



LEARN.PLAY.GROW

Early Education and Care

68 Gilbertson Road Kardinya, WA 6163
 Phone: (08) 9314 7731
 Email: kardinya@learnplaygrow.com.au
 www.learnplaygrow.com.au

Provider No: PR-400119895
 Service Approval No: SE-0013022

ENROLMENT FORM

Booking and Orientation

Orientation Visits

| | 1 st | 2 nd |
|-----------------------|-----------------|-----------------|
| Date of application: | | |
| Requested start date: | | |
| Date | | |
| Arrival Time | | |
| Departure Time | | |

Child's attendance details (please tick the days you require)

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

Child Details

| | | |
|--|---|---|
| CRN: | | |
| Surname: | Given Name: | Other Names: |
| Usual Address: | | |
| P/Code: | | |
| Telephone: | | |
| Date of Birth: | Birth Cert Shown To: | Gender Male/Female): |
| Is your child of Aboriginal or Torres Strait Islander origin? (Tick the appropriate boxes) | | |
| No: <input type="checkbox"/> | Yes, Aboriginal: <input type="checkbox"/> | Yes, Torres Strait Islander: <input type="checkbox"/> |

Parent / Guardian 1

| | |
|--|---------------|
| CRN: | |
| Surname: | Given Name: |
| Home Address: | |
| P/Code: | |
| Email: | DOB: |
| Telephone: | Mobile Phone: |
| Occupation: | |
| Place of work or study: | |
| Address of work or study: | |
| Talents / Hobbies to be share with children; | |

| |
|----------------------------|
| Parent / Guardian 2 |
|----------------------------|

| | |
|--|---------------|
| CRN: | |
| Surname: | Given Name: |
| Home Address: | |
| P/Code: | |
| Email: | DOB: |
| Telephone: | Mobile Phone: |
| Occupation: | |
| Place of work or study: | |
| Address of work or study: | |
| Talents / Hobbies to be share with children: | |

| |
|------------------------|
| Routine At Home |
|------------------------|

| | | | |
|--|---------------------------------|---------------------------------|-------------------------------|
| Usual getting up time: | Usual evening bed time: | | |
| Day Sleep (Approx. Time): | Length: | | |
| What does your child take to bed: | | | |
| Any special bedtime routines (Indicate how child is put to sleep): | | | |
| On waking My Child is Often: | Happy: <input type="checkbox"/> | Cuddy: <input type="checkbox"/> | Sad: <input type="checkbox"/> |
| Is your child toilet trained? | Toilet trained since? | | |
| Any Special Needs: | | | |
| Dietary: _____ | | | |
| Behavioural: _____ | | | |
| Culture/Religious: _____ | | | |
| Other: _____ | | | |
| Country of Birth (Mother): | (Father): | (Child:) | |
| Languages Spoken By Child: | | | |
| Languages Spoken At Home: | | | |
| Child's Cultural Background: | | | |
| Other Relatives Living With You: | | | |
| Child's Siblings: | | | |
| Name: _____ | D.O.B.: _____ | | |
| Name: _____ | D.O.B.: _____ | | |
| Name: _____ | D.O.B.: _____ | | |
| Name: _____ | D.O.B.: _____ | | |

Custody of Child

Have any orders been made by any court regarding your child? Yes / No

If YES, please provide the following:
 Details of Guardianship and Custody, and Terms of any specific Custody or Access provision (if applicable):

If NO, are there any disputes concerning custody of your child? Yes/No

If NO, Please provide details.

The Child Resides With:

Enrolling Guardian initials:

Please attach copies of relevant Court forms, documentation.

Parent / Guardian Authority To Pick Up or Drop Off / Contact In Case of Emergency

| Parent/Guardian 1: | | | | Authorised for (Tick Box) | | |
|--------------------|------|------|--|---------------------------|--------------------------|--------------------------|
| Address: | | | | P/U | Drop | Emergency |
| Tel (W): | (H): | (M): | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent/Guardian 2: | | | | Authorised for (Tick Box) | | |
| Address: | | | | P/U | Drop | Emergency |
| Tel (W): | (H): | (M): | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 1. Nominated Person (other than parent/guardian) who is authorised to consent to medical treatment of, or to authorise administration of medication to the child if parent or guardian cannot be notified.**
- 2. Persons Authorised To Drop Off or Pick Up Child**

| Name: | | | | Authorised for (Tick Box) | | |
|----------|------|------|--|---------------------------|--------------------------|--------------------------|
| Address: | | | | P/U | Drop | Emergency |
| Tel (W): | (H): | (M): | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: | | | | Authorised for (Tick Box) | | |
| Address: | | | | P/U | Drop | Emergency |
| Tel (W): | (H): | (M): | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: | | | | Authorised for (Tick Box) | | |
| Address: | | | | P/U | Drop | Emergency |
| Tel (W): | (H): | (M): | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: | | | | Authorised for (Tick Box) | | |
| Address: | | | | P/U | Drop | Emergency |
| Tel (W): | (H): | (M): | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Medical History | |
|--|--|
| Does your child ever suffer from any of this conditions? | |
| Asthma: <input type="checkbox"/> I have obtained an Asthma / medical Record Card from the Centre Coordinator Y/N _____ SIGNED _____ DATED _____ | |
| Allergies: <input type="checkbox"/> If Yes give details: | |
| Anaphylaxis (Epi pen required): | |
| ADHD: <input type="checkbox"/> If Yes give details: | |

| | | |
|--|---------------------------------------|--|
| Has your child ever had any of the following (Place a tick In the box) | | |
| Measles: <input type="checkbox"/> | Grommets: <input type="checkbox"/> | Breath Holding: <input type="checkbox"/> |
| Mumps: <input type="checkbox"/> | Chicken Pox: <input type="checkbox"/> | Others: |
| German Measles: <input type="checkbox"/> | Convulsions: <input type="checkbox"/> | |
| Does your child receive Regular Medical Attention Yes / No? (If YES, state details): | | |
| Side Effects (If any): | | |
| Any Additional information the Centre should be aware of: | | |

| Additional Needs |
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|-------------------------|

| | |
|----------------------|------|
| Special Needs Req'd: | |
| Agency Involved: | |
| Contact Person: | Tel: |
| Pediatrician: | Tel: |
| Speech Therapy: | |
| Clinic Involved: | |
| Contact Person: | Tel: |

| Immunisation Details |
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| Is your child up to date with the recommended immunization schedule for the child's age? Y / N |
| Has a copy been provided to the office with this enrolment form? Y/N |

| Medical Emergency Authorisation |
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| | |
|---|---|
| Call Ambulance: Yes <input type="checkbox"/> No <input type="checkbox"/> | If no give details of action to be taken: |
| Medical Attention: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Medicare No: | St John Ambulance No: |
| Private Health Insurance Name and No: | |
| Doctor's (GP) Name: | |
| Clinic's Name: | |
| Clinic's Address: | |
| Telephone: | Tel (Emerg.); |
| Parents/Guardians are responsible for all costs incurred in medical expenses | |

| |
|--|
| Any other information regarding your child that the centre should be aware of: |
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|---|
| Signature Of Parent/Guardian: _____ Date: _____ |
|---|

| Permission | Yes or No |
|--|-----------|
| Do you give permission for your child to participate in outings to places of interest in close proximity to the centre? (notification of this event will be given to parents and additional permission sought) | |
| Do you give permission to apply sunscreen? (If No, Please provide a letter absolving the centre of any Liability.) | |
| Do you give permission to apply Insect repellent where applicable? | |
| Do you give permission to apply Teething Gel where applicable? | |
| Do you give permission to apply Band Aids or Sticking Plaster where applicable? | |
| Do you give permission to apply nappy cream where applicable? | |
| Do you give permission for photos to be taken of your child and shared with parents and families on the communication app OWNA? | |
| Do you give permission for photos to be taken of your child and displayed within the centre and in our monthly newsletter? | |
| Do you give permission for photos to be taken of your children and shared on Facebook and the centre's website? | |



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PARENT/GUARDIAN REGISTRATION AGREEMENT

I / we agree to comply with all government requirements in relation to the Centre and its services as stated in the following Policies:

| <u>Payment Policies</u> | Initial |
|--|----------------|
| 1. I / we are aware that fees are payable for public holidays that fall on a usual day of attendance, and for days where allowable absences are taken. | |
| 2. I/we agree to pay the fortnightly fee on the due day as determined by the Centre's payment requirements, or as agreed by the Centre. | |
| 3. I/we are aware that a late fee of \$20 per fortnight will occur and be added to your bill if fees are not paid and maintained on a fortnightly basis (fees are required to be paid fortnightly as per usage of the Centre and its facilities). | |
| 4. I/we understand that a system of payment for late departures operates at the Centre to cover overtime payments due to the staff. I/we are aware that we are obliged to pick up the child before closing time at 6:00pm. Any Late pick up will result in a fee of \$1 per minute and will be added to your account. | |
| 5. I/we are aware that failure to pay overdue fees within 28 days will result in cancellation of care at the Centre's discretion with payment still to be arranged. If the Centre does not receive necessary payments, overdue accounts will be sent to the Debt Collection Agency. | |
| <u>Cancellation Policy</u> | |
| 1. I/we are aware that 2 weeks' notice must be given in writing for cancellation of care and a 'cancellation form' must be filled out and signed. | |
| 2. I/we are aware that if regular booked days (prior to cancellation) are not attended, full fees will be charged. E.g.: Cancellation of care after a number of absences where the child has not returned will result in a full day fee for each day. This is due to government policies regarding the CCS cannot be claimed for a child after his/her last physical day at a Childcare service. | |
| <u>Health & Safety Policies</u> | |
| 1. I/we are aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition. I/we understand that the child will be accepted back to the Centre upon provision of a 'Clearance Certificate' for the child from a Medical Practitioner. | |
| 2. I/we understand that if my child is not fully immunised I may be required to keep my child away from the Centre until they are fully immunized. | |
| 3. I/we are aware that the Centre may require presentation of a medical certificate in the event of the child developing a medical condition. | |
| 4. I/we agree to provide the Centre with all information regarding the health of the child and any other information required by the Centre. | |

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|---|--|
| 5. I / We give/do not give permission for the child to receive individual observation by students on accredited training programs in the Centre. | |
| 6. I/we agree that in case of accident or injury, the Centre will attempt to contact us and where we cannot be contacted, medical care may be sought and given to my child, and agree to meet any expenses incurred. | |
| 7. I /We are aware that the Centre may occasionally have visitors to the Centre and have volunteers that may assist at the Centre. I/we consent to the child being in the presence of visitors/volunteers, with the Centre's appropriate supervision. | |
| 8. I / we are aware that children at the centre will enjoy water play experiences when the weather is warm. All children will be appropriately supervised at all times and that the children's clothes will be changed if they become soaking wet. | |

(Name of enrolling child)

I/we are aware that the person's nominated here as the Parent/Guardian are the authorised parties to enroll, cancel enrolment, release and have the Centre release the children to. I/we are also aware that the above listed persons are authorised to give and receive information regarding the families account (pay fees and have account information released to them).

I/we are aware that the person's nominated here as the Parent / Guardian have read and understood the requirements of the policies.

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

Parent's Name: _____