

ENROLMENT FORM

Please Note: The information on this form is required by the Children's Services Regulations 2004 under the Children and Young Persons (Care and Protection) Act 1998. Information provided is confidential. It is for the sole use of the Centre and information cannot be provided to other parties without your written permission.

CHILD'S DETAILS:

GIVEN NAMES		SURNAME			
MALE / FEMALE	DATE OF BIRTH:	PLACE OF BIRTH:			
ADDRESS					
				Postcode	TELEPHONE
RELIGION			PRIMARY LANGUAGE		
ENROLMENT DETAILS: DAYS ENROLED:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Commencement date:	Indicated Hours of Attendance: Arrival Time:			Departure Time:	

MOTHER'S DETAILS:

GIVEN NAMES:		SURNAME			
Other Names Mother has been known by:					
ADDRESS: (if different to child)					
				Postcode	
TELEPHONE: (Home)	(Mobile)				
MARITAL STATUS: Single / Married / Separated / Divorced / Partner				Date of Birth:	
EMPLOYER'S NAME:			OCCUPATION:		
EMPLOYER'S ADDRESS:					
WORK TELEPHONE:		(Mobile)	WORK HOURS: From		To

Family Assistance Office	Mother:	Child:
Customer Reference Number		

FATHER'S DETAILS:

GIVEN NAMES:		SURNAME:			
ADDRESS: (if different to mother)					
				Postcode	
TELEPHONE: (Home)	(Mobile)				
MARITAL STATUS: Single / Married / Separated / Divorced / Partner				Date of Birth:	
EMPLOYER'S NAME:			OCCUPATION:		
EMPLOYER ADDRESS:					
WORK TELEPHONE:		(Mobile)	WORK HOURS: From		To

PARTNER'S DETAILS (If living with you for Emergency Contact or Collecting Child)

GIVEN NAMES:		SURNAME:			
TELEPHONE: (Home)	(Mobile)				
EMPLOYER'S NAME:			OCCUPATION:		
EMPLOYER ADDRESS:					
WORK TELEPHONE:		(Mobile)	WORK HOURS: From		To

Is there anyone who is prohibited from having contact with or collecting your child? YES/NO
Details
NOTE: Access to a child cannot be denied to a natural parent unless there is a current Court Order.
Are they current Court Orders in relation to your child
Court Order YES/NO

MEDICAL AND EMERGENCY DETAILS

MEDICAL DETAILS

Doctor's Name:	Dentist's Name:
Address:	Address:
Telephone	Telephone

In the case of a medical or dental emergency can we release your child to his or her doctor/dentist? YES / NO

Does your child suffer from any of the following: (Please indicate YES or NO)

Speech Difficulties _____ Sight Difficulties _____ Hearing Difficulties _____ Balance Difficulties _____

Muscle Control _____ Global Delay _____ Other (Please specify) _____

Is your child on any regular medication? YES / NO If YES please provide details

MEDICARE NO _____

PRIVATE HEALTH COVER: Fund _____ Number _____

IMMUNISATION DETAILS:

Has your child been immunised? YES / NO). If YES please supply evidence of immunisation. (You're Blue Book or a certificate from your Doctor. Proof of immunisation to be retained by Centre)

EMERGENCY CONTACTS - other than Parents/Guardians

List at least two (2) people (other than yourself or partner) who are authorised to collect your child AND that we may contact if we cannot contact you in an emergency. Please note that your child can only be released to you, the natural parents or guardians, and those persons listed below.

	1 st Person	2 nd Person	3 rd Person
Person's Name:			
Address:			
Phone No. Home:			
Work:			
Mobile:			
Relationship to Child:			
Emergency Pick Up	YES / NO	YES / NO	YES / NO
Daily Pick Up	YES / NO	YES / NO	YES / NO

In the event of an emergency, illness or accident concerning my child and the Centre being unable to contact myself or the other persons listed above, I consent to the Centre seeking and obtaining on my behalf medical, dental or hospital attention for my child. I accept liability for any medical, dental or hospital expenses and Ambulance cost as may be incurred.*

(*Plumpton Marketplace Dental Centre, Jersey Road (Cnr. Hyatt Road), Plumpton will be used for emergency dental treatment unless another dentist is named on this form)

PARENT / GUARDIAN SIGNATURE _____ **DATE** _____

SLEEP PATTERNS

Pre-sleep routines/rituals _____

(e.g. bottle, dummy, security toy etc.)

Times: _____ Length of sleep/s: _____

EATING HABITS

Food dislikes or eating problem _____

Food likes or eating preferences _____

Special diet _____

FOOD NOT PERMITTED _____

Reason (e.g. religious, allergy etc.) (Allergy Report Form must be completed and signed by your doctor if your child is allergic to any food) _____

NOTE For a child under the age of nine (9) months no new food will be offered unless previously discussed with parent. Our Weekly Menu is on display in the foyer.**BOTTLE / CUP ROUTINE** (Please indicate) CUP _____ BOTTLE _____ BOTH _____

Formula YES / NO (Please provide) Quantity _____

Milk YES / NO Quantity _____ Juice YES / NO

COMFORTING / DISTRESS

Does your child have a security object/toy YES / NO Name _____

Does your child use a Dummy YES / NO When _____

Other information that may help carer _____

Does your child have any fears? _____

TOILETING (Nappy changing routine)**(Note: For hygiene reasons please supply disposable nappies)**

Does your child require lotion or ointment? _____

(Please provide the centre with written authorisation to apply nappy creams. Medicated creams or lotions require a letter of authorisation from your child's doctor. See staff for details)

Is your child toilet trained YES / NO

If YES do they require a nappy at rest time YES / NO

HEALTH HISTORY

Was your child a premature baby **YES/ NO**? If yes how long _____

Have they had any significant illnesses in the past? _____

Has your child been hospitalised for any reason? _____

Does your child suffer from any allergies? **YES / NO**

If **YES** you must supply a completed Allergy Record Form signed by your doctor. This form is to be updated every six months.

ASTHMA

Does your child or has your child suffered with Asthma **YES / NO**

If **YES** you must supply a copy of your child's Asthma Management Plan signed by a doctor. This form is to be updated every six months.

BEHAVIOUR

Are there any behaviours you would like us to pay particular attention: _____

Is there any other information about your child that you feel would be of importance to us? _____

FAMILY BACKGROUND

Parents Country of birth: Mother _____ Father _____

Is another language other than English spoken home? **YES/NO**

If **YES** what language _____

Can your child speak English? **None / a little / mostly / fluently**

If your child has difficulty with English to assist staff to settle in and comfort your child it would be appreciated if you could let us know some of the key words or phrases that they could use. _____

Cultural or religious festivities celebrated _____

When are these celebrated _____

OTHER FAMILY MEMBERS

Children (Name, Age and Gender) _____

Are there any other adults at home? **YES/NO**

If **YES** who and what is their relationship to the child? _____

PARENT / GUARDIAN PERMISSION FORM

I hereby authorise the staff of Oakhurst Pre-School to:

1. Administer Panadol to my child, in accordance with our Administering Panadol / Paracetamol – Health Policy. (Paracetamol will not be administered to babies under six months of age)
YES / NO
2. Apply SPF30+ broad-spectrum sunscreen to my child, in accordance with your Sun Protection Policy. YES / NO If NO please supply alternative sunscreen.
3. Administer first aid treatment for my child as deemed necessary by staff holding an appropriate First Aid Certificate. An accident report will be completed to be signed by the parent/guardian.
YES / NO
4. I give permission for my child to be:
 - a) Photographed for use a) within Centre, b) for advertising, c) in newsletter or d) Web page
YES / NO (Please cross out any not allowed)
 - b) Observed by a student, as part of students course, and understand that that his/her name will not be used in any of the student's reports
YES / NO
5. I authorise staff to release my child to those persons listed as my emergency contacts and daily pick ups. YES / NO

PARENT / GUARDIAN SIGNATURE _____ **DATE** _____

CHILD CARE BENEFIT

Everyone is entitled to receive fee relief from the Federal Government by way of a Child Care Benefit Payment from the Family Assistance Office (Centrelink).

You can receive this payment by:

- A. Daily fee reduction **OR**
- B. Large sum payment payable yearly. (This payment is in arrears and is paid after you have lodged your yearly taxation return)

Do you choose to receive this payment? **YES / NO** If **YES A or B**

Please answer the following question about Child Care Benefit payments:

1. Have you ever been issued with an assessment notice for Child Care Benefit from the Family Assistance Office **YES / NO**
If **YES** please advise the Family Assistance Office that your child now attends Oakhurst Pre-School
2. Has your child attended another approved childcare service in the current financial year?
YES / NO
If **YES** – Does your child continue to attend the other approved childcare service on other days
YES/NO
3. Do you have any other children attending an approved childcare service eg Family day care, Before and After School care, Vacation Care or another long day care centre.
YES / NO

If **YES** to any of these question remember your obligations to the Family Assistance Office and advise then of any changes to your circumstances.

TERMS AND CONDITIONS OF ENROLMENT

AT OAKHURST PRE-SCHOOL (Please read very carefully)

1. Oakhurst Preschool is open for 50 weeks of the year. The centre is closed for a 2-week period over Christmas and New Year holiday period. Our licensed hours of operation are 7.00am to 6.00pm Monday to Friday.
2. Allocated days and times are permanent and not flexible or transferable however, transfers may be negotiated depending on vacancies or ability to move the children of a non-working parent. (See No 6)
3. Fees have to be paid even if your child is absent on a particular day or days including periods of illness and parents annual leave. Fees have to be paid for Public Holidays other than those during the Christmas break. The Centre is to be notified when your child will be absent.
4. An enrolment fee of \$40.00 is due on acceptance of a position. A bond, equivalent to two weeks fees less the \$40 enrolment fee already paid, is due for payment on your child's first day of attendance as well as their first week's fees. If fees are paid fortnightly or monthly then they must be in advance for the same period. Your Fees are \$_____ a day less Child Care Benefit entitlement. If your fees fall in arrears your position may be declared vacant. Full fees will be charged until the centre receives notice from Centrelink of your CCB percentage.
5. Fees are to be paid on your child's first day of attendance each week (unless other arrangements have been organised).
The centre has a priority of access that is adhered to and the Director may need to change your days to accommodate a child with a higher priority, this is a requirement of Child Care Benefit Payments Scheme. The Centre has the right to ask for proof of work or study (e.g. payslips, proof of course etc.) to establish your priority.
6. A late fee of \$35.00 will be charged if a child is left after the Centre's closing time (6.00pm), up until 6.15pm and then \$5.00 for every 5 minutes thereafter. If a parent is late more than 3 times per calendar year their child's position may be declared vacant.
7. The Centre is to be notified of any change to your child's details (e.g. address, phone number, emergency contacts, etc.)
8. A record of your child's immunisation is required for the records. You will be required to keep this information up to date. Children who are not immunised will not allowed to attend the centre when an outbreak of a contagious disease occurs and they will not be allowed to attend until the outbreak has cleared (Fees will have to be paid during this period). This is a requirement of the NSW Health Department.
9. The centre must be provided with your child's birth certificate or passport within six weeks of accepting your child's place. A copy of this will be kept on file by the centre in line with DoCS regulations.
10. Sick children are not allowed to attend the centre until well – the Authorised Supervisor will make the final decision. Children on antibiotics or anti-fungal medications are not to attend the Centre for a minimum of 24 hours of commencement of the medication. Children are not to attend the centre for 24 hours after vomiting, a temperature over 38°C or diarrhoea and for 4hours after taking paracetamol medications. NO over the counter medications will be given without an authorisation letter from your doctor and all prescription medicine will be only administered as per doctor's instructions and ONLY with your written permission.
11. Access to children cannot be denied to a natural parent unless there is a Court Order. A copy of any court order affecting your child must be provided to the Centre.
12. Two weeks notice is required of your intention to withdraw your child from the centre or to reduce the number of days your child attends.
13. The staff of Oakhurst Preschool are Mandatory Reports of child abuse and neglect.

I agree to abide by the above-mentioned Terms and Conditions and declare that all information given in this form to be correct to the best of my ability.

Parent / Guardian Signature: _____ Date: _____
