

# ENROLMENT FORM



## Child Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Child's CRN: \_\_\_\_\_ (Provided by Centrelink)

Home Address: \_\_\_\_\_ PC: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male / Female

Primary Language: \_\_\_\_\_ Other Languages Spoken: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Religion: \_\_\_\_\_

Is your child of Aboriginal and/or Torres Strait Islander descent? \_\_\_\_\_ Yes / No

Date of Commencement: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Commencement: \_\_\_\_\_

**Please attach a copy of your child's Birth Certificate to this form**

## Enrolment Details

Please fill in your child's days of attendance and estimate arrival/departure times:

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Estimated Arrival					
Estimated Departure					

## Parent/Guardian Details

Parent/Guardian 1: First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ PC: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent CRN: \_\_\_\_\_ (Provided by Centrelink)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ PC: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Languages Spoken at Home: \_\_\_\_\_

**Parent/Guardian 2:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ PC: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Parent CRN:** \_\_\_\_\_ (Provided by Centrelink)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ PC: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Languages Spoken at Home: \_\_\_\_\_

### **Authority to Collect/Emergency Contacts**

Please list at least one person (other than custodial parents/guardians) authorised to collect your child and at least two people that we may contact if we cannot locate you in an emergency. Photo ID must be produced upon request from educators.

**Contact 1:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Authority to collect: \_\_\_\_\_ Yes / No

Home Address: \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Contact 2:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Authority to collect: \_\_\_\_\_ Yes / No

Home Address: \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Contact 3:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Authority to collect: \_\_\_\_\_ Yes / No

Home Address: \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian 1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian 2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Family Details

Other children in your family:

Name	Gender	Date of Birth	Relationship to Child

Relationship of Parents: Married / De-facto / Partners / Separated / Divorced / Friends / Widowed / Other: \_\_\_\_\_

Please provide details outlining your family's cultural or religious requirements/celebrations: \_\_\_\_\_

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## Court/Custodial Orders

Are there any custody/court orders relating to the child? YES / NO

Please provide details of any custody or access arrangements: \_\_\_\_\_

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**Please attach a copy of all relevant custody/court orders to this enrolment form**

## Immunisation Details

Has your child been immunised? YES / NO

Is your child up to date with their immunisations? YES / NO

If your child has not been immunised, please circle the reason: Beliefs / Medical Reasons / Age / Other: \_\_\_\_\_

**Please attach record of immunisations—either a Medicare print out, copy of your Blue Book or a letter from your Doctor.**

## Medical Details

Does your child have any medical conditions? YES / NO

Is your child on any regular medications? YES / NO

Are educators required to administer any regular medication? YES / NO

If yes to any of the above, please provide details: \_\_\_\_\_

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Medicare Number: \_\_\_\_\_ Private Health Fund Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Contact: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone Contact: \_\_\_\_\_

### Allergies/Dietary Requirements

Does your child have any allergies (e.g. foods/medicine/grass/sunscreen)? YES / NO

Has your child been diagnosed with or at risk of Anaphylaxis? YES / NO

Does your child have an auto injection device (e.g. EpiPen)? YES / NO

If yes to any of the above, please provide details and **attach your child's Allergy Action Plan provided by your child's Doctor:**

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### Additional Needs

Does your child have a diagnosed disability or any additional needs? YES / NO

Does your child require extra support/assistance to participate in the centres program? YES / NO

If yes for either, please provide details: \_\_\_\_\_

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Does your child visit a specialist (e.g. Speech Pathologist/Occupational Therapist/Paediatrician)? YES / NO

If yes, please provide details **and attach any relevant reports:** \_\_\_\_\_

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### Behaviour

Does your child have any behaviour management needs? YES / NO

If yes, please provide details: \_\_\_\_\_

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Please describe your child's temperament (e.g. shy/slow to warmup/outgoing) \_\_\_\_\_

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Does your child have any fears or phobias (e.g. storms/clowns/dogs)? \_\_\_\_\_

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## Other Comments/Expectations

Why did you choose Caringbah Pre-Kindergarten for your child?

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Has your child attended another childcare centre before? YES / NO

Are any of your children currently attending another childcare centre? YES / NO

Were there any specific concerns you had with a previous childcare provider? YES / NO

If yes, please provide details: \_\_\_\_\_

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Will your child be attending another centre whilst at Caringbah Pre-Kindergarten? YES / NO

If so, which centre? \_\_\_\_\_

Are there any concerns you have regarding your child attending our service? YES / NO

If yes, please specify: \_\_\_\_\_

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What are your expectations for Caringbah Pre-Kindergarten?

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What are three main things you would like your child to achieve during their time at the centre? \_\_\_\_\_

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## Child Permissions

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please read the following permissions for your child carefully and **circle yes or no** for each question, to authorise before signing.

### General

I/we give permission for my child to:

Have SPF30+ sunscreen applied to my child prior to sun exposure (if no please provide an alternate sunscreen for educators to apply with a permission slip)	YES	NO
Have insect repellent applied to my child	YES	NO
Be given one dosage of Children's Panadol in the event of my child's body temperature rising above 38°C, after all attempts at contacting authorised persons have been exhausted	YES	NO
Have educators apply Curash Nappy Cream to my child, if required	YES	NO
Have educators apply Bepanthen Nappy Cream on my child, if required	YES	NO
Have educators apply First Aid strips (e.g. Band-Aids) on my child, if required	YES	NO
Have educators apply antiseptic cream (e.g. Dettol) on my child, if required	YES	NO
Have educators apply oral Bonjela on my child's gums for teething, if required	YES	NO
Have educators trim my child's finger nails, if required	YES	NO

### Photos and Video Footage

I/we give permission:

To take and use photographs of my child in any displays within the service	YES	NO
For photos and video footage of my child to be used in learning stories and to be shared with other families that attend the centre via Kindyhub	YES	NO
For photos and video footage of my child to be used on the Caringbah Pre-Kindergarten Website and social media Facebook page	YES	NO
For photos and video footage of my child to be used for advertising purposes	YES	NO
For photos and video footage of my child to be used by educators as part of their studies through TAFE, University or other recognised educational institutions	YES	NO
For other parent/guardians to take photographs at the centre including my child, for example at birthdays, excursions and special occasions, with managements permission	YES	NO

I understand that all information will be treated confidentially, and that my child's full name will not be disclosed with any photography, and that I may exclude any of the specific permissions provided.

### Leaving the premises

I/we provide permission for Caringbah Pre-Kindergarten educators to remove my child from the premises in the case of an emergency. I give permission for educators to relocate them to designated safe locations and for my child to participate in organised fire drills:

YES / NO

### Medical Emergency:

In case of an accident or emergency, every effort will be made to contact the parent/guardian immediately. In the event that my child requires medical attention, I/we authorise the employees at Caringbah Pre-Kindergarten to obtain/provide medical assistance, including dental, and as the parent/guardian agree to pay any medical or transport costs incurred, **including ambulance costs:**

YES / NO

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Payment Agreement

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Fee Details and Fee Payment:

- I acknowledge that a daily fee is payable for each day in which my child is enrolled.
- I acknowledge that this daily fee is payable for the reservation of a position, regardless of the attendance of my child.
- I acknowledge that an enrolment bond of \$500.00 per family will accompany this enrolment and that should I not proceed with the enrolment after lodging this application, that the enrolment bond will be foregone.
- I acknowledge that all fees are payable two weeks in advance of attendance and that normal fees are payable at all times, including for any period of absence for illness/holidays or for any other reason.
- I acknowledge that if I decide to withdraw my child from the centre, I will provide **two weeks written notice** of my intention. I agree to pay all monies outstanding prior to the withdrawal of my child.
- I understand that fees are paid for **all weekdays booked throughout the year including public holidays** except for the two weeks of closure at Christmas/New Years.
- I understand that fees charged may be changed/increased during the time my child is enrolled in care; however I will be notified prior to this occurring.
- I acknowledge that fee payments will be made via direct debit, and that I authorise Caringbah Pre-Kindergarten to arrange for funds to be debited from my account via the attached agreement with Ezi-Debit. Costs associated with using this direct debit are my responsibility.
- I acknowledge that it is my responsibility to ensure that there are sufficient clear funds in my account to meet direct debit payments and if any charges occur as a result of insufficient cleared funds then I understand I am responsible for the incurred fee.
- I acknowledge that if fees are not paid then my child's enrolment at Caringbah Pre-Kindergarten will be terminated.

### Primary Account Holder

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_