Enrolment Form

|  |  |
| --- | --- |
| 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 circle  NO YES : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Child’s days of attendance | Please circle  MON TUE WED THU FRI |
| Child’s commencement date: | |

A copy of your child’s birth certificate needs to be sighted before commencement

|  |  |  |
| --- | --- | --- |
| 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 |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 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) | | |

|  |  |  |
| --- | --- | --- |
| Sibling’s details | | |
| Name: | Name | Name |
| Age | Age | Age |
| Sex | Sex | Sex |

|  |  |  |
| --- | --- | --- |
| 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 child | A)Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_  Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  B)Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_  Parent  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A)Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_  Parent  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  B)Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_  Parent  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| 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? Eg: Allergies, asthma condition | | Please circle  YES NO  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does your child have any food restrictions / special dietary reqirements? | |  |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 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  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 cannot be contacted, do you give permission for Panadol to be administered, following the instructions on the label, to your child?  YES / NO  Parent / Guardians one signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent / Guardian two signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Immunisation Please provided your child’s Medicare immunisation history Please tick the following vaccinations your child has received; | | |
| 2 Months |  | |
| 4 months |  | |
| 6 months |  | |
| 12 months |  | |
| 18 months |  | |
| 4-5 years |  | |

|  |
| --- |
| Parent involvement |
| Do you have any skills; interests or hobbies which you would like to contribute to the centre? |

|  |  |
| --- | --- |
| Permissions | |
| Do you allow your child to be included in photographs to be used in portfolios, displayed around the rooms at the centre, on our face book page and on our password protected website? | 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 (Generic brand sunscreen will be supplied at the sign in and out table) | Yes No |
|  | Parent / Guardian one signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent / Guardian two signature:  Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 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**  **A weekly payment is due on the morning of your child’s first day of attendance.**  **The Guarantor(s) and Indemnifier(s) hereby 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’**  **Four weeks written notice must be given to cancel a position. CCB 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 CCB cannot be claimed for absences in these circumstances.**  **Late fees will be charged if a child is picked up after 6.00pm (see our Fee Policy)**  Signature of parent / Guardian one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Signature of parent / Guardian two: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ |