



Enrolment Form

ADMINISTRATION FEE (NONREFUNDABLE) \$40
 SWIPE TAG (REFUNDABLE) \$ _____
 HOLDING DEPOSIT(REFUNDBALE) \$ _____
 TOTAL AMOUNT RECEIVED \$ _____

Jenny's Kindergarten Centre Location:

- | | |
|--|--|
| <input type="checkbox"/> Bathurst CBD | <input type="checkbox"/> Mount Annan |
| <input type="checkbox"/> Gosford CBD | <input type="checkbox"/> Narellan Vale |
| <input type="checkbox"/> Gregory Hills | <input type="checkbox"/> Oatley |
| <input type="checkbox"/> Hurstville | <input type="checkbox"/> Padstow |
| | <input type="checkbox"/> Riverwood |

CHILD'S DETAILS

Child's Surname: _____ Child's Given Name: _____

Preferred or Any Other Given Name/s: _____ Child's Sex: M / F

Was the child ever known by ANY OTHER NAME/S? Y / N _____
 (If YES please provide the child's CHANGE OF NAME CERTIFICATE when enrolling, thank you.)

Childs CRN _____ CCR Entitlement Yes / No CCR paid to Service / Parent (please circle)

Address: _____ Suburb: _____

Postcode: _____ Home Telephone: _____

Date of Birth: ____/____/____ Age: _____ Religion: _____

Language Spoken by Child: _____ Ethnicity: _____

Refugee background: Y / N (optional)

Other children living at home, names and ages: _____

Preferred Start Date: ____/____/____ Please mark the days/times that you prefer:

Days Times	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

(Arrival and Departure times are used for operational purposes only)

PARENT(S)/GUARDIAN(S)' DETAILS (Please note: Parent/Guardian 1 details are to be the one who is registered for child care benefit.)

PARENT/GUARDIAN 1 DETAILS:

Relationship to the Child: _____

Title/First Name: _____

Any Other Given Name(s): _____

PARENT/GUARDIAN 2 DETAILS:

Relationship to the Child: _____

Title/First Name: _____

Any Other Given Name(s): _____

Surname: _____

Surname: _____

CRN No. _____

CRN No. _____

D.O.B. _____

D.O.B. _____

Home Address: _____

Home Address: _____

Contact: Home: _____

Contact: Home: _____

Work: _____

Work: _____

Mobile: _____

Mobile: _____

Was the parent ever known by any OTHER NAME(S)?

Was the parent ever known by any OTHER NAME(S)?

Y / N _____

Y / N _____

(If YES please provide your CHANGE OF NAME Certificate when enrolling, Thank you.)

Email: _____

Email: _____

Ethnicity/Religion: _____

Ethnicity/Religion: _____

Languages Spoken: _____

Languages Spoken: _____

Occupation: _____

Occupation: _____

Name of Working Place/Address: _____

Name of Working Place/Address: _____

Medicare No. _____

Private Health Fund: _____

Are there any custodial arrangements or injunction orders relevant to the child. YES / NO

If yes then a copy of the order must be provided to the service.

HEALTH

Family Doctor: _____ Phone: _____

Local Dentist: _____ Phone: _____

Immunisation:

NSW Department of Health Regulations state that all children enrolling in childcare must provide written continuing proof of full immunisation for their child/ren. Please indicate which one of the following is relevant:

Family to please provide one of the following to the service:

- *Current ACIR Immunisation History Statement*
- *A Current ACIR History Form*
- *A ACIR Immunisation Exemption-Medical Contraindication Form*
- *A ACIR Immunisation Exemption-Conscientatious Form*

(MUST PROVIDE A COPY OF ONE OF THE ABOVE FROM THE AUSTRALIAN CHILDHOOD IMMUNISATION REGISTER {ACIR} UPON ENROLMENT AND WITH EACH VACCINATION THEREAFTER, THIS IS OBTAINABLE FROM MEDICARE ONLY).

Permission for Panadol Administration:

Do you give the service permission to administer a dosage of children's Panadol according to the children's Panadol recommended age/weight dosage, ONCE ONLY, if your child's temperature reaches above 37.5 degrees, Yes / No.

If Yes: I _____ (parent name), understand and agree to allow first aid trained educators to administer a once off dosage of Panadol in accordance to the Panadol recommended age/weight dosage, if my child's temperature reaches above 37.5 degrees. I understand that administration can only be once for each attending day my child is at the service, and will only be administered in the case of my child's temperature being above 37.5 degrees. I also understand that I am required to pick up my child as soon as possible in the event of my child's temperatures reaching above 37.5 degrees. If temperatures continue to rise or do not drop below 37.5 degrees within a 45 minute timeframe, and arrangements for pick up have not been organised, emergency services will be contacted for medical treatment and the family will be required to meet the child wherever medical treatment is being administered. The child must be panadol free for 24 hours and have a Doctor's clearance prior to returning to the Centre.

Parent Signature: _____

Does your child suffer from ANAPHALAXIS? YES / NO; if yes, what triggers the attack?

IF YES, DO YOU GIVE THE SERVICE PERMISSION TO ADMINISTER AN EPIPEN

if an Anaphylactic attack were to occur to your child? YES / NO

I, _____ (parent name), understand and agree to bring a current epipen for each attending day my child is at the service in the case of emergency such as an anaphylactic attack'.

Parent Signature: _____ **(Family and GP to complete an Anaphylaxis Health Management Plan)**

Does your child have any allergic reactions? E.g. foods, medicine, grass, sunscreen, etc. Yes / No

If Yes, please provide details and an action plan for dealing with allergic reactions **(Family and GP to complete an Allergy Health Management Plan)**

Does your child have any medical conditions? E.g. asthma, epilepsy etc. Yes / No

If yes, please provide details and an action plan for dealing with the medical conditions **(Ask family to complete a Asthma Management Health Management Plan)**

Does your child take any regular medication? E.g. ventolin nebulizer, etc. Yes / No

If yes, please provide details:

(Letter from GP required with dosage etc and ask family to complete a Long Term Medication Form)

Does your child have any additional needs/challenging behaviours/speech difficulties/etc? Yes/No

If yes, please give details:

(Family to provide Centre with any medical diagnosis from GP, specialist, healthcare professional).

Where applicable, discuss with the family additional needs support e.g. Government Funding for Additional Needs Worker, Early Intervention Service, Speech Therapy, Access to relevant policies, etc

GENERAL INFORMATION

Routine:

Are there any special words that mean toilet, bed, rest, bottle, sleep, water or eat to your child? Yes / No

If yes, please list:

What toilet training practices, if any, are you implementing at home? What suggestions can you make which may help educators to continue such practices at the service for you child?

Does your child need a sleep or rest during the day? If yes, provide details. Yes / No

Does your child have a nappy/dummy/bottle at sleep time? If yes, provide details. Yes / No

Does your child have any fears? E.g. animals, thunder, etc. If yes, provide details. Yes / No

Does your child have any special dietary requirements? E.g. vegetarian, religious beliefs. Yes / No

If yes, provide details:

Does your child have any particular likes/dislikes in food?

(Family to fill out a Personal Daily Routine Form for their child)

Developmental and Individual Needs and Interests:

Does/can your child participate in festivals/celebration? Provide details. Yes / No

Is there any further information, which you feel may assist us in providing the service best suited to your needs and the needs of your child, e.g culture, religious beliefs, family situation, recent significant events?

What would you most want for your child at the service? (Please circle where relevant)

Identity/Comfort/Care/Security

Developing Language/Literacy/Numeracy/Writing Skills

Transition to School

Social/Emotional Development/Interactions

Fine Motor/Gross Motor Skills Development

Healthy Eating and Physical Activity

Behaviour Management/Routine Development

Effective Communication Skills

Other:_____ Additional Comments (Please elaborate on any of the above)

What guidance strategies do you follow at home and what strategies do you recommend we follow for your child?

What resources or/and experiences do you use for your child during physical activity play and what suggestions do you have that may improve the resources/experiences at the service for your child

What are your views regarding the safety of the service's maintenance of buildings and equipment?

What hygiene and dental health practices would you like the service to establish with your child which will continue practices in your home?

Do you have any skills that you would like to contribute to the service's program, e.g. art'n'craft, music and dancing, instrument playing, cultural and family festival activities, baking, literature, etc?

What ideas or skills for art'n'craft, music'n'movement, web projects and other play experiences that reflect your family's diverse backgrounds can you suggest?

The Service is working towards becoming an Environmentally Sustainable Service. What ideas or suggestions can you make to help us promote it further (refer to our Environmental sustainability policy and portfolio)? **(We have recyclable and trash/treasure boxes for any donatable items from families)**

How did you hear about our Service?

- | | |
|---------------------------|-------------------------------|
| a) Referral/Word of Mouth | b) Yellow pages |
| c) Other Centre _____ | d) Newspaper |
| e) Drive By | f) Flyer in your letterbox |
| g) Internet Search Engine | h) Other Please specify _____ |

This place intentionally left blank.

AGREEMENTS

Medical Emergency

In case of an accident, incident, injury, illness or trauma emergency, every effort will be made to contact my family immediately. In the event that my child requires medical attention, I authorise the service personnel to obtain/or seek MEDICAL/ HOSPITAL/ DENTAL/AMBULANCE SERVICES & TRANSPORT for my child when an emergency situation requires the attention of the above professionals. I agree to pay any medical/hospital/dental/transport costs incurred.

Parent Name: _____ Parent Signature: _____ Date: _____

General Agreements

I/we understand that:

- Fees are payable at least TWO (2) weeks in advance via Direct Debit from either a Credit Card or savings account.
- If my fees are in arrears for more than two weeks and no arrangements have been made with the centre director, my child's placement may be withdrawn with no notice period given.
- Fees will be charged for booked days that my child does not attend due to illness, holiday or public holidays.
- I am responsible to bring in my child's labeled bed linen/sheet, labeled hat and labeled change of clothes within a labeled bag. If these items are not available I am aware that I may be asked to provide the required items to the service.
- If my child is toilet training or wearing nappies, I am required to bring in at least 4 labeled nappies/pull ups and at least 2 changes of labeled clothing. If these items are not available I am aware that I may be asked to provide the required items to the centre or my child may be changed using spare clothes from the service.
- If my child is bottle fed, it is my responsibility to provide all labeled bottles (full or empty). If I am using formula, it is my responsibility to provide the formula.
- My child's placement is allowed up to 42 allowable absent days (excludes public holidays) every financial year, and unless a medical certificate is provided, absences exceeding 42 days (excludes public holidays) will result in my Child Care Benefit being cancelled on those days and it will be my responsibility to pay full fees on those days.
- Full fees are payable until Child Care Benefit (CCB) and Child Care Rebate (CCR) confirmation is received by the service.
- A deposit is payable before my child commences care and this deposit is ONLY refundable if my fees are paid up to date and in full and if I give the service four (4) weeks written notice (an additional six (6) weeks written notice is required during the beginning and end of any year and or enrolment) from the next day that my child is enrolled AND my child MUST attend during that notice period for the service to receive any benefits from Centrelink on my behalf, including the last day of the enrolment. If the child DOES NOT attend the last day of the notice period than the deposit will NOT be refundable as the centre is not able to claim any benefits on your behalf and FULL FEES will apply.

Parent/s Signature & Name: _____ Date: _____

Policy and Enrolment Information:

I understand that I am required to abide by the service's policies & procedures as provided in the Family Handbook and via the Policy folder in the foyer area. I acknowledge that I am required to read and understand the contents of the family information booklet issued by the service, and agree to abide by the conditions and policies stated therein. I understand that service's policies/procedures may change at any time accordingly with educators/management/children/families' needs, however, families will be given at least 14 days notice before any updates or changes made to policies and procedures, are implemented into the service. Feedback is encouraged and welcome all year round.

Parent/s Signature & Name: _____ Date: _____

Permission

I give the supervisor/educators/managers/employees/students/volunteers the authority:

- To use the name and/or photo of my child for the service displays, learning stories, checklists, communication charts and portfolios. I understand that portfolio photos can be accessed via QKELYM online, by using a secure password and that only families of Jenny's Kindergarten will have this password.
- To apply sunscreen to my child for outside play
- To observe my child to assist in developing an appropriate developmental educational program
- To allow the people listed as Contact Persons, to drop off and collect my child from the service unless otherwise specified
- To allow the people listed as Contacts Persons authorised to drop off and collect my child to also sign off Medication Forms/Records and Accident, Incident, Injury, Illness and Trauma Forms unless otherwise specified
- In the event of an emergency e.g fire at the service, my child will be required to evacuate the premises and will assemble at a central point of safety. The children will be fully supervised by educators and the location of all exit points and assembly areas are located within each room of the service and the foyer area.
- To display my child's full name on the Eat/Sleep/Nappy/Bottle/Toileting/Sunscreen Charts
- To provide my child with a hat as this corresponds with the Sun Protection Regulations and Law via guidelines provided by the Department of Education and Community Services (DECs).

Parent/s Signature & Name: _____ Date: _____

EMERGENCY CONTACTS/AUTHORISATION FOR THE COLLECTION OF CHILD

Under the Education and Care Services National Regulations and Law, in the event of any family members and / or persons authorised to collect children from the service found to be under the influence of alcohol or drugs; the Acceptance and Refusal Policy will give educators the authority to refuse to let the child go with the person under the influence of any drugs or alcohol. The Department of Education and Community Services along with the Police authorities will be contacted if such situations do happen.

In accordance with Regulations and Law, we must have, on file, the name and telephone numbers of the individuals permitted to drop off and collect your child/ren from this service. If someone arrives to collect your child, and we have not been notified and their name is not on the list below, we **CANNOT** allow your child to leave the service with them. No child will be released into the care of a person under the age of eighteen (18) years. Non-custodial parents will not be given access to children under any circumstances (**Please refer to the Acceptance and Refusal Policy and Custodial & Access Policy**).

I authorise the service educators to give the following persons access to my child.

Authority to Collect (Do not include parent/s name/s):

Contact/Collect	Contact/Collect	Contact/Collect
First Name: _____	First Name: _____	First Name: _____
Last Name: _____	Last Name: _____	Last Name: _____
Address: _____ _____	Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____	Home Phone: _____
Mobile: _____	Mobile: _____	Mobile: _____
Relation to Child: _____	Relation to Child: _____	Relation to Child: _____

In the event of my wishing to change the above list, I will personally notify educators to provide the necessary documentation, eg. copies of Family Law Court orders. Should none of the above authorised persons have collected my child at service closure time, I give permission for the service to make whatever provisions are deemed necessary to secure the care of my child. I also agree to pay a late fee of \$1 each minute, charged in 15 minute increments, whilst my child remains in the service after closure.

Parent/s Signature & Name: _____ Date: _____

Privacy Disclaimer

Jenny's Kindergarten acknowledges and respects the privacy of its clients. The information that is being collected by Jenny's Kindergarten Services is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipient of this information is Jenny's Kindergarten Service, its authorised educators and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the service's Confidentiality Policy and Confidentiality of Records Policy.

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Last updated May 2014

Sources: **Education and Care Services National Regulations 2011** (Part 4.7 Div 1, Subdiv.1

R160 - 1,3 (a, b i – v, c-j) 4,R161 – 1 (a i, ii, b), 2 (a i, ii, b), R162

National Quality Framework Resource Kit: National Quality Standard, (QA6, St. 6.1, and E6.1.1), Australian Government: Department of Education, Employment and Workplace Relations; Department of Education and Communities; CCMS Instruction Sheet: Priority of Access Guidelines for child care services 10. Management, families & educators input is included.