

Enrolment Form



Child Details

First Name: _____ Surname: _____
Child's CRN: _____ (Provided by Centrelink)
Home Address: _____ Postcode: _____
Date of Birth: ____/____/____ Country of Birth: _____ Gender: Male / Female
Primary Language: _____ Other Languages Spoken: _____
Cultural Background: _____ Religion: _____
Is your child of Aboriginal and/or Torres Strait Islander descent? YES / NO
Date of Commencement: ____/____/____ Age at Commencement: _____
Please attach a copy of your child's Birth Certificate

Enrolment Details

Please fill in your child's days of attendance and estimate arrival/departure times:

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Estimated Arrival					
Estimated Departure					

Parent/Guardian Details

Parent/Guardian 1 (first point of contact)

First Name: _____ Surname: _____
Relationship to Child: _____
Home Address: _____ Postcode: _____
Date of Birth: ____/____/____ **Parent CRN:** _____ (Provided by Centrelink)
Home Phone: _____ Mobile Phone: _____ Work Phone: _____
Email: _____
Occupation: _____ Work Name: _____
Work Address: _____ Postcode: _____
Cultural Background: _____ Languages Spoken at Home: _____

Parent/Guardian 2 (second point of contact)

First Name: _____ Surname: _____
Relationship to Child: _____
Home Address: _____ Postcode: _____
Date of Birth: ____/____/____ **Parent CRN:** _____ (Provided by Centrelink)
Home Phone: _____ Mobile Phone: _____ Work Phone: _____
Email: _____
Occupation: _____ Work Name: _____
Work Address: _____ Postcode: _____
Cultural Background: _____ Languages Spoken at Home: _____

Authority to Collect/Emergency Contacts

Please list at least one person (other than custodial parents/guardians) authorised to collect your child and at least two people that we may contact if we cannot locate you in an emergency. *Photo ID must be produced upon request from educators.*

Contact 1

First Name: _____	Surname: _____	
Relationship to child: _____		
Home Address: _____	Postcode: _____	
Home Phone: _____	Mobile Phone: _____	Work Phone: _____
Authority to collect:	YES / NO	
Authority to authorise an employee/educator to administer medication?	YES / NO	

Contact 2

First Name: _____	Surname: _____	
Relationship to child: _____		
Home Address: _____	Postcode: _____	
Home Phone: _____	Mobile Phone: _____	Work Phone: _____
Authority to collect:	YES / NO	
Authority to authorise an employee/educator to administer medication?	YES / NO	

Contact 3

First Name: _____	Surname: _____	
Relationship to child: _____		
Home Address: _____	Postcode: _____	
Home Phone: _____	Mobile Phone: _____	Work Phone: _____
Authority to collect:	YES / NO	
Authority to authorise an employee/educator to administer medication?	YES / NO	

Parent/Guardian 1 Signature: _____ Date: ___/___/___

Parent/Guardian 2 Signature: _____ Date: ___/___/___

Notes:

Family Details

Other children in your family:

Name	Gender	Date of Birth	Relationship to Child

Relationship of Parents: Married / De-facto / Partners / Separated / Divorced / Friends / Widowed / Other: _____

Please provide details outlining your family's cultural or religious requirements/celebrations: _____

Court/Custodial Orders

Are there any custody/court orders relating to the child? YES / NO

Please provide details of any custody or access arrangements: _____

Please attach a copy of all relevant custody/court orders to this enrolment form

General Family Information

Which of the following applies to your family:

Sole parent/guardian employed or studying or unemployed and actively seeking employment? YES / NO

Sole parent/guardian receiving pension? YES / NO

One of two parents/guardians: employed or studying or unemployed and actively seeking employment? YES / NO

One of two parents/guardians working? YES / NO

Both parents/guardians employed or studying or unemployed and actively seeking employment? YES / NO

Both parents/guardians receiving pension? YES / NO

Medical Details

Does your child have any medical conditions? YES / NO

Is your child on any regular medication? YES / NO

Are educators required to administer any regular medication? YES / NO

If yes to any of the above, please provide details: _____

Medicare Number: _____ Private Health Fund Number: _____

Doctor's Name: _____ Doctor's Phone Contact: _____

Dentist's Name: _____ Dentist's Phone Contact: _____

Immunisation Details

Has your child been immunised? YES / NO

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

If your child has not been immunised, please circle the reason: Beliefs / Medical Reasons / Age / Other: _____

Please attach a copy of your child's Medicare Immunisation Record, printed from your myGov account.

Allergies/Dietary Requirements

Does your child have any allergies (e.g. foods/medicine/grass/sunscreen)? YES / NO

Has your child been diagnosed with or at risk of Anaphylaxis? YES / NO

Does your child have an adrenaline auto injection device (e.g. EpiPen)? YES / NO

If yes to any of the above, please provide details and **attach your child's Allergy Action Plan provided by your child's Doctor:**

Additional Needs

Does your child have a diagnosed disability or any additional needs? YES / NO

Does your child require extra support/assistance to participate in the centre's program? YES / NO

If yes for either, please provide details: _____

Does your child visit a specialist (e.g. Speech Pathologist/Occupational Therapist/Paediatrician)? YES / NO

If yes, please provide details **and attach any relevant reports:** _____

Behaviour

Does your child have any behaviour management needs? YES / NO

If yes, please provide details: _____

Please describe your child's temperament (e.g. shy/slow to warm up/outgoing): _____

Does your child have any fears or phobias (e.g. storms/clowns/dogs)? _____

Other Comments/Expectations

Why did you choose Gymea Pre-Kindergarten for your child? _____

Has your child attended another childcare centre before? YES / NO

Are any of your children currently attending another childcare centre? YES / NO

Were there any specific concerns you had with a previous childcare provider? YES / NO

If yes, please provide details: _____

Will your child be attending another centre whilst at Gymea Pre-Kindergarten? YES / NO

If yes, please provide details? _____

Are there any concerns you have regarding your child attending our service? YES / NO

If yes, please provide details: _____

What are your expectations for Gymea Pre-Kindergarten? _____

What are three main things you would like your child to achieve during their time at the centre? _____

What is your preferred method of formal communication (please circle)? Kindyhub / Email / Verbal

What is your preferred method of informal communication (please circle)? Kindyhub / Email / Verbal

Child Permissions

Child's Name: _____ DOB: ____/____/____

Please read the following permissions for your child carefully and **circle yes or no** for each question, to authorise before signing.**General**

I/we give permission:

To have SPF30+ sunscreen applied to my child prior to sun exposure (if no please provide an alternate sunscreen for educators to apply)	YES	NO
To have insect repellent applied to my child	YES	NO
To be given one dosage of Children's Panadol in the event of my child's body temperature rising above 38°C, after all attempts at contacting authorised persons have been exhausted	YES	NO
To have educators apply Curash Nappy Cream to my child, if required	YES	NO
To have educators apply Bepanthen Nappy Cream on my child, if required	YES	NO
To have educators apply First Aid strips (e.g. Band-Aids) on my child, if required	YES	NO
To have educators apply antiseptic cream (e.g. Dettol) on my child, if required	YES	NO
To have educators apply oral Bonjela on my child's gums for teething, if required	YES	NO
To have educators trim my child's finger nails, if required	YES	NO

Digital Content

I/we give permission:

To take and use photographs of my child in any display within the service	YES	NO
For photos and video footage of my child to be used in learning stories and to be shared with other families that attend the centre via Kindyhub	YES	NO
For photos and video footage of my child to be used on the Gymea Pre-Kindergarten website and social media pages	YES	NO
For photos and video footage of my child to be used for advertising purposes	YES	NO
For photos and video footage of my child to be used by educators as part of their studies through TAFE, University or other recognised RTOS	YES	NO
For other parents/guardians to take photographs at the centre including my child, for example at birthdays, excursions and special occasions, with management's permission	YES	NO
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	YES	NO

Leaving the Premises

I/we give permission:

For Gymea Pre-Kindergarten educators to remove my child from the premises in the case of an emergency and relocate my child to designated safe locations	YES	NO
Remove my child from the premises as part of participation in organised evacuation drills	YES	NO

Medical/Emergencies

In the event that my child requires medical attention, I authorise educators of Gymea Pre-Kindergarten to obtain/provide medical assistance to my child	YES	NO
I authorise educators of Gymea Pre-Kindergarten to provide first aid/provide medical treatment (including dental) by trained personnel for my child, should this be considered necessary	YES	NO
I authorise educators of Gymea Pre-Kindergarten to call 000/an ambulance to seek the required medical treatment	YES	NO
I agree to pay any medical or transport costs incurred, including ambulance costs	YES	NO
In the case that your child has not been identified as having a severe allergy/allergies, the centre has a general use EpiPen® Jr as a backup in case of a first time anaphylactic reaction at the service. I/we give permission for my child to be injected with the centres general use EpiPen® Jr by a trained educator, under medical advice from 000.	YES	NO

Parent/Guardian 1 Signature: _____ Date: ____/____/____

Parent/Guardian 2 Signature: _____ Date: ____/____/____

Payment Agreement

Fee Details and Fee Payment:

I acknowledge that:

- A daily fee is payable for each day in which my child is enrolled
- This daily fee is payable for the reservation of a position, regardless of the attendance of my child
- A family bond of \$500.00 will accompany this enrolment and that should I not proceed with the enrolment after lodging this application, that the bond will be foregone
- 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
- If I decide to withdraw my child from the centre, I will provide **two weeks written notice** of my intention. I agree to pay all monies outstanding prior to the withdrawal of my child
- Fees are paid for **all weekdays booked throughout the year including public holidays** except for the one week of closure at Christmas/New Years
- Fees charged may be changed/increased during the time my child is enrolled in care; however I will be notified prior to this occurring
- Fee payments will be made via direct debit, and that I authorise Gymea Pre-Kindergarten to arrange for funds to be debited from my account/credit card via the attached agreement with Debit Success (costs associated with using direct debit are my responsibility)
- 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 for the incurred fee
- If fees are not paid, my child's enrolment at Gymea Pre-Kindergarten will be terminated

Primary Account Holder

Title: _____	First Name: _____	Surname: _____
Date of Birth: ____/____/____	Relationship to child: _____	
Address: _____		Postcode: _____
Home Phone: _____	Work Phone: _____	Mobile: _____
Email: _____		

Account Holder Signature: _____ **Date:** ____/____/____