non-infectious.**A fever above 37.5 degrees**- They are fever free for **24 hours** without the use of Paracetamol.**A weeping/ sticky/ red eye**- The eye is clear.**Head lice-** Child has been treated and their hair is egg and live lice free.Parent Guardian sign:Date:  |
| Policies and ProceduresI/we have read and understand all policies and procedures of The Secret Garden Preschool which can be found here <https://www.thesecretgardenpreschool.net/home> under Policies and procedures in the home menu. I/we understand that The Secret Garden Preschool operates with these policies and procedures as part of their daily practice, and I/we agree to be compliant with these policies and procedures.Parent Guardian sign:Date:  |
| Immunisation**Please provide your child’s most recent immunisation history from Medicare**Please tick the following immunisation your child has had. |
| 2 Months |  |
| 4 months  |  |
| 6 months |  |
| 12 months |  |
| 18 months |  |
| 4-5 years |  |

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| Permissions |
| Do you allow your child to be included in photographs to be used in portfolios, displayed around the rooms at the centre, and on our Facebook page.  | Yes No |
| Do you give permission for your child name to be used in the program and in portfolios and for these to be displayed in the rooms | Yes No |
| Do you give permission for your child to participate in face painting on special occasions | Yes No |
| Do you give permission for your child to use sunscreen supplied from the school and applied as needed throughout the day?  | Yes No |
| Parent InvolvementDo you have any skills, interests, hobbies which you would like to contribute to the centre? |  |
| Parent/ Guardian One signature:Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Parent / Guardian Two signature: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Fees |
| **A full 2 week deposit/bond (not including rebates) is due to confirm you place at Preschool. This is a non-refundable deposit should you change your mind/circumstances change and you no longer need a place. This deposit will be added to your account on your last 2 weeks of Preschool****Fees are $96.00 a day and are payable through direct debit. Your CCS will be deducted weekly and you will need to pay the gap, which is shown on your weekly invoice. (see our Fee Policy)****Four weeks written notice must be given to cancel a position. CCS will not be paid for absences before the child physically commences care or after the service stops providing care for your child. Parents are liable for full fees if their CCS cannot be claimed for absences in these circumstances.** **Late fees will be charged if a child is picked up after 6:00 pm (see our Fee Policy)****The Guarantor(s) and Indemnifier(s) herby guarantee and indemnify the supplier against any losses or expenses whatsoever directly or indirectly arising from or by virtue of any default whatsoever on the part of the customer with respect to the secured moneys’**Signature of parent / Guardian one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_Signature of parent / Guardian two: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ |