



Kellyville Ridge Preschool & Long Day Care

Dear Parent,

Thank you for your interest in our service. As part of the enrolment process it is important to record as much information as possible with regards to personal details, allergies and emergency contacts in the event of an emergency, along with Centrelink claim details.

Accompanying this completed document we require copies of the following associated paperwork;

- Child's Birth Certificate
- Immunisation Details (Immunisation Statement from Medicare)

To secure your child's position we require;

- Payment of Administration Fee(\$50.00)
- Payment of Refundable Bond (\$200.00)

It is important to contact Centrelink prior to commencement on 136 150 to register for Childcare Benefit (CCB) and the 50% Child Care Rebate that maybe available to your family. Without these details our service will require you to pay the full scheduled fee for your child.

As part of our enrolment process for new families we also provide at no charge the option for two trial days. The purpose of these trial days are to provide a smooth transition from home to our care allowing your child to become familiar with our service prior to commencement. Typically each trial day occurs between 9.30 am to 12.30 pm. It is important to us that you and your child is comfortable with our surroundings and operation.

Upon acceptance of a place at our centre we require 2 weeks fees in advance to secure your place. Upon commencement we require weekly payments of fees and this will be Direct Debited from your account at the end of each week. This ensures ongoing continued care.

Should you have any questions regarding any aspect of our service please do not hesitate to contact us.

All the management and staff sincerely look forward to being of service to you.

Warmest Regards

Licensee

Neal Meharg

Kellyville Ridge Preschool & Long Day Care

Date Received: _____

Admin & Bond Paid _____

2 Wks Advanced Paid _____

Amount & Date Paid _____

Enrolment Form

ALL INFORMATION SUPPLIED ON THIS FORM IS TREATED AS CONFIDENTIAL

Days Required: **Monday, Tuesday, Wednesday, Thursday, Friday**

Hours of Care Required (Approximately): From: _____ am/pm to: _____ am/pm

Enrolment Date: _____ Start Date Required: _____

Child's Details

Child's Family Name: _____ Child's Given Name _____

Other Name Child is Known By: _____ Child's Centrelink CRN _____

Child's Former Name if Applicable: _____ Ethnic or Cultural Identity _____

Place of Birth _____ Male / Female (Please Circle) Child's D.O.B. _____

Address: _____

Suburb: _____ Religion _____

Languages Spoken at Home _____ Legal Guardian _____

Healthcare Number: _____

Is there anyone who is prohibited from having contact with or collecting the child? _____

If "Yes" – please give details _____

Who is the Centrelink Primary Parent for CCB and CCR 50% Rebate claims: Mother / Father (Please Circle)

Who should the fees be billed to: _____

Mother's Details

Given Name: _____ Family Name: _____ Other Name Known By: _____

D.O.B: _____ Mother's CRN: _____ Mobile: _____

Address: _____ Home Phone: _____

Occupation: _____ Employer: _____

Work Address: _____

Work Phone: _____ Email Address: _____

Full –Time or Part – Time: Mon / Tues / Wed / Thurs / Fri (Please Circle)

Hours of Work _____



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ALL INFORMATION SUPPLIED ON THIS FORM IS TREATED AS CONFIDENTIAL

Father's Details

Given Name: _____ Family Name: _____ Other Name Known By: _____

D.O.B: _____ Father's CRN: _____ Mobile: _____

Address: _____ Home Phone: _____

Occupation: _____ Employer: _____

Work Address: _____

Work Phone: _____ Email Address: _____

Full –Time or Part – Time: Mon / Tues / Wed / Thurs / Fri (Please Circle)

Hours of Work _____

Emergency Contact (other than parent)

Please note in this section you are required to provide at least two emergency contacts. These people must be contactable.

1. Full Name: _____

Address: _____

Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

2. Full Name: _____

Address: _____

Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Other People Permitted To Collect Your Child From Care:

(You may list more than one person, but must notify in writing any changes)

Name / Address / Phone / Relationship to Child

Name / Address / Phone / Relationship to Child

I give permission for the emergency contacts and others listed above to collect my child from care.

Parent / Guardian

FAMILY DETAILS**Custody or Access Arrangements**

Marital status of parents _____ Does another parent have access? _____

Details of court orders affecting custody of your child (copy must be provided) _____

Is there anyone who must not have access to your child? _____

Is either parent sick or incapacitated (if yes, give details) _____
_____**Other Adults Living at Home:**

Name:

Relationship:

_____Are there any religious or cultural celebrations / taboos relating to your child's upbringing that we should honour in our handling of your child?

Have there been changes to your family recently? (Please circle)

Moved House / Parent Ill / Birth of a Child / Parent Unemployed Death of a Person Close to Child / Separation from Parent

Other _____

Has this affected your child in anyway? _____

INFORMATION ABOUT YOUR CHILD

Background

What are your expectations for your child? _____

Has your child been left with other people? i.e., Family, Friends, Childcare Centre **Yes / No**

How did they cope with this? _____

How does your child respond to unfamiliar situations? _____

Confidently / Tearfully / Withdraws / Very Excited / Observes but joins in later (Please Circle)

What type of activities interest your child? _____

Has your child ever experienced any language or speech difficulties, physical problems or other health related difficulties?
Yes / No (Please circle)

Are you working on any skills with your child at home? Yes / No _____

Any Other Information

Toilet

Is your child toilet trained? Yes / No _____

If yes, what term is used at home for toileting? _____

Does your child sit on the toilet? _____

Sleep

Would you like your child to have sleep? Yes / No _____

How long does your child sleep during the day? _____

Does your child have a favourite toy or security object? Yes / No _____

What is it called? _____

Other Comments? _____

INFORMATION ABOUT YOUR CHILD - Cont

Food

Can your child feed themselves? Yes / No _____

Does your child use a cup with lid / bottle / cup / spoon **(please circle)**

Has your child any food allergies? Yes / No _____

Name any food / fluids your child is not allowed to have and reasons why? E.g. foods your child may not be able to eat due to religious reasons or from personal choice please be specific.

Does your child require a special diet? Yes / No _____

Any other relevant feeding problems? Yes / No _____

Babies

Exact details of formula _____

Solids your child has had _____

Feeding times _____

MEDICAL INFORMATION

Child's Doctor _____ Phone _____

Address _____ Postcode _____

Medicare Number _____

Private Health Fund _____ Health Fund Number: _____

Immunisation Record **(Please provide Medicare statement including dates)**

Your child's immunisation records must be shown to the centre for photocopying prior to your child's first day of attendance. Records must always be kept up to date at all times. Your child's immunisation records will be recorded and kept in a separate file in the office.

Immunisation records sighted (copy taken) Yes / No **(Please Circle)**Has your child ever been hospitalised? Yes / No **(Please Circle)**

If yes, what for? _____

Asthma

Does your child suffer from or ever suffered from asthma? (Even just one attack) Yes / No

Please see the Authorised Supervisor for an asthma pack.**Fits**

Has your child ever had a febrile convulsion? Yes / No _____

If so, what were the circumstances? _____

For long – term medication please speak to the Authorised Supervisor.

Allergic Reactions

Is your child allergic to anything? Yes / No _____

If so please supply a letter from the doctor.

Is there a history of allergic reactions in your family that we should be aware of, that may affect your child?

Is there any other medical or diet information about your child we should be aware of?

Describe any dislikes, fears or phobias your child may have: _____

MEDICAL INFORMATION - Cont**If your child is an Anaphylaxis, please see the Authorised Supervisor.**

Has your child ever had a reaction to any medication? Yes / No

How did they react? _____

Is your child allergic to any medication? Yes / No

If yes, which medication _____

Is your child allergic to Panadol? Yes / No

**I do give permission for the staff to administer Panadol to my child if they feel it is necessary
(after consultation with parent if possible)**

Signature (Parent / Guardian)

Date

I give permission for Kellyville Ridge Preschool & Long Day Care for information concerning my child to be displayed in the centre – e.g. allergy charts, eat / sleep charts etc.

Signature _____ **Date** _____**Additional Parent Comments:**

Kellyville Ridge Preschool & Long Day Care

PARENT'S AUTHORISATION

I / We give permission for Kellyville Ridge Preschool & Long Day Care staff to exchange information with doctors, therapists, etc. about my child

Child's Name _____

Signature _____ **Date** _____

I hereby authorise staff of Kellyville Ridge Preschool & Long Day Care to seek and provide any emergency with medical, dental, ambulance, hospital or any other such service seen fit should _____ suffer any illness or injury whilst at the said premises. Also, if after every reasonable effort to contact me / us has failed and if the doctor considers immediate medication, anaesthetic or minor surgery is necessary, they have my / our permission to administer same.

Signature _____ **Date** _____

I will also abide by the policies and procedures of Kellyville Ridge Preschool & Long Day Care and cooperate with staff in regard to any issues involving my child.

Signature _____ **Date** _____

- a. All information recorded on this form is true and correct.
- b. I / We will, if required, produce evidence to support this information.
- c. I / We undertake to advise the centre of any changes to the information on this form.
- d. If a person other than the parent is picking up my child, I / We will notify staff in writing, prior to the person arriving at the centre.
- e. I / We are aware of the fee policy and that Kellyville Ridge Preschool & Long Day Care is authorised to terminate my child's position in care if fees are not kept up to date.

Signature _____ **Date** _____

I give permission for my child to be applied with sunscreen in accordance with the manufacturer's directions whilst at the centre.

Signature _____ **Date** _____

I give permission for students from Universities and TAFE to record observations of my child for the purposes of practical studies. I understand that the student will need me to fill in a form for this, and that this information will remain confidential and only Christian names will be used.

Signature _____ **Date** _____

I give permission for Kellyville Ridge Preschool & Long Day Care for information concerning my child to be displayed in the centre – e.g. allergy charts, eat / sleep charts etc.

Signature _____ **Date** _____

I give permission for Kellyville Ridge Preschool & Long Day Care to take photographs and video's of my child to be displayed in the centre and in the parent portal.

Signature _____ **Date** _____

I _____ give permission for Kellyville Ridge Preschool & Long Day Care Authorisation to seek and carry out Urgent Medical, Dental or Hospital treatment or to transport to a medical facility via Ambulance.

Signature _____ **Date** _____

Kellyville Ridge Preschool & Long Day Care

Special Note – Priority of Access

The Priority of Access Guidelines must be used by approved services to allocate available childcare:

- Places where there are more families requiring care than places available.
- When filling vacant places, a service must fill them according to the following priorities:

Priority 1 – a child at risk of serious abuse or neglect

Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test

Priority 3 – any other child.

Within these main Priority categories, priority should also be given to children in:

- Aboriginal and Torres Strait Islander families
 - families which include a disabled person
 - families which include an individual whose adjusted taxable income does not exceed the lower
 - income threshold of \$38 763 for 2010-2011, or who or whose partner is on income support
 - families from a non-English speaking background
 - socially isolated families
 - single parent families.
- (a) The Licensee may request written documentation of employment, training or job seeking details in order to ascertain the priority of access.
- (b) Requiring a child to vacate a place
Under the Priority of Access Guidelines **a child care service may require a Priority 3 child only to vacate a place to make room for a higher priority child.** The service can only do so if:
- the person liable for the payment of the child care fees was notified when the child first entered care
- that the service followed this policy, and
- the service gives the person at least 14 days notice of the requirement for the child to vacate the place.