

Samaritans Early Learning Centre
Woodberry
2009
Enrolment Form

*All information on this form is confidential
It is your responsibility to ensure information to be kept up to date.*

Enrolment Details

Starting Date: _____

Bookings	Mon	Tue	Wed	Thu	Fri
Arrive					
Depart					

Child's Details

Family Name:		Gender: F / M
First Name:	Other:	
Address:	Date of Birth: / /	
		Nationality:
	Postcode:	Primary Language:
Is a certified copy of your child's birth certificate attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Account Details

Bill To:
Address:
Email:
<i>The Parent who is registered with the Family Assistance Office is required to supply the following</i>
Parents Customer reference Number:
Child's Customer reference Number:
Are you claiming Childcare Benefit at another, Approved Childcare Services <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming CCB for other children or sibling?
Total Number of children (inclusive of child to be enrolled) Please circle: 1 2 3 4 5 6
How many hours do you or have you claimed?

Parent/Guardian Details 1		Relationship to Child:	
Name:		DOB:	
Address:			
Phone:	Mobile:	Nationality:	
Employment Details			
Employer:			
Address:			
		Postcode:	Phone:
Occupation:		Days of Work: M T W TH F	

Parent/Guardian Details 2		Relationship to Child:	
Name:		DOB:	
Address:			
Phone:	Mobile:	Nationality:	
Employment Details			
Employer:			
Address:			
		Postcode:	Phone:
Occupation:		Days of Work: M T W TH F	

Martial Status of Parents (Optional)				
Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	De Facto <input type="checkbox"/>
If separated/divorced, does the partner have access to the child? <input type="checkbox"/> Yes <input type="checkbox"/> NO				
Are there any custody/court orders made in relation to the child? <input type="checkbox"/> Yes <input type="checkbox"/> NO				
If yes, please attach a copy of any Family Law court papers including custody, apprehended violence orders. Attached: YES NO				

Emergency Contacts and Collection Authorities Details

Please provide the names of at least two people other than yourself, who are to be emergency contacts for your child. It is very important that you tell these people you have nominated them. In nominating them, you give them the authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until they can be returned home. All of the nominated people must be over the age of 16 years.

Name:

Address:

Home Phone:

Mobile Phone:

Work Phone:

Relationship to Child:

Name:

Address:

Home Phone:

Mobile Phone:

Work Phone:

Relationship to Child:

Name:

Address:

Home Phone:

Mobile Phone:

Work Phone:

Relationship to Child:

Name:

Address:

Home Phone:

Mobile Phone:

Work Phone:

Relationship to Child:

Medical and Health Information

Proof of immunisation must be supplied to the Authorised Supervisor upon enrolment (eg baby health clinic card, Doctors certificate, Blue Book etc). (It is your responsibility to provide the centre with your child's current immunisation status as your child is immunised).

Is your child fully immunised? Yes NO

Is a copy of your child's immunisation records attached? Yes NO

Medical Conditions:

Any ongoing medical condition requires a letter from the child's supervising Doctor outlining the condition and any medication requirements. This is required to be updated regularly.

Has the child any additional or medical conditions?

Does the child usually require regular medication or special aids?

(If yes, please specify Glasses, hearing aids etc)

Does your child have any allergies? Yes No

If yes, please read the following carefully:

Children with an allergy are required to supply a statement from the family doctor describing the child's allergy, substances to avoid and the appropriate procedures in case of accidental exposure to the substance.

This letter must be supplied at the time of enrolment.

Is this letter attached? Yes NO

Substance to which the child is allergic:

Type of reaction:

Action to be taken in case of reaction:

Is there any other medical information we might need to know?

Family Doctor

Name:

Phone:

Address:

Family Dentist

Name:

Phone:

Address:

Medical Information

Medical Benefits Cover with:

Ambulance cover with:

Medicare Number:

Health Care Card Number:

Home Environment

Language spoken at home:

Other languages exposed to:

Religion:

Name and age of siblings:

Does anyone else live in the family home? (If "yes" please state: eg grandparents, aunt, uncle)

Do you have any cultural/religious beliefs/values, which may affect your child's attendance at the centre?

PHOTO OF YOUR CHILD. (OPTIONAL)

Authorisation Page

Please read the agreements carefully before signing. It is important that you are fully aware of the agreements you are signing on behalf of your child. Please sign these clauses in the presence of a witness, partner, friend or staff member.

I give consent for Samaritans Early Learning Centre's staff to seek urgent medical, hospital, dental and ambulance treatment for my child in the case of an emergency or for a staff member to take my child to the local hospital or doctor's surgery in the event of a minor injury. I understand that all efforts will be made to contact me or my nominated emergency contacts.

Signature:

Date:

I give consent to the staff of Samaritans Early Learning Centre to phone the emergency contacts I have listed in the event of an emergency and allow them to collect my child if I am unable to be contacted.

Signature:

Date:

I give consent for the staff at the centre to apply sunscreen to my child.

Signature:

Date:

I give consent for the staff at the centre to assess the need for and administer nappy change lotions, creams, teething gels and insect repellent.

Signature:

Date:

I understand that if my child has any allergies I must attach a letter from our family doctor.

Signature:

Date:

I understand that I must give two weeks notice if I wish to change my child's days or withdraw my child from the centre, at my expense.

Signature:

Date:

I give consent for my child's photograph, name and age to be used for media events. I also give consent for my child to be video taped by staff, students and the media for educational and training purposes.

Signature:

Date:

I give consent for my child's photograph (via digital viewing frames and portfolio's) to be viewed by staff and other parents attending the Centre.

Signature:

Date:

I give permission for staff to use my child's first name in observations and portfolios.

Signature:

Date:

I agree to abide by the Woodberry Early Learning Center's fee policy, as outlined by the Director, including late fees, withdrawal and administrations costs.

Signature:

Date:

I certify that all the information I have supplied in this enrolment form is correct. I undertake to inform the Director immediately of any changes to this information.

Signature:

Date:

The above signatures were witnessed by:

(please print)

Signature:

Date:

Agreement

I understand and agree to pay the required fees for my child's booked hours of childcare and accept the policies and rules of the centre.

I understand and agree that a bond payment in advanced is required before my child can commence at Samaritans Early Learning Centre. After paying this bond it will be deducted from your fees when finishing at the centre, providing all fees are up to date.

I understand and agree that before my child can start at Samaritans Early Learning Centre, an Annual Administration Fee of \$25.00 per child , and a cot sheet fee of \$10.00 must be paid.

Fees are produced each week and Account Statements are placed in the child's centre pockets in the foyer. Parents are requested to collect these each week and to pay their fees by the end of the same week. If parents fail to pay their fee account on time they could forfeit their Child's position.

Late Fee:- A late fee is charged when parents collect their child/ren after the official closing time of the centre.

Withdrawal:- When a child is to be withdrawn from care the parent is to give, two weeks notice in writing. If the child does not attend the centre during this period, no refund will be made.

If you wish to cancel one or more of your child's days or change your days, we ask that you give us two weeks notice of your intention to change your child's enrolment. If you have any queries about this please see the office or the Director.

I agree that the staff of the centre may administer simple first aid to my child if the need arises.

I understand that if at any time the staff of the Centre considers that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend to my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.

I certify that the information entered on this form is true and correct to the best of my knowledge and have read the above Fee information and fully understand Samaritans Early Learning Centre's fee policy.

I the undersigned also undertake to inform the Centre if any of these details change.

Signature of Parent/Guardian _____

Date: ____/____/____

INPUT SHEET

This form accompanies your child into their room to assist the staff who will be working with your child.

Child's Name:

Child's Date of Birth:

Your Name:

Partners Name:

Has your child been left before at	Babysitters <input type="checkbox"/> Yes <input type="checkbox"/> No	Occasional Care <input type="checkbox"/> Yes <input type="checkbox"/> No
	Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Day Care <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other childcare Centres <input type="checkbox"/> Yes <input type="checkbox"/> No	

Does your child have any allergies? Yes NO

Substance to which the child is allergic:

Type of reaction:

Action to be taken in case of reaction:

Is your child: Toilet Trained Training Nappies

Does your child have any of the following?

Bottle <input type="checkbox"/> Yes <input type="checkbox"/> No	Formula <input type="checkbox"/> Yes <input type="checkbox"/> No	Needs help to feed <input type="checkbox"/> Yes <input type="checkbox"/> No
Cup/Glass <input type="checkbox"/> Yes <input type="checkbox"/> No	Cows Milk <input type="checkbox"/> Yes <input type="checkbox"/> No	Feeds themselves <input type="checkbox"/> Yes <input type="checkbox"/> No
Training Cup <input type="checkbox"/> Yes <input type="checkbox"/> No	Solids <input type="checkbox"/> Yes <input type="checkbox"/> No	

Sleep Patterns:

How often?

How Long?

Does your child have a dummy?

Do they have a comforter (e.g. teddy, blanket) for sleeping?

Please indicate if your child sleeps in a Cot or Bed

Is your child Small eater Average eater Large eater

Are there any foods that your child dislikes, but is not allergic to? Yes No

If "yes" please specify

Does your child have any particular fears?

My child's favourite things to do are:

Festivals we celebrate as a family are (eg. Birthdays, Christmas, New Year etc)

Other Family members and ages that live with my child include:

If any of the above information changes during your time with us, please inform staff.

