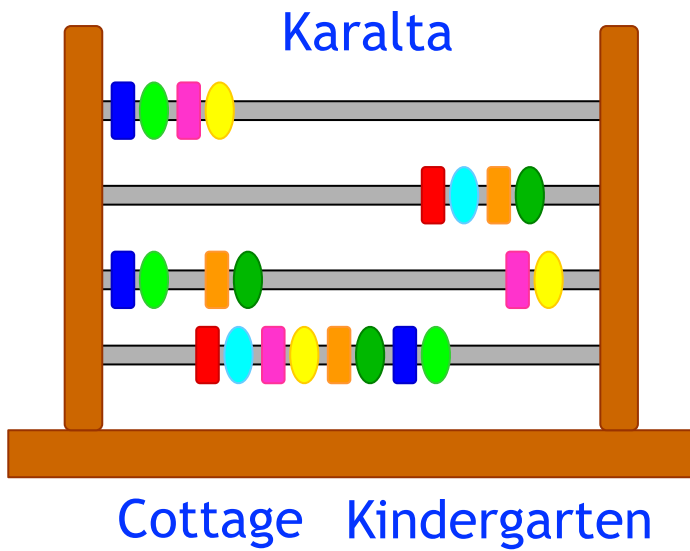


Enrolment Form



Child's Surname

Given Names:.....

Other or former names the child is known by.....

Original or Certified copy of Birth Certificate sighted Yes/No.....

Child Reference Number.....
(Obtained from Family Assistance Office)

Sex:.....D.O.B.....

Start Date

Days attending (please circle)

Mon Tue Wed Thurs Fri

Mother/Guardian Name:.....

Occupation:..... E mail.....

Other or former names known by.....

Date of Birth..... Mobile Phone No.....

Home Address: Home Phone No.

..... Work Phone No.

Business name and address:

Parent Reference Number (obtained from Family Assistance Office)

Father/Guardian Name:

Occupation: E mail.....

Date of birth..... Mobile Phone No.....

Home Address: Home Phone No.

..... Work Phone No.

Parent Reference Number if applicable (obtained from Family Assistance Office).....

Business name and address:

Primary contact and billing e mail address (please note all documentation including newsletters will be e mailed)

.....@.....

Medicare Number..... Health Fund details.....

Are there any aspects of your family life you would like to share to enrich the experiences of the children at preschool?
For example: a cultural experience, an occupation, hobby etc

.....
Cultural Identity to which your child belongs? Primary language spoken.....

Number of children in family:..... Child's position in family:

Does your child or other sibling/s attend any other child care centre,occasional or before & after school care?
If yes, give details

Celebrations

Our curriculum involves the celebration of Easter and Christmas as well as celebrations from other countries. Can your child participate in festivals/ celebrations? **Yes/No**
If No please provide details.....

Immunisation Records Given Yes /No (copy attached)

Immunised Child

My child has been immunised in accordance with the NSW Health Department routine child immunisation schedule as shown on my child's actual immunisation record.

I have provided original records from the Australian Childhood Immunisation Register. A copy can be obtain by registering online on www.medicareaustralia.gov.au or by phoning 1800653809.

I agree to provide up-to-date records/ statement of my child's immunisation status to Karalta Cottage Kindergarten I understand that in the event of an outbreak of a vaccine – preventable disease at the centre, if my child is not immunised her/ he may be excluded from attendance for such time as the Department of Health deems necessary, and that the daily fee must be paid for reservation of his/ her place. I understand that the Family Assistance Office may withdraw Child Care Benefits for a non-immunised child, in which case I would be liable for payment of the full daily fees.

Parent signeddate.....

Non Immunised Child

My child is not immunised. I have provided Karalta Cottage Kindergarten with a certificate of Exemption. I have chosen not to have my child immunised and I understand that my child will be excluded for the prescribed period during any outbreak of a vaccine preventable illness at the centre.

Parent signeddate.....

Medical Details and Authorisation:

Is your child on regular medication or have any disabilities or allergies we should know about? Yes/No

If YES, give details.....
If yes please provide an action plan for dealing with this condition signed by a paediatrician or GP. An action plan will be displayed for all staff.

Does your child have any special dietary restrictions Yes/No

If yes please provide details.....

Does your child have any additional needs? (emotional/physical/intellectual), and do you access any support services for them? E.g.speech therapy, occupational therapy. Yes/No
(If available please provide a copy of referral or assessment by an appropriate professional).

If YES give details.....

I give Karalta Cottage Kindergarten staff permission to administer a single dose of paracetamol mixture (such as children's Panadol) to my child if required, once all other avenues have been explored (cooling down). I understand paracetamol will only be given if necessary, where my child has a temperature higher than 38.C. All efforts will be made to contact me, or an emergency contact prior to this. **I understand that if panadol is administered to my child I will need to collect my child within a 30 minute period.**

I acknowledge that in the event of an emergency, if my child has been injured or is ill while at the centre and if staff of the centre think it is necessary, an ambulance will be called for my child to be taken to the nearest hospital and to meet all/any costs related to any such treatment or transportation. **Every possible effort will be made to contact the parent(s) and those listed as emergency contacts at this time.**

Any further comments.....

Signature:

Child's Doctor:**Address**.....**Phone No**.....

Child's Dentist..... **Address**.....**Phone No**.....

Emergency contacts - must be other than parent or guardian.

There may be times when your child has an accident or illness and the parents/guardians cannot be contacted or are unable to collect your child due to other commitments. To deal with these situations, the centre must be able to notify one of the following people who are authorised and available to collect and care for your child.

An emergency contact is an acknowledged person, with the parent/guardian authorisation, is allowed to give permission for the following;

- Consent to the medical treatment of your child Yes/No
- Request or permit the administration of medication to your child Yes/No
- Authorise to collect Yes/No

1. Name: Relationship:
Phone: (Home)..... Phone: (Work)
Address..... Mobile No.....

2. Name: Relationship:
Phone: (Home)..... Phone: (Work)
Address: Mobile No.

Authorised to collect child from service only. (other than above)

3. Name: Relationship:
Phone: (Home)..... Phone: (Work)
Address: Mobile No.

Staff will not allow children to go with any person not mentioned on this form. You can add or delete names at any time. Staff will ask for identification from anyone not known to them e.g. driver's license. A supplementary form can be provided for additional names-please see staff.

Family Circumstances Are there any circumstances , including those affecting residence or contact with parents or Family?

Custody orders: Are there any court orders affecting custody of your child: Yes/No.
If YES please provide a copy of these orders.

Photos:

On a regular basis we take photos of your children. Are you happy for us to use these for programming and accreditation? Yes/No

Photos are also taken of the children in group settings which are used in the daily journal and can also appear in other children’s portfolios to show socialisation i.e. dancing and playing in groups (please note only first names are used in this instance)

Are you happy for your child’s photo to appear in another child’s portfolio? Yes/ No

Are you happy for your child’s photo to be used in newsletters sent to current families attending the centre? Yes/No

Signature.....

Sun Protection:

I acknowledge that staff will apply SPF, broad spectrum, water resistant sunscreen to my child as appropriate. I will ensure that my child will wear sun protective clothing, including broad brimmed or legionnaire hats and clothing to cover shoulders. If my child has an allergy to sunscreen I will supply my own.

Policies & Procedures

The centre has many policies and procedures. I am aware of these policies and procedures and agree to their content. (A copy of Karalta Cottage Kindergarten Policies & Procedures is available at all times for perusal)

Terms and conditions of enrolment:

A registration fee of \$50.00 and a holding fee (bond) of \$150.00 is to be paid prior to, or on the first day of attendance. **Fees must be paid at all times 1 week in advance** . At the end of the year the holding fee (only) will be credited to your account. Should your child leave before the end of the year the holding fee will only be credited to you if **two weeks notice** of this departure is received and your child attends those last two weeks.

Should you wish terminate your child’s position during the month of December before the centre’s annual closure 1 months written notice will be required otherwise full payment of days booked will be charged.

Fees are to be paid by Direct transfer into the nominated account.

By signing below I agree to pay all fees as listed above and agree to abide by the centre’s policies & procedures and I understand that all days which my child does not attend due to sickness or family holidays must be paid for. I agree to give the centre two weeks written notice should I wish to withdraw my child or change days of attendance . If my child does not attend on the last day of enrolment I am aware that Family Assistance will not pay any Child Care Benefit or Child Care Rebate and therefore the last day will be charged as full fee. I further acknowledge that if my fees fall behind more than two weeks without written arrangements my child’s position in the centre will be cancelled.

Name (Please print)..... Signature.....Date.....

Privacy Disclosure

I confirm that the information provided to Karalta Cottage Kindergarten is correct and true and I will inform the Director of any changes in my child’s details.

I acknowledge that If I am in default under my account, my details will be passed on to a debt collection agent.

Parent / Carer 1
Print Name.....

Parent/ Carer 2
Print Name.....

Sign.....

Sign.....

Date.....

Date.....