Caringbah South Preschool

Enrolment Form

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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  \*this is used for newsletters, notices and all communication from the service |  |
| 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  Session: | Please circle  MON TUE WED THU FRI  8:00am-4:00pm 9:00-3:00pm |
| Child’s commencement date: | |
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A copy of your child’s birth certificate needs to be sighted before commencement

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| Family CRN details - Please contact the FAO on 13 61 50 and link your child to Caringbah South 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 |
| Full name |  |  |
| Relationship to child |  |  |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Child’s health details | |
| Medicare number |  |
| Name of health fund (if any) |  |
| Family doctor name |  |
| Address |  |
| Telephone |  |
| Family dentist’s name |  |
| Address |  |
| Telephone |  |

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| Does your child have any allergies? If yes, have they been diagnosed as at risk of anaphylaxis? If yes, please supply an action plan and speak to the Nominated Supervisor | Please circle  YES NO |
| 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 requirements? | Please circle  YES NO  Details: |
| Does your child have any medical conditions? If yes, please speak to Nominated Supervisor regarding additional documentation required | Please circle  YES NO  Details: |
| Is your child on any long-term medication? If so, please list and fill out long term medication form | Please circle  YES NO  Details: |
| 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?  Every attempt will be made to contact you.  YES / No (Please circle)  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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| 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 provide a copy of your child’s current ACIR Immunisation History Statement. To obtain a copy of your Australia Childhood Immunisation Record, please go to MyGov, or use the medicare app to print it directly or email it to us. |

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| Illness  Please confirm you are aware that if you need to collect your child from preschool due to illness, they will be unable to return until: | |
| They have vomited | They have not vomited for at least **24 hours** |
| They have had diarrhea | They have not had a loose stool for at least **24 hours** |
| They have a suspicious rash | You have a clearance from your doctor to state that they are not infectious |
| They have a fever above 38 degrees | They are fever free for **24 hours** without the use of paracetamol |
| They have a weeping / sticky / red eye | Their eye is clear |
| Head lice | They have had treatment and their hair is egg and live lice free |
| **Parent / Guardian Signature:**  Date: | |

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| Additional Needs  Does your child have any additional needs (for example speech delay, hearing etc)  YES NO  If yes, what are they: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What age were these needs diagnosed / acquired?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is there any management or treatment required?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Allied Health Professionals  Please give details on any other professionals (naturopath, speech therapist, paediatrician, occupational therapist, or other therapists) that are working with your child:   |  |  |  | | --- | --- | --- | | **Name** | **Reason for seeing them** | **Phone number** | |  |  |  | |  |  |  | |  |  |  |   Do you give permission for Caringbah South Pre-school to contact these professionals and discuss your child’s progress with them? This may include sharing observations, photos or videos if appropriate, as well as verbal communication.  YES / NO  Parent / Guardians one signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent / Guardian two signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| In the event that your child begins seeing an allied health professional after they have commenced enrolment with us, do you give permission for us to contact (or be contacted by) these professionals and discuss your child’s progress with them?  YES / NO  Parent / Guardians one signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent / Guardian two signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Is there any other information you would like to share about your child? |

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

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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 password protected website? (This is where our daily slideshow of photos are uploaded, parents are issued with a password in order to view it) | Yes No |
| Do you allow your child to be included in photographs to be used on our Facebook and Instagram 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 events and special occasions, eg face painting, birthdays, cooking/eating experiences, hair styling, dress ups, nail painting etc | 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 |
| Do you give permission for your child to attend walking excursions to the **Beauford Reserve park** on a regular basis, All parents will be notified when we are planning a visit to the park. This park is a 4 minute walk away. A risk assessment has been completed and is available for viewing. | Yes No |
| Parent / Guardian signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Fees |
| A full 2 week deposit/bond (not including rebates) is due to secure your position 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 $78 a day 9am-3pm or $90 a day 8am-4pm. Your CCS will be deducted weekly and you will pay the gap, which is shown on your weekly statement.  Preferred payment for the 2 week deposit/bond and ongoing fees is via ETF to the below bank details:  **Name -** Caringbah South Preschool **BSB -**  012 262  **AC-** 208 066 017  **Please remember to include your child’s SURNAME as the reference when making a deposit**  Two weeks written notice must be given to cancel a position or reduce days in terms 1-3 and six weeks written notice is required for term 4. Please note we do not accept 1 day enrolments (unless we do not have any other days to offer) so you are unable to reduce your child’s attendance to only 1 day. 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 4.00pm (see our Fee Policy)  The Guarantor(s) and Indemnifier(s) herby guarantee and indemnify the supplier against any losses or expense 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  **Birth certificate attached**: YES / NO  **Immunisation History Statement attached**: YES / NO  **2 week bond paid**: YES / NO Date paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ |

Family Goal Sheet

There is nobody else other than Mum and Dad who understand and is familiar with all of their child’s interest’s, strengths, likes and dislikes. Who better to ask, other than you to provide us with a brief overview about your child. This will enable us to get to know your child a little more and provide appropriate experiences to enhance their learning and development. We would also like your input on how you would like your child to develop to their fullest potential. Every piece of information is valuable to us!

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| **What are your child’s interests?** | **What are your child’s strengths?** |
| **What would you like your child to learn in 2021?** | **Any other comments or feedback:** |