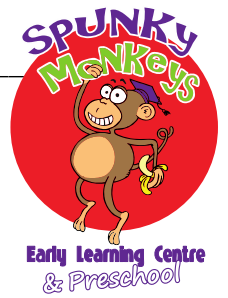


Child's Name: _____



Enrolment Form

Child's first name	Child's last name
Name preferred	DOB <input type="checkbox"/> M <input type="checkbox"/> F
Any other name's child is known by	
Commencement date	Days attending: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Drop off time	Pick up time
Home address	
Post code	
Home phone number	
Languages spoken	Cultural background
Child's place of birth	
Religion	Family customs to be respected (religious, cultural, etc)
Siblings names and ages	
Custody/Court Orders? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please provide details and copies 📄)	
What is your preferred form of written communication? (eg, newsletters, notices, etc)	
<input type="checkbox"/> Electronic* <input type="checkbox"/> Printed Preferred language <input type="checkbox"/> English <input type="checkbox"/> Other <small>* For sustainability practices we encourage electronic communication Please specify _____</small>	

OFFICE USE ONLY		PRE ENROLMENT VISITS	
		Day	Time
Enrolment form checked by			
Childs starts			
Days			
Times			
Immunisation up to date			
Immunisation due date			
View birth certificate			
Paracetamol			
Food restrictions			
Court orders			
Comments			
Orientation by			
Orientation date			

Mother/Guardian Details

Father/Guardian Details

Name	Name
Known by any other name	Known by any other name
Address	Address
Home Ph Mob	Home Ph Mob
Date of Birth	Date of Birth
Nationality Language Spoken	Nationality Language Spoken
Work Name and Address	Work Name and Address
Work Ph	Work Ph
Relationship to the child: (Mother/Father/Guardian)	Relationship to the child: (Mother/Father/Guardian)
Email Address	Email Address

Emergency Contacts

I authorise the staff of Spunky Monkeys ELC & Preschool to give the following persons access to my child. Please ensure these emergency contact persons are willing and able to collect your child in the event of an emergency. A minimum of two contact persons (in addition to parents above) is required prior to enrolment commencing.

Parent/s signature & name _____

Date / /

Contact details	Contact details
Full name:	Full name:
Address:	Address:
Home ph: Mobile:	Home ph: Mobile:
Work ph:	Work ph:
Relationship to child:	Relationship to child:
Emergency Pick up Yes <input type="checkbox"/> No <input type="checkbox"/>	Emergency Pick up Yes <input type="checkbox"/> No <input type="checkbox"/>
Daily Pick up Yes <input type="checkbox"/> No <input type="checkbox"/>	Daily Pick up Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorised to consent to medical treatment Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorised to consent to medical treatment Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorise administration of medication Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorise administration of medication Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorised to authorise an educator to take the child outside the education and care service premises Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorised to authorise an educator to take the child outside the education and care service premises Yes <input type="checkbox"/> No <input type="checkbox"/>

Health and Medical History

Child's Doctor	Child's Dentist
Doctor name	Dentist name
Address	Address
Phone	Phone
Medicare no of child	Ambulance fund? Yes <input type="checkbox"/> No <input type="checkbox"/>
Health fund	If yes, please provide details

Immunisation

Has your child been immunised? Yes No

Is your child up to date with their immunisations? Yes No

If no, please provide details

Please provide evidence of your child's immunisations, eg Immunisation Statement

Medical Conditions

Does your child have any medical conditions? Eg: Asthma, Diabetes, convulsions, etc Yes No

If yes, please provide details and action plan (from your doctor) for managing these conditions (plan available from www.asthma.org.au)

Has your child be diagnosed as at risk of anaphylaxis Yes No

If yes, please provide details and action plan (from your doctor) for managing these conditions

Does your child have any infectious diseases? Eg: HIV, Hepatitis, etc Yes No

If yes, please provide details and action plan (from your doctor) for managing these conditions

Does your child take any regular medication? Eg: Ventolin, etc Yes No

If yes, please provide details and action plan (from your doctor)

Child's current health status

Allergies/Food Sensitivities

Does your child have any allergic reactions? Eg: foods, medicine, grass, bees, sunscreen, etc

Yes No

If yes, please provide details and action plan (from your doctor) for managing these allergic reactions

Special needs

Does your child have any special needs/challenging behaviours? Yes No

If yes, please provide details

Has your child been referred to a specialist or therapist or had any formal testing? Yes No

If yes, please provide details

Emergency Medical Treatment:

Do you authorise the medical treatment of your child by a registered medical practice, hospital or ambulance service in the event of an emergency.

Do you authorise your child to be transported by ambulance services.

Will you Accept Financial Responsibility for your child's medical treatment including ambulance serviced. In cases of emergency and ambulance is required.

Yes No

We will also make attempts to contact you immediately in these circumstances

Parent/s signature & name

Date / /

Paracetamol:

If your child appears unwell and we take your child's temperature, we will contact you if his or her temperature is high (eg above 38 degrees). If you wish for Spunky Monkeys ELC & Preschool to administer paracetamol such as Panadol to your child, you must acknowledge with your signature below that you child has been administered with paracetamol prior to your enrolment. By signing below you authorise a staff member from Spunky Monkeys to administer paracetamol when your child's temperature reaches 38 degrees or above. Once paracetamol is administered you must collect your child as per centre policy.

Parent/s signature & name

Date / /

Prescribed Medication:

If your child will be requiring prescribed medication, you will provide staff with a letter from the doctor indicating your child is fit for child care and not infectious, along with a letter from the doctor giving staff permission to administer the medication to your child. Please note: all medication must include the pharmacist label with your child's name and be in its original packaging and container.

You will be required to fill out the medication forms as well as notify staff and give medication to a staff member. You are also responsible for retrieving medication from a staff member in the afternoon. No medication is to be left in your child's bag.

Parent/s signature & name

Date / /

First Aid:

Do you give Authority for Spunky Monkeys ELC & Preschool to administer First Aid to your child in case of accident or incident? First Aid products include: adhesive plastic dressing strips, gauze bandages, latex gloves, wound dressings.

Parent/s signature & name

Date / /

General Information

Routines – Sleeping

Does your child need a sleep during the day? Yes No If yes what time?

Does your child require bottle/dummy or nappy for rest time? Yes No If yes, please specify

Routines – Eating

Does your child feed him/herself? Yes No

Is there any food your child particularly likes or dislikes?

Dietary requirements (vegetarian, medical or religious)?

Any special requirements at meal times (i.e. use of chopsticks)?

Routines – Toileting

Does your child require nappies throughout the day? Yes No

Toileting: Not applicable Independent Needs assistance

Term used for going to toilet

Customs and Traditions

Does your family celebrate any cultural events/traditions that you would like us to be involved in?

Any restrictions regarding food or dress during special events?

Children's Behaviour

What are your family rules and behaviour practices?

What behaviour is valued and encouraged?

What behaviour is discouraged?

Language Development

Does your child speak and understand English? Yes No

Does your child speak and understand a home language other than English? Yes No

Are there any words that we need to know that have special meaning for your child? (*please translate if appropriate*)

Child's Experience

Does your child have a special toy or object during the day (*apart from sleep time*)?

Does your child have any deep fears about anything particular (*noise, darkness*)?

Has your child attended other children's services (playgroup etc.) or been cared for outside the home before? Yes No

How would you describe your child's reaction to being with other children?

Parent Involvement

Is there any further information which you feel may assist us in providing the best care for your child (*e.g. religious beliefs, family situation, and recent significant events*)?

Do you have any skills, interests, hobbies and/ or ideas which you would like to contribute to the centre's program? (*e.g. music-play instrument*)?

Is there any particular area that concerns you and that we need to know about?

Social History

Have there been any changes in the family recently? (e.g. divorce, birth, death, move)

Has your child previously attended: Playgroup Childcare Other

Is he/she comfortable to leave you? Yes No How does he/she react?

How would you describe your child's relationships with:

Other children

Other adults

What are his/her main interests?

We look forward to caring for your child and welcome your family our the centre. If you have any suggestions you would like us to put forward, please talk to the staff. We also hope that you will approach us with any concerns about the service we provide so we can further improve our care to your child.

Child Care Benefit (CCB)/Centrelink

Will you receive CCB as a reduced fee through the centre or as a lump sum? Reduced fee <input type="checkbox"/> Lump sum <input type="checkbox"/>	
Will you receive CCR as a reduced fee through the centre? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has your child attended another childcare service in the current financial year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is your Customer Reference Number?	What is your Date of Birth?
What is your child's Customer Reference Number?	What is your child's Date of Birth?
How many children do you have in approved care (including before and after school care)?	

Permission Slips

Conditions of Enrolment:

I acknowledge that I have received and read the Parent Information Booklet, which details the conditions of enrolment at Spunky Monkeys ELC & Preschool. I agree to abide by those conditions and accept any such responsibility as enrolment at Spunky Monkeys ELC & Preschool imposes.

Parent/s signature & name

Date / /

Sunscreen:

Spunky Monkeys ELC & Preschool is very aware of the need to protect children's skin from the harmful effects of the sun. We therefore have a policy of "No Hat, Play in the Shade". Children should not wear sleeveless clothes, singlet tops or shoestring tops or dresses. We also ask that you apply sunscreen before your child comes to Spunky Monkeys ELC & Preschool wherever practical. Otherwise, sunscreen is to be applied upon arrival at Spunky Monkeys ELC & Preschool. We will apply sunscreen here at Spunky Monkeys ELC & Preschool prior to outside play, however this does require your permission.

I give permission for Spunky Monkeys ELC & Preschool to apply Sunscreen SPF30 to my child

I will supply my own Sunscreen

I do not give permission for Spunky Monkeys ELC & Preschool to apply Sunscreen SPF 30 to my child. I have read the above information regarding sun protection, however I choose for my child not to use any sunscreen

Parent/s signature & name

Date / /

Vegetable Garden and Worm Farm:

I give consent for my child to participate in the centre's Vegetable Garden and Worm Farm. I understand that my child will be working with plants, seeds, soil, compost and organic matter.

Parent/s signature & name

Date / /

Excursion/Incursion

I give consent for my child to participate in excursions to places of interest that are in close proximity to our centre eg walking distance. (Please note a separate permission slip will be given two weeks prior to the planned excursion or incursion as per our governing regulations.)

Parent/s signature & name

Date / /

Privacy:

Spunky Monkeys ELC & Preschool complies with the National Privacy Principles and where applicable, the Health Privacy Principles to regulate the way in which our centre managers personal and sensitive information. Information is collected to enable the centre to provide your child with a developmentally appropriate program that is educational, stimulating, nurturing, safe and caters to your child's specific needs. Certain information is collected in accordance with the regulations and legislation, which relate directly to the operation of a Children's Service.

Exclusion:

Immunisation - If my child is NOT fully immunised, I agree to withdraw my child from this Centre if there is an outbreak of a notifiable infectious disease (as outlined in the Public Health Amendment Act, 1992) for the duration of the out break. I understand that fees will be paid during that time.

Contagious Diseases - I am aware that my child will be excluded from our centre if he/she has contracted a contagious disease or condition. I understand that the child will be accepted back to our centre upon provision of a 'medical clearance certificate' from a medical practitioner.

Parent/s signature & name

Date / /

Displaying child's name:

I give permission to the Centre to display my child's name on class lists, artwork, sign in/out sheets and birthday charts.

I give permission for my child's name to be used on the parent access section of our website, within emails relating to my child's day at care (Day Book/Reflection of Our Day) and in centre newsletters.

Parent/s signature & name

Date / /

Photographs:

I consent to photographs being taken of my child under supervision of educators by:

Educators: Yes No Other Parents: Yes No

Parent/s signature & name

Date / /

Newsletters, Facebook and Promotional Material:

I consent to photographs of my child to be used in the Centre's newsletter, emails, Facebook and other promotional activities including the website and printed material.

Parent/s signature & name

Date / /

Students:

I agree to my child being observed at the Centre by students from recognised training institutions for the purpose of their academic studies. This permission does NOT include my child's participation in any research project.

Parent/s signature & name

Date / /

Fees

\$50 enrolment fee plus \$35 hat and administration fee upon enrolment, plus Ezidebit form is required on the morning of first day. Each fortnight there after, a fortnightly payment via Ezidebit will be made. Administration fee of \$20 is not refundable and is payable yearly (every January). Any person who enrolls and cancels before commencement is not entitled to a refund of enrolment fee.

A late fee will apply if children are picked up late: \$40 for the first 10 minutes and \$2 per minute thereafter.

I agree to pay weekly fees on the due date as determined by our centres payment requirements. Failure or default of payment will result in the centre implementing our Fee Policy.

Parent/s signature & name

Witness* signature & name

Date / /

Date / /

Awareness Declaration

I/we, _____ & _____ (parents/guardians name) are aware and agree to abide by the following; I have read and agree to abide by policies set out in the parent information booklet.

Daily: I will place my child's bottles in the fridge (and collect them in the afternoon). I will place my child's belongings in his /her locker. I will apply sun block to my child before arrival to the centre and ensure my child has appropriate clothing and footwear (no thongs). I will wash my child/ren's hands on both arrival and departure. When I am ready to leave I will take my child to an educator. I will sign my child in and out each day, and I will notify the centre before 8:30am if my child will not be attending.

Weekly: Bedding is to be marked clearly with the child's name and placed in the child's locker. I will take home bed sheets for washing on child's last day of attendance for the week. I understand that toys from home are not permitted unless for purposes such as "show and tell" or to assist comforting my child during settling or rest time. A doctor's certificate of clearance will be necessary not only for allowable absences but also to ensure the health and safety of other children. I have been given the opportunity to view and read the centre's policies given in the parent information booklet.

I am aware that I am required to give 14 days advance notice in writing if I wish to cancel my child's position within the centre; otherwise full fees will be payable.

The centre reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of the centre and children within its care. It agrees to give the parents reasonable notice of its intention to exercise this right and will refund any payments that are in credit.

Parent/s signature & name

Witness* signature & name

Date / /

Date / /

* Witness to a signature should be an adult (who is not a signatory) who can verify the identification of the signatory.