

Child's Name:

Enrolment Form



Please Attach:

- ☐ Child Birth Certificate
- ☐ Up to date Immunisation Record
- ☐ Asthma or Anaphylaxis Action Plan (if required).
- ☐ Direct Debit Authorisation

Entered By:
Date:

247 Main Road Toukley, NSW, 2263

ABN: 39115 248 792

Phone: 02 4397 1683

Web: www.toukleychildcare.com.au

Email: playtolearn@bigpond.com.com.au

Play to Learn requires this form to be completed and all documentation attached prior to your child's first day with us.

Please notify us immediately of any changes as they arise throughout your child's enrolment.

CHILD DETAILS

| | | | |
|-----------------------------|--|------------------------|---------|
| Child CRN: | <i>Please Note CHILD and PARENT have individual CRN's.</i> | | |
| First Name: | Middle Name: | | |
| Surname: | | | |
| Preferred Name: | | | |
| Date of Birth: | Gender: Male Female | | |
| Home Address: | | | |
| Country of Birth: | | | |
| Language(s) Spoken at Home: | | | |
| Is your child: | Aboriginal | Torres Strait Islander | Neither |

PARENT/ GUARDIAN DETAILS

Parent 1

| | | | |
|------------------------|---|--|--|
| Parent CRN: | <i>Please Note Parent 1 is claiming CCB & child will enrolled under Parent 1.</i> | | |
| Title | First Name: | | |
| Surname: | | | |
| Relationship to child: | | | |
| Date of Birth: | Gender: Male Female | | |
| Home Phone: | Mobile Phone: | | |

| |
|------------------------|
| Home Address: |
| Email address: |
| Occupation: |
| Employer/Company Name: |
| Work Address: |
| Work Phone Number: |

Parent 2

| | |
|------------------------|---------------------------|
| Title | First Name: |
| Surname: | |
| Relationship to child | |
| Date of Birth: | Gender: Male Female |
| Home Phone: | Mobile Phone: |
| Home Address: | |
| Email address: | |
| Occupation: | |
| Employer/Company Name: | |
| Work Address: | |
| Work Phone Number: | |

Parent 3

| | |
|------------------------|---------------------------|
| Title | First Name: |
| Surname: | |
| Relationship to child: | |
| Date of Birth: | Gender: Male Female |
| Home Phone: | Mobile Phone: |

PLAY TO LEARN

Early Learning Centre

| |
|------------------------|
| Home Address: |
| Email address: |
| Occupation: |
| Employer/Company Name: |
| Work Address: |
| Work Phone Number: |

| |
|--|
| <p>Are there any court orders in place regarding parenting or access to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A copy must be attached for the centre staff to be able to enforce the order.</p> <p>Please briefly describe child's home environment?</p> |
|--|

Please indicate below which days centre Management have approved for your child's attendance AND the *times* you will usually drop off and pick up your child.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|--------|---------|-----------|----------|--------|
| Drop off | | | | | |
| Pick up | | | | | |

Emergency Contact 1

| | | | |
|--|-------------|---------------------------|--|
| Title | First Name: | | |
| Surname: | | | |
| Relationship to child: | | | |
| Date of Birth: | | Gender: Male Female | |
| Home Phone: | | Mobile Phone: | |
| Authority to: Drop Off <input type="checkbox"/> Pick Up <input type="checkbox"/> Call in Emergency <input type="checkbox"/> | | | |

Emergency Contact 2

| | | | |
|--|-------------|---------------------------|--|
| Title | First Name: | | |
| Surname: | | | |
| Relationship to child: | | | |
| Date of Birth: | | Gender: Male Female | |
| Home Phone: | | Mobile Phone: | |
| Authority to: Drop Off <input type="checkbox"/> Pick Up <input type="checkbox"/> Call in Emergency <input type="checkbox"/> | | | |

Emergency Contact 3

| | | | |
|--|-------------|---------------------------|--|
| Title | First Name: | | |
| Surname: | | | |
| Relationship to child: | | | |
| Date of Birth: | | Gender: Male Female | |
| Home Phone: | | Mobile Phone: | |
| Authority to: Drop Off <input type="checkbox"/> Pick Up <input type="checkbox"/> Call in Emergency <input type="checkbox"/> | | | |

Please list a minimum of 2 contacts. Please note that contacts will be required to provide photo identification the first time they visit the centre.

It is a legal requirement that the following information be provided in full detail.

| | |
|-------------------------------|-------------------|
| Child Medicare Number: | |
| Health Insurance Fund: | Insurance Number: |

| | |
|----------------------------|---------------|
| Family Doctor Name: | |
| Practice Name: | |
| Address: | Phone Number: |

| | |
|-----------------------------|---------------|
| Family Dentist Name: | |
| Practice Name: | |
| Address: | Phone Number: |

| | | |
|---|--|--|
| Child Immunisations up to date: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Schedule Attached | <input type="checkbox"/> Doctor Letter of Exemption Attached |
| Please note that it is parents responsibility to provide the centre an updated schedule as child receives each immunisation. | | |

| Does your child suffer from any of the following; | Yes | NO |
|--|-----|----|
| Asthma | | |
| Allergies | | |
| Diabetes | | |
| Food intolerance | | |
| Diagnosed disability | | |
| If YES to any of the above, an Action Plan from a medical practitioner, and a centre Health Management Plan <u>MUST</u> be attached. | | |

PLAY TO LEARN

Early Learning Centre

Tell us more about your child and your family

Does your child have any cultural dietary restrictions, or particular food dislikes?

What cultural or religious events do your family celebrate?

- At Play to Learn, we acknowledge celebrations from various cultures and countries. Some of these include Easter, Halloween, Christmas, NAIDOC, St Patrick's Day, Chinese New Year...All individual family preferences regarding their own child's inclusion in these celebrations will be respected by the staff.

Does your child have siblings?

Describe your child's sleeping patterns/routine, comforters and bedding arrangement.

Is your child using the toilet or wearing nappies?

- Staff will support families with the transition from nappies to toileting, and will provide individualized, hygienic care for every child.

PLAY TO LEARN

Early Learning Centre

What would you like us to know about your child?

Family participation is highly regarded at Play To Learn.

Please give details below of any family members available to contribute to activities at the centre (cooking, sewing, playing, craft, reading, playing musical instruments, diverse languages etc).

Please give details of how you heard about Play to Learn?

PLAY TO LEARN

Early Learning Centre

This page must be **completed in full** and signed at the bottom.

General Authorizations

| <i>I/We give permission for my child to;</i> | Yes | NO |
|---|-----|----|
| Have SPF30+ sunscreen applied (If not, please provide a letter releasing the centre of any liability) | | |
| Have band aids applied when necessary | | |
| Have nappy cream applied (provided by parents) | | |
| Have teething gel applied (supplied by parents) | | |
| Have emergency Panadol administered as per centre policy | | |

Digital Media Authorizations

| <i>I/We give permission for my child's;</i> | Yes | NO |
|---|-----|----|
| Photograph to be displayed at the centre | | |
| Photograph to be displayed in the centre newsletter | | |
| Photograph to be displayed on the centre website | | |
| Photograph to be displayed on the centre social media pages | | |
| Photograph to be displayed in other children's portfolios | | |
| Video footage to be displayed at the centre | | |
| Video footage to be displayed on the centre website | | |
| Video footage to be displayed on the centre social media pages | | |
| First name to appear in other children's portfolios | | |
| First name and photograph to be used in observations taken by students undertaking practical experience at the centre | | |

Parent 1 Signature: _____ Parent 2 Signature: _____

PLAY TO LEARN

Early Learning Centre

Enrolment Contract

*It is a requirement that this agreement is made between Management and Parents before the child commences at the centre.

I/We:

1. Have read the parent handbook and am aware that I will be notified by email of any changes made to this document.
2. Understand that the person listed as Parent 1 is only authorised to alter or cancel the child's enrolment.
3. Agree to abide by the centre policies and am aware that this document is readily available in the centre foyer.
4. Are aware that in the case of an accident or injury, the centre staff will attempt to contact me/us first, then emergency contacts listed on this form. If unsuccessful, an ambulance or medical service may be accessed by the centre to treat the child and that I/we will incur any costs involved.
5. Understand that exclusions for illnesses will be enforced as per centre policy.
6. Are aware that Management have the right to exclude an ill child with a 'clearance certificate' at their discretion.
7. Understand that Management may request developmental, speech and/or hearing assessments to be carried out by specialist services or medical practitioners.
8. Understand it is my/our responsibility to keep the centre informed about my/our child's health, including providing up to date immunisation schedules issued by Medicare/ Family Assistance Office.
9. Are aware that students training to work in the Early Childhood Industry may undertake practical experience at the centre. Students and other visitors will be fully supervised by centre staff at all times.
10. Agree to pay the weekly fee via the Direct Debit provider used by the service.
11. Agree to have sufficient funds available on the nominated day fees are deducted from my/our nominated bank account or credit card. I/we understand that dishonour fees incurred by the centre due to insufficient funds being in my/our account will be passed on to me/us.
12. Understand that fees must remain paid two weeks in advance. Failure to pay fees may result in cancellation of care and the account being referred to a Debt Collection Agency.
13. Are aware that fees will be charged for; Public Holidays that fall on usual days of attendance, sick days, family holidays (including the Christmas and end of year period) and any other absences that occur on usual days of attendance.
14. Understand that changes to bookings including cancellation of care must be given in writing two weeks in advance as per centre policy.
15. Understand that failure to give this notice, and failure for my/our child to attend during this period will result in the full fee being charged.
16. Are aware that the centre upholds a late collection policy and understand I/we will incur additional fees for all collections after 6pm.

Continued over page.

PLAY TO LEARN

Early Learning Centre

17. Understand that the centre is staffed based on the drop off and pick up times indicated by parents on children's enrolment forms. I/we understand that I/we are obliged to adhere to the time I/we indicate on this form to prevent the centre being in breach of staff to child ratio requirements.
18. Are aware that the centre has a re-enrolment process at the end of each calendar year and that my child's booking does not automatically continue.
19. Are aware that it is my/our responsibility to liaise with Centrelink/Family Assistance Office and meet their requirements to receive Child Care Benefit and Child Care Rebate. Failure to do so may result in the full fee being charged.
20. Are aware that it is my/our responsibility to inform the centre of any changes to Child Care Benefit or Child Care Rebate received so that adjustments to Direct Debit payments can be made accordingly.
21. Understand that failure to inform the centre of Child Care Benefit and Child Care Rebate changes may result in fees becoming behind, jeopardising the continuation of my/our child's enrolment.
22. Are aware that the centre must adhere to the Priority of Access Guidelines set out by the government and I/we may be required to alter or give up days of care for higher priority children. As per the guidelines, 14 days notice will be given by Management

Priorities

First Priority: a child at risk of serious abuse or neglect

Second Priority: a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999'

Third Priority: any other child.

Within these main categories priority should also be given to the following children:

- children in Aboriginal and Torres Strait Islander families
- children in families which include a disabled person
- children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$42,997 for 2014-2015, or who or whose partner are on income support
- children in families from a non-English speaking background
- children in socially isolated families
- children of single parents.

Australian Government Department of Education and Communities

I/we have read, understand and agree to abide by the conditions of this contract.

Parent 1

Print Name: _____

Signature: _____

Date: _____

Parent 2

Print Name: _____

Signature: _____

Date: _____

Management Representative

Print Name: _____

Signature: _____

Date: _____

PLAY TO LEARN

Early Learning Centre