

Yass Pre-Kindergarten Enrolment Form

41 Orion Street, Yass, NSW, 2582



Child's Details

Child's Surname: Child's First Name:

Nickname/Preferred Names:

Gender: Male [] / Female []

Date of Birth:/...../..... Place of Birth:.....

Please provide a copy of your child's Birth Certificate

Child's CRN Number..... *(Provided by Centrelink)*

Child's Home Address:.....

Primary Language:..... Cultural Background:.....

Religion:.....

Date of commencement:..... Age at commencement:

Enrolment Details

Days of Attendance:

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

Parent/Guardian Details:

Surname: First Name:.....

Other name/s parent is known by:.....

Relationship to child:.....

Parent Date of Birth:/...../..... Parent CRN:.....*(Provided by Centrelink)*

Cultural Background:..... Languages spoken at home:.....

Address:Postcode:.....

Home Phone:..... Work Phone:..... Mobile Phone:.....

E-mail Address:.....

Occupation:..... Work Name:.....

Work Address:.....

Parent/Guardian Signature:.....Date.....

Second Parent/Guardian Details

Surname: First Name:.....

Other name/s parent is known by:.....

Relationship to child:.....

Parent Date of Birth:/...../..... Parent CRN:.....*(Provided by Centrelink)*

Cultural Background:..... Languages spoken at home:.....

Address:Postcode:.....

Home Phone:..... Work Phone:..... Mobile Phone:.....

E-mail Address:.....

Occupation:..... Work Name:.....

Work Address:.....

Parent/Guardian Signature:.....Date:.....

Authority to Collect/Emergency Contacts

Child's Name: **Child's Date of Birth:**.....

Primary Parent/Guardian Details

Surname: First Name:.....

Other name/s parent is known by:.....

Best Contact Phone:.....Second Contact Phone:.....

Second Parent/Guardian Details

Surname: First Name:.....

Other name/s parent is known by:.....

Best Contact Phone:.....Second Contact Phone:.....

Authority to collect/Emergency Contacts:

Please list at least one person (other than custodial parents) authorised to collect the child and at least two people that we may contact if we cannot locate you in an emergency:

Contact 1

Surname: First Name:.....

Relationship to child:.....

Address:.....Postcode:.....

Home Phone:..... Work Phone:..... Mobile Phone:.....

Authority to collect:

YES [☐] / NO [☐]

Contact 2

Surname: First Name:.....

Relationship to child:.....

Address:.....Postcode:.....

Home Phone:..... Work Phone:..... Mobile Phone:.....

Authority to collect:

YES [☐] / NO [☐]

Contact 3

Surname: First Name:.....

Relationship to child:.....

Address:.....Postcode:.....

Home Phone:..... Work Phone:..... Mobile Phone:.....

Authority to collect: YES [☐]

/ NO [☐]

Parent/Guardian Signature:**Date:**.....

Parent/Guardian Signature:**Date:**.....

Family Details:

Other children living at home, names and ages:.....

.....

Marital status of parents:.....

Child lives with:.....

Are there Custody/Court Orders: YES [] / NO []

Please supply a copy of the custody/court order

Please provide details of any custody or access arrangements:

.....

Is your child of Aboriginal/Torres Strait Islander background? YES [] / NO []

Are you of Aboriginal/Torres Strait Islander background? YES [] / NO []

Primary Language:..... Cultural Background:..... Religion:.....

Are there any special cultural/religious needs (e.g. diet/festivals?).....

.....

.....

Immunisation Details:

Has your child been immunised: YES [] / NO []

Is your child up to date with immunisations? YES [] / NO []

If your child has not been immunised, please state the reason:.....

.....

Please supply details of immunisations—either a copy of your Blue Book or a letter from your doctor

Medical Details:

Does your child have any medical conditions: YES [] / NO []

If yes, please provide full details and action plan for dealing with medical conditions:

.....

.....

.....

Is your child on any regular medications? E.g. YES [] / NO []

Are staff required to administer the medication? YES [] / NO []

If yes to either, please provide full details:.....

.....

Are there any medical reasons or injuries that will prevent your child from participating in normal activities at childcare - e.g. playing outdoors or on equipment? If yes, please provide details:.....

.....

.....

Medicare Number: Private Health Fund: YES [] / NO []

Doctor's name: Doctor's Phone Number:

Dentist's name: Dentist's Phone Number:.....

Allergies/ Dietary restrictions:

Does your child have any allergies (foods/medicine/grass/sunscreen)? YES [] / NO []

If yes, please provide indicators and full details and action plan for dealing with allergic reactions:

.....

.....

.....

Special Needs:

Does your child have any special needs?

YES [] / NO []

If yes, please provide full details:

.....

.....

.....

Does your child visit any specialist? E.g. Speech therapist, Paediatrician?

YES [] / NO []

If yes, please provide full details:.....

.....

.....

.....

Please supply any relevant reports

Behavioural Concerns:

Does your child have any behaviour management needs?

YES [] / NO []

If yes, please provide full details:.....

.....

.....

.....

Does your child need extra support/assistance to participate in the program?

YES [] / NO []

How would you describe your child's temperament ? E.g. Outgoing? Shy?

.....

.....

.....

Does your child have any fears or phobias?.....

.....

.....

Other Comments/ Your expectations:

Why did you choose Yass Pre-Kindergarten for your child?

.....

.....

Have you used childcare before?

YES [] / NO []

For this child?

YES [] / NO []

Were there any specific concerns you had with the previous childcare provider?.....

.....

.....

.....

Are there any concerns you have regarding your child and childcare?

.....

.....

.....

Permissions Form

Child's Name: Child's Date of Birth.....

Consent to administer sunscreen:

I/We provide permission for Yass Pre-Kindergarten educators to apply sunscreen or insect repellent.

YES [] / NO []

My child is allergic to a certain sunscreen/insect repellent:

YES []

Please state the name of the alternative supplied:

Consent to administer/apply basic first aid:

I/We provide permission for Yass Pre-Kindergarten educators to apply:

- One dosage only of Panadol Elixir in the event of a child's body temperature rising above 38°C after all attempts at contacting authorised persons have been exhausted YES [] / NO []
- First Aid strips—such as band aids YES [] / NO []
- Antiseptic cream—such as Dettol YES [] / NO []
- Oral Bonjela for teething: YES [] / NO []
- Allow educators to cut fingernails YES [] / NO []

Leaving the premises:

I/We provide permission for Yass Pre-Kindergarten educators to remove my child from the premises in the case of an emergency arising (such as fire) and relocate them to designated safe locations and for my child to participate in organised fire drills: YES [] / NO []

I/We provide permission for my child to go for walks around the local area with a small group of children, for the purpose of an excursion. A permission note/phone call will not be required for local walks as they often occur spontaneously. I understand that no major roads will be crossed and that the correct number of educators will attend with the children: YES [] / NO []

Medical Emergency:

In case of accident or emergency, every effort will be made to contact the parent / guardian immediately. In the event that my child requires medical attention, I/We authorise the employees at Yass Pre-Kindergarten to obtain/provide medical assistance, and agree to pay any medical/transport costs incurred, **including ambulance costs**.

Privacy Permission:

I/We provide permission for Yass Pre-Kindergarten:

- To take and use photographs of my child to use in any displays within the service.
- To take photographs of my child to be used for completing in my or another child's portfolio.
- To take photographs of my child to be used to observe/report on my child
- To take and use photographs for use by our employees as part of their studies through TAFE, University or other recognised educational institutions.
- I will also allow other parents to take photographs at the centre including my child for example at birthdays, excursions and special occasions.

I understand that all information will be treated confidentially, and that my child's full name will not be disclosed with any photography, and that I may exclude any of the specific permissions provided

Parent/Guardian Signature:.....**Date:**.....

Parent/Guardian Signature:.....**Date:**.....

Payment Agreement

Child's Name: **Child's Date of Birth:**.....

Fee Details and Fee Payment

- I acknowledge that a daily fee is payable for each day in which my child is enrolled.
- I acknowledge that this daily fee is payable for the reservation of a position, regardless of the attendance of my child.
- I acknowledge that an enrolment fee equal to two weeks of full fees will accompany this enrolment and that should I not proceed with the enrolment after lodging this application that the enrolment fee will be foregone.
- I acknowledge that all fees are payable two weeks in advance of attendance and that normal fees are payable at all times including for any period of absence for illness/holidays or for any other reason.
- I acknowledge that if I decide to withdraw my child from the centre then I will provide **two weeks written notice** of my intention, and I agree to pay all monies outstanding prior to the withdrawal of my child.
- I understand that fees are paid for **all week-days booked throughout the year including public holidays** except for the two weeks of closure at Christmas/New Years.
- I understand that fees charged may be changed/increased during the time my child is enrolled in care; however, that I will be notified prior to this occurring.
- I acknowledge that fee payments will be made via direct debit, and that I authorise Yass Pre-Kindergarten to arrange for funds to be debited from my account via the attached agreement with Ezi-Debit. Costs associated with using this direct debit are my responsibility.
- I acknowledge that it is my responsibility to ensure that there are sufficient clear funds in my account to meet direct debit payments and if any charges occur as a result of insufficient cleared funds then I understand I am responsible.
- I acknowledge that if fees are not paid then my child's enrolment at Yass Pre-Kindergarten will be terminated.

Primary Account Holder (this is the person likely to register for Government assistance)

Title.....Surname:First Name:.....
Date of Birth:/...../..... CRN:.....(*Provided by Centrelink*)
Relationship to child:.....
Address:.....Postcode:.....
Preferred method of contact: Hm Phone [] Wk Phone [] Mobile Phone [] E-mail [] Mail []
Home Phone:..... Work Phone:..... Mobile Phone:.....
E-mail Address:.....Occupation:.....
Work Name and Address:.....
Parent/Guardian Signature:Date:.....

Yass Pre-Kindergarten

Located at 41 Orion Street, Yass, NSW, 2582

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