

Application for Enrolment

Parent/Guardian Information 1 (Account Holder)

First Name: _____ Surname: _____

Mobile: _____ Home Phone: _____

Work Phone: _____ Relation to Child: _____

Parent DOB: / / Gender: Male / Female

Driver's License Number: _____

Ethnicity: _____ Language Spoken: _____

Marital Status: _____

Parents Centrelink CRN Number: If not applicable please tick

Are you responsible for this account? Yes No Are you the Primary Carer for Centrelink? Yes No

Home Address: _____

Postcode: Email: _____

Do you Work: Yes No If Yes, Occupation? _____

Employer Name: _____

Employer Address: _____

Employment Status: Full Time Part Time Casual Student

Parent/Guardian Information 2 (Non Account Holder)

First Name: _____ Surname: _____

Mobile: _____ Home Phone: _____

Work Phone: _____ Relation to Child: _____

Parent DOB: / / Gender: Male / Female

Driver's License Number: _____

Ethnicity: _____ Language Spoken: _____

Marital Status: _____

Parents Centrelink CRN Number: If not applicable please tick

Are you responsible for this account? Yes No Are you the Primary Carer for Centrelink? Yes No

Home Address: _____

Postcode: Email: _____

Do you Work: Yes No If Yes, Occupation? _____

Employer Name: _____

Employer Address: _____

Employment Status: Full Time Part Time Casual Student

Family Medicare Details

Medicare Number:

Valid to Date: / / Position on Card:

Childcare Benefit / Rebate

A customer reference number (CRN) must be provided to claim the reduction in fees. To ensure you receive Childcare Benefit (CCB) and / or Childcare Rebate (CCR) you MUST provide the Customer Reference Number (CRN) and Date of Birth of the parent / guardian who has applied for the Childcare Benefit / Childcare Rebate. We also require the Customer Reference Number (CRN) and date of birth for each child that will be receiving Childcare Benefit / Rebate. A CRN number is a unique number given to each individual family member.

Is your child/ren registered with Centrelink for Childcare Benefit (CCB) / Childcare Rebate (CCR)? Yes No

Do you have any other children enrolled in another Childcare Provider? Yes No

Are you claiming CCB for this child/ren? Yes No

I understand that it is my responsibility to contact the FAO on 136 150 to be assessed for eligibility for CCB and CCR and provide this information to Jack and Jill Kindergarten, otherwise full fees apply.

Court / Parenting Order

Is this child involved in a court order, Parenting Order or Parenting Plan? Yes No

Please Specify: _____

Have you attached a copy of the Order? Yes No

Please Note: It is a requirement that you provide a copy of the Court Order, Parenting Order or Parenting Plan to Jack and Jill Kindergarten relating to the powers, duties, responsibilities or authorities of any person in relations to the child or access to the child and details of the child's residence and contact with the parent or other person.

Parent / Guardian Consent

Please acknowledge by ticking the appropriate box below and initialling your consent:

Photography

I give permission for my child/ren to be photographed or videoed and for this to be displayed on the centre's website, used within the centre or its program and in Newsletters. Jack and Jill's Kindergarten's Duty of Care ensures that children's safety and privacy is of the highest priority at all times.

Yes No _____ (Parent's Initial)

Sunscreen

I allow my child to use the sunscreen provided by Jack and Jill Kindergarten (if no please provide your own)

Yes No _____ (Parent's Initial)

Insect Repellent

I allow Jack and Jill Kindergarten to apply insect repellent when necessary. The centre will apply Aerogard Odourless Protection Low Irritant Pump Spray. Staff will only apply Aerogard to children's clothing and not directly onto skin. If you wish an alternative insect repellent to be used on your child you must provide a bottle, clearly labelled with your child's name which can be left at the centre.

Yes No _____ (Parent's Initial)

Parent / Guardian Responsibilities

Please indicate you have understood the following by initialling under each Responsibility:

Emergency

I authorise Jack and Jill Kindergarten in the event of any emergency, accident or illness to seek and obtain dentist, ambulance, medical and hospital assistance as required, to transport my child via ambulance if required and agree to meet any and all expenses thereby incurred.

_____ (Parent's Initial)

Authorised Nominees

All people named on this form have been notified by me and agreed to their inclusion this form. Authorised Nominees are willing and able to collect your child/ren in the event of an emergency. Authorised Nominees must be available to collect your child within a reasonable timeframe when contacted. Authorised Nominees must be over 18 years of age.

_____ (Parent's Initial)

Parent Handbook

I have received the Parent Handbook and have read and understood its content. I will abide by Jack and Jill Kindergarten's Policy and Procedure Document, which may be varied from time to time, and is available at Jack and Jill to view upon request.

_____ (Parent's Initial)

Accounts

Accounts/receipts will be addressed to the Account Holder unless specified otherwise and are due for payment on the 15th of each month. Any accounts not paid by the 15th of the month will incur a Late Payment Fee of \$30.

_____ (Parent's Initial)

Late Collection of Children

A Late Collection Fee may be charged to a parent who collects their child/ren after the official closing time of the centre. Late Charges are as follows \$30 for the first 15 minutes (or part thereof) and \$1 per minute after that. Late Charges will be invoiced and added to your child's next statement.

_____ (Parent's Initial)

Withdrawal and Decreasing Days

When a child is to be withdrawn from the centre or their days decreased, the centre requires **four weeks written notice**. Notice of withdrawal will be accepted during the normal opening hours of the centre, but will not be accepted during the centre's three week closure over the Christmas/New Year holiday period.

_____ (Parent's Initial)

I have read all the enrolment responsibilities and conditions and agree to the above terms.

Parent 1 Signature: _____ Parent 2 Signature: _____

Date: _____ Date: _____

Authorised Nominees

Authorised Nominees will be contacted in cases where the parent/guardian cannot be contacted. Please supply the names of persons who can be contacted. Three (3) nominees are required to be given as Emergency Contacts. Two (2) of these nominees are required to be authorised for collection or medical purposes. Please indicate what the person is authorised to do by ticking the appropriate box. Only people authorised as nominees are allowed to collect from Jack and Jill Kindergarten. Authorised nominees must be over 18 years of age. Authorised nominees must be able to collect your child/ren within a reasonable timeframe.

Authorised Nominee 1

Full Name: _____

Address: _____

Relationship to Child: _____ Home Phone: _____

Mobile: _____ Work Phone: _____

Authorised Nominee for Emergency Contact and Collection

Do you hereby authorise this person to be contact by Jack and Jill Kindergarten Staff in case of emergency if you cannot be contacted? (The nominated person must be able to collect your child within a reasonable timeframe).

Yes No

Authorised Nominee for Medical

Do you hereby authorise this person to consent for medical treatment, authorise the administration of medication for your child, authorise medical treatment from a medical practitioner, as well as to authorise the contacting of emergency vehicles as necessary and for the transportation of my child by an ambulance.

Yes No

Full Name: _____ Signature: _____

Authorised Nominee 2

Full Name: _____

Address: _____

Relationship to Child: _____ Home Phone: _____

Mobile: _____ Work Phone: _____

Authorised Nominee for Emergency Contact and Collection

Do you hereby authorise this person to be contact by Jack and Jill Kindergarten Staff in case of emergency if you cannot be contacted? (The nominated person must be able to collect your child within a reasonable timeframe).

Yes No

Authorised Nominee for Medical

Do you hereby authorise this person to consent for medical treatment, authorise the administration of medication for your child, authorise medical treatment from a medical practitioner, as well as to authorise the contacting of emergency vehicles as necessary and for the transportation of my child by an ambulance.

Yes No

Full Name: _____ Signature: _____

Authorised Nominee 3

Full Name: _____

Address: _____

Relationship to Child: _____ Home Phone: _____

Mobile: _____ Work Phone: _____

Authorised Nominee for Emergency Contact and Collection

Do you hereby authorise this person to be contact by Jack and Jill Kindergarten Staff in case of emergency if you cannot be contacted? (The nominated person must be able to collect your child within a reasonable timeframe).

Yes No

Authorised Nominee for Medical

Do you hereby authorise this person to consent for medical treatment, authorise the administration of medication for your child, authorise medical treatment from a medical practitioner, as well as to authorise the contacting of emergency vehicles as necessary and for the transportation of my child by an ambulance.

Yes No

Full Name: _____ Signature: _____

Child Information

Child 1 – Please complete a separate form each child enrolling

Given Name: _____ Last Name: _____

Child's Date of Birth: / / Gender: Female Male

Child's Centrelink CRN Number:

Address: _____

Suburb: _____ Postcode: _____

Country of Birth: _____ Ethnicity: _____

Religion: _____

Is your child from a non-english speaking background? Yes No Language Spoken: _____

Days Required (Please Tick):

Monday Tuesday Wednesday Thursday Friday

Does your child attend another centre in the same week? Yes No

If so, please specify the number of days they attend: _____

Birth Certificate (Copy) Provided: Yes No

Is your child Immunised: Yes No

Have you provided a copy of your child's Immunisation History Statement? Yes No

If my child is not immunised and an outbreak of a vaccine preventable illness occurs, I understand I am required to exclude my child from care for the duration of the outbreak. I will provide updated copies as further immunisations are required.

Medical Details

Doctor / Medical Centre Name: _____

Address: _____

Suburb: _____ Post Code: _____

Phone Number: _____

Dentist / Dental Practice's Name: _____

Address: _____

Suburb: _____ Post Code: _____

Phone Number: _____

Paracetamol Policy

I agree that if my child's temperature rises above 38 C, every attempt will be made to contact myself or my emergency contacts to arrange collection of your child immediately. If no contact can be made, Jack and Jill Kindergarten's staff will administer one dose of paracetamol in accordance with the manufacturer's instructions.

Full Name: _____ Signature: _____

Medical Information

General Health? Good Other – please provide details: _____

Asthma – Has your child been diagnosed with Asthma? Yes No

Allergies – Has your child been diagnosed with an allergy? Yes No

If yes, please provide details: _____

Anaphylaxis – Has your child been diagnosed at Risk of Anaphylaxis? Yes No

-Does your child have an auto injection device (EpiPen/Anapen)? Yes No

Medical Condition – Does your child have any other medical condition eg: epilepsy, diabetes etc that is relevant to the care of your child?

Yes No - If yes, please provide details: _____

If you have answered yes to any of the above, **before you can start**, you will be required to provide Jack and Jill Kindergarten with an individual Medical Management Plan for your child signed by the medical practitioner who is treating your child.

Does your child have any behaviour difficulties / concerns? Yes No – If yes, please specify: _____

Does your child regularly see a specialist eg: Speech, OT etc? Yes No – If yes, please specify: _____

Does your child participate / celebrate in festivals / celebrations? Yes No – If yes, please specify: _____

Does your child have any dietary restrictions? Yes No – If yes, please explain and reason why? :

What are your child's favourite foods? : _____

What foods does your child dislike? : _____

Does your child eat / drink independently or do they require assistance? : _____

Does your child sleep during the day, and if so, how long? : _____

Does your child have a comforter and if so, does it have a special name? : _____

Does your child sleep well at night? : _____

Does your child have any fears we should be aware of eg Thunder, lawn mowers, loud noises? : _____

If your child is upset, what is the best way to soothe them? : _____

Does your child use any alternative word to describe things eg: Dummy – Dodo? : _____

Does your child predominately speak another language, if so which language? : _____

(Please see staff for an additional Language Support Sheet)

What are your child's favourite things to do, toys to play with, stories, songs etc? : _____

Does your child have a particular interest in being outdoors? ; _____

Has your child been to childcare before, if so how was he/she helped to settle in? : _____