

Session type: Casual or Flexible

Daily rate: 18mnths-2 years _____ 3-5 years _____

JACK & JILL KINDERGARTEN

Enrolment Form

2 Dygal Street Mona Vale, 2103
Phone: 99993757

[Email: jackandjillmonavale@bigpond.com](mailto:jackandjillmonavale@bigpond.com)

Child's details

Given names: _____ Surname: _____ Sex: M/F

Former Name: _____

Address: _____

Date of birth: _____ Place of birth: _____ CRN: _____ Ethnicity: _____

Religion: _____ Languages spoken: _____

Attendance

Start date: _____ Days (please circle): Monday Tuesday Wednesday Thursday Friday

By filling out this written arrangement for care we are liable to pay for sessions of care in order for an individual to be eligible for CCS for a session of care.

Parent/Guardian Details

Title: _____ First name: _____

Surname: _____ CRN: _____

Former Name: _____

Date of birth: _____ Home Phone: _____

Mobile: _____ Work: _____

Email: _____

Address: _____

Postal address: _____

Title: _____ First name: _____

Surname: _____ CRN: _____

Former Name: _____

Date of birth: _____ Home Phone: _____

Mobile: _____ Work: _____

Email: _____

Address: _____

Postal address: _____

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_____	_____
Marital status: _____	Marital status: _____
Ethnicity: _____ Religion: _____	Ethnicity: _____ Religion: _____
Languages spoken: _____ Occupation: _____	Languages spoken: _____ Occupation: _____
Work name: _____	Work name: _____
Work address: _____	Work address: _____

Medical/Nutrition

Has your child been immunised: Y/N (if yes please provide information)

Does your child have asthma: Y/N (if yes please provide action plan)

Does your child have any allergies: Y/N _____
(if yes please provide action plan)

Any other medical information: _____

Doctor: _____ Phone/Address: _____

Dentist: _____ Phone/Address: _____

Medicare No.: _____

I hereby give permission to authorize a staff member to seek and carry out appropriate medical, dental, hospital and/or ambulance treatment in the event that such action appears to be necessary because the child has been injured or is ill at the premises/on a excursion.

Name: _____ Signature: _____ Date: _____

Does your child have any dietary requirements: _____

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Child/Family information

Does your child have any comforters: _____ Likes: _____ Fears: _____

Any other siblings (names, ages:): _____

Does your child participate in festivals/celebrations: _____

Court orders relating to my child(please attach information): _____

Comments: _____

Emergency Contact/Authorised nominee (over the age of 18yrs)

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law

Please obtain the person's consent before listing them as an emergency contact

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

Person Full Name:	Relationship to child:	Email Address:
Phone Number: (H) (M) (W)	Address:	
This person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or Educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) Yes/No		
This person can be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle) Yes/No		
This person be contacted to give consent to Education and care service to transport the child or arrange transportation of the		

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child In the event of an emergency or excursion? (Please Circle) Yes/No	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle) Yes/No	
Parents name:	Signature:
Date:	

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This person can be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle) Yes/No		
This person be contacted to give consent to Education and care service to transport the child or arrange transportation of the child In the event of an emergency or excursion? (Please Circle) Yes/No		
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle) Yes/No		
Parents name:		Signature:
Date:		

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This person be contacted to give consent to Education and care service to transport the child or arrange transportation of the child In the event of an emergency or excursion? **(Please Circle) Yes/No**

Can this person give authorisation for the Service to take the child on regular outings? **(Please Circle) Yes/No**

Parents name:	Signature:
Date:	

Declaration

I _____
Print Full Name

a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service
- Consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.
- Consent to the staff of the children's service administering medication if so requested by me.
- Consent to my child to being photographed during regular childcare sessions and I also consent to these photographs being used for publicity purposes by Jack & Jill Kindergarten.
- Have read, understand and agree to follow the fee payment structure and policies.

In relation to regulation 160:

- The service does not provide regular service of transport to and from the service for the purpose of attendance. Transportation may be arranged for a regular outings or an Excursion, permission for such events will be sort through Excursion forms.
- Agree that parent/Guardian or emergency contact can authorise an educator to take the child outside the education and care service premises

No outside agency or individual will be permitted to photograph the children without parental consent.

Signature

Date