



# Pitt St Kindy

## Enrolment Form

Start Date

### Child's Details

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

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Gender:      Male          Female

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

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Languages spoken at Home: \_\_\_\_\_

Is your child of Aboriginal Descent? Y N

Is your child of Torres Strait Islander Descent? Y N

Please indicate which days your child will be enrolled:   Mon     Tues     Wed     Thurs     Fri

Child's CRN \_\_\_\_\_ Parent's CRN \_\_\_\_\_

Please call Family Assistance Office 136 150 to register for Child Care Subsidy. Until you notify us that you have registered you will be charged at the full fee rate. This is to be done *BEFORE* starting your child at the centre. N.B. If you are unable to, or decide not to claim CCS you still *MUST* contact the Family Assistance Office and advise them your child is attending this Long Day Care Centre.

### Parent One Details

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

Surname: \_\_\_\_\_

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

\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Place of work: \_\_\_\_\_

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

\_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Drivers Licence No. \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent Two Details

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

Surname: \_\_\_\_\_

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

\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Place of work: \_\_\_\_\_

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

\_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Drivers Licence No. \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Court Orders:** Are there any court orders affecting the custody of your child? Yes  No

If Yes a photocopy must be attached and the Nominated Supervisor needs to be notified if circumstances change

### Other children in the family

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

### Emergency Information

In case of an emergency, and we are unable to contact you. Please indicate two people in order of preference who may act on your behalf.

#### Person One

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_  
Work Ph: \_\_\_\_\_  
Place of work: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Signature: \_\_\_\_\_

#### Person Two

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_  
Work Ph: \_\_\_\_\_  
Place of work: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Signature: \_\_\_\_\_

In the event of an emergency, illness or accident concerning your child, and the certified supervisor being unable to contact the Parents/Guardians and the other emergency contacts, the Certified Supervisor will seek, on your behalf, medical, dental or hospital attention for your child. Although every possible care will be taken with your child at the centre, staff can in no way be held responsible for any accident that may occur.

I authorise staff to arrange for my child to be transported by ambulance, when they deem it necessary under the above circumstances:

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

### Health:

It is important to keep this information current at all times. Ambulance Coverage: Yes  No

Medicare No.: \_\_\_\_\_ Private Health Fund Name: \_\_\_\_\_

Private Health Fund No. \_\_\_\_\_

**Family Doctor:**

Doctors Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Family Dentist:**

Dentist Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Does your child have a continuing serious illness?

Yes No 

Does your child have asthma?

Yes No 

Does your child need regular medicine?

Yes No 

If you have answered "Yes" to any of the above please provide the relevant action plan from your health professional. You will also be required to fill out a Risk Minimisation Plan (RMP) – please ask for one from the Nominated Supervisor.

Has your child ever been hospitalised?

Yes No 

If YES Details: \_\_\_\_\_

**Allergies:**

Does your child have any allergies?

Yes No Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note: If your child has an allergy a risk Minimisation plan MUST be completed and kept up to date . Please ask the Nominated Supervisor for a RMP.

**Diet:**

Does your child have any particular dietary requirements?

Yes No If yes, Details? \_\_\_\_\_  
\_\_\_\_\_

Does your child feed himself or herself?

Yes No **Paracetamol Administration Authorisation**

If a child develops a high temperature staff will contact the parent/guardian and request the child be taken home. Paracetamol will not be automatically given, only if the parent/guardian cannot be contacted.

I hereby give my consent to the staff at the Centre administer Paracetamol to my child would my child suffer from a high temperature, in excess of 38 degrees, and at the time I am unable to be contacted. I understand that the prescribed dose will be given.

Parent/Guardian Signature \_\_\_\_\_

## Sun Protection Policy:

The parent/guardian has responsibility for ensuring their child brings a sun hat with them. I give permission for the staff of the child care centre to apply SPF 30+ broad spectrum sunscreen for normal skin-water resistant. This sunscreen will be provided by the centre.

Parent/Guardian Signature \_\_\_\_\_

## Routines:

### Toileting:

Is your child in nappies? Yes  No

Currently toileting? Yes  No

Needs reminding? Yes  No

Independent in toileting? Yes  No

What word does your child use when going to the toilet? \_\_\_\_\_

### Sleeping:

Does your child sleep or rest during the day? Yes  No  Sometimes

If yes, at what time and or how long? \_\_\_\_\_

Does your child need a nappy at sleep time? Yes  No

Does your child need a dummy at sleep time? Yes  No

Any special toys or blankets? Yes  No

If yes, Details? \_\_\_\_\_

Does your child have any special routine on being put to bed? Yes  No

If yes, Details? \_\_\_\_\_

### General Needs:

Does your child have any fears about anything in particular? Yes  No

If Yes Details: \_\_\_\_\_

Are there any words that we need to know that have special meaning for your child? Yes  No

If Yes, Details: \_\_\_\_\_

Please tell us how we can help your child this year (eg. What do you most want for your child at the centre)?

Is there any particular area that concerns you that we need to know about? Yes  No

If Yes Details: \_\_\_\_\_

Do you have any skills you would like to contribute to the Centre?

Yes  No

If Yes Details: \_\_\_\_\_

### **Celebrations:**

As part of our commitment of reflecting practices in our local community and larger society the centre will celebrate a variety of cultural celebrations throughout the year (e.g. Easter, Chinese New Year, Ramadan, Christmas, Hanukah, Saints Day etc). Do you give permission for your child to learn about and/or join in with these Celebrations.

Please circle Yes  No  Signature: \_\_\_\_\_

### **Photographs and Videos:**

I hereby give consent for the staff at the centre to take photographs and video of my child during normal activities while my child is in the centre. These photographs and video will be used at the discretion of the Nominated Supervisor, throughout the centre and for Advertising purposes.

Parent/Guardian Signature \_\_\_\_\_

### **Fees:**

Daily fees are 0-3 **\$108.00: 3-6 \$104.00** per day and are payable weekly, fortnightly or monthly. Fees are payable in advance. Centrelink benefits are available. Fees are payable through a direct debit system (Ezi Debit Form enclosed).

### **Enrolment Fee:**

A one off enrolment fee of \$75.00 will be required to secure a place at Pitt St Kindy. Payment is processed through Ezi Debit as we do not accept cash on the premises.

### **Notice of withdrawal from centre:**

A minimum of two weeks written notice is required before your child is withdrawn from the centre. Notice **MUST** be given in writing (either by fax, email, or filling out the centres form) and signed by the parent and a staff member. Notice for withdrawal cannot be given over the phone. Should notice not be given then the equivalent of two weeks fees will be charged to the parent. N.B. During the months of December and January one months notice is required for withdrawals. If no notice is given then one month's fees will be charged.

**You must sign your child in and out on their last day of attendance via the Kiosk or the Department of Education will charge full fees.**

Parent/Guardian \_\_\_\_\_

### **Make up days:**

Make up days are **only** given for public holidays. Fees must be paid up to date in order to be eligible for a make-up day. Make up days must be used within the current year and are not carried forward to the next year. Please see Parent Handbook for instructions on booking make up days.

Parent/Guardian \_\_\_\_\_

### **Parent Handbook:**

I have read and understand the guidelines as set out in the Parent Handbook.

Parent/Guardian \_\_\_\_\_

**Pitt St Kindy**

We are constantly focused on improving our service and would appreciate your input.

We would like to know where you heard about Pitt St Kindy

Yellow Pages    Relative/Friend    Website    Other \_\_\_\_\_

Why have you chosen Pitt St Kindy?    Location        Other  \_\_\_\_\_

**Family situation:**

In order to provide an inclusive curriculum that takes into account each child's social, cultural and linguistic diversities, including learning styles, abilities, disabilities, family circumstances and geographic location we try to gather as much information about each child as possible. Can you please write down as much information as you like about your child in relation to the above points.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the guidelines as set out in the Enrolment Form and the Parent Handbook.

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

**Office Use Only**

Enrolment fee \$75.00 received    Yes     No     Staff Signature \_\_\_\_\_

Immunisation records on file:    Yes     No     Staff Signature \_\_\_\_\_

Enrolment Form Checked and all signatures completed \_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_