

**CARDIFF BUSY BEE PRE-SCHOOL**

**ENROLMENT FORM**

Child's Surname

Child's Given Name

Child's Date of Birth

Childs gender

**Male** ☐ **Female** ☐

Child's Age

Child's Address

  
  

**THE CENTRE MUST HAVE THE CURRENT ADDRESS OF THE CHILD AT ALL TIMES**

**Have you provided a birth certificate** yes ☐ no ☐

**Do any court orders, parenting orders or parenting plans apply to this child** yes ☐ no ☐

**If so, have you provided a copy of these orders/plans** yes ☐ no ☐

Is your child Aboriginal, Torres Strait Islander or both

To which cultural background does your child belong, eg Australian, Greek, Italian

What is the primary language spoken by the child

Are there any religious needs or cultural needs the Centre should be aware of yes ☐ no ☐

If so, please provide details:

PLEASE GIVE ANY FORMER AND OTHER NAMES THE CHILD HAS BEEN KNOWN BY OR MARK AS NOT APPLICABLE: Not Applicable ☐

**PAGE 2 – ENROLMENT FORM**

**CARDIFF BUSY BEE PRE-SCHOOL**

Mother/Carer 1  
Surname

Mother/Carer 1 Given  
Name

Mother/Carer 1 Date of  
Birth

Mother/Carer 1  
Address

<input type="text"/>
<input type="text"/>

Mother/Carer 1 Home  
Phone

Mother/Carer 1 Mobile  
Phone

Mother/Carer 1 Work  
Phone, Occupation and  
Place of Work

Mother/Carer 1 Work -  
Starts/Finishes

Mother/Carer 1 Cultural  
Background

Mother/Carer 1 Studying    yes ☐    no ☐

PLEASE GIVE ANY FORMER AND OTHER NAMES THE MOTHER/CARER 1 HAS BEEN KNOWN BY OR  
MARK AS NOT APPLICABLE: Not Applicable    ☐

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**PAGE 3 – ENROLMENT FORM**  
**CARDIFF BUSY BEE PRE-SCHOOL**

Father/Carer 2  
Surname

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Father/Carer 2 Given  
Name

--

Father/Carer 2 Date of  
Birth

--

Father/Carer 2 Address


Father/Carer 2 Home  
Phone

--

Father/Carer 2 Mobile  
Phone

--

Father/Carer 2 Work  
Phone, Occupation and  
Place of Work

--

Father/Carer 2 Work -  
Starts/Finishes

--

Father/carers 2 Cultural  
Background

--

Father/Carer 2 Studying    yes ☐    no ☐

PLEASE GIVE ANY FORMER AND OTHER NAMES THE FATHER/CARER 2 HAS BEEN KNOWN BY OR  
MARK AS NOT APPLICABLE:    Not Applicable    ☐

**PAGE 4 – ENROLMENT FORM**  
**CARDIFF BUSY BEE PRE-SCHOOL**

Child's CRN number

Mother/Carer 1 CRN number

Or

Father/Carer 2 CRN number

If you have supplied both CRN numbers, please indicate who will be claiming the Childcare Benefit or Childcare Rebate:

Mother/Carer 1 ☐                      Father/Carer 2 ☐

Will your child be attending 2 daycare facilities    yes ☐    no ☐

If yes, name of other service

Do you give permission for us to contact the other service regarding your child      ☐ yes    ☐ no

**AN EMAIL ADDRESS MUST BE PROVIDED**

Email Address: Mother/Carer 1

Email Address: Father/Carer 2

Would you like to receive your newsletter by:    Facebook ☐    Paper copy ☐

**PAGE 5 – ENROLMENT FORM**  
**CARDIFF BUSY BEE PRE-SCHOOL**

**EMERGENCY CONTACTS AND AUTHORISATIONS (other than yourself): CONTACT 1:**

Name

Relationship to Child

--	--

Address


Home Telephone

--

Work Telephone

--

Mobile Telephone

--

This person has authority to (please circle)

Collect/Deliver the child to/from the service Yes / No

Give permission to authorise an educator to take the child outside the education and care service premises i.e. for an excursion Yes / No

Consent to medical treatment for the child Yes / No

Permit transportation of the child by an ambulance service Yes / No

Give permission to authorise the education and care service to transport the child or arrange transportation of the child Yes / No

Request/Permit medication to be given to the child Yes / No

If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child Yes / No

Parent/Carer Name

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Parent/Carer  
Signature / Date

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**PAGE 6 – ENROLMENT FORM**  
**CARDIFF BUSY BEE PRE-SCHOOL**

**EMERGENCY CONTACTS AND AUTHORISATIONS (other than yourself): CONTACT 2:**

Name

Relationship to Child

--	--

Address


Home Telephone

--

Work Telephone

--

Mobile Telephone

--

This person has authority to (please circle)

Collect/Deliver the child to/from the service Yes / No

Give permission to authorise an educator to take the child outside the education and care service premises i.e. for an excursion Yes / No

Consent to medical treatment for the child Yes / No

Permit transportation of the child by an ambulance service Yes / No

Give permission to authorise the education and care service to transport the child or arrange transportation of the child Yes / No

Request/Permit medication to be given to the child Yes / No

If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child Yes / No

Parent/Carer Name

--

Parent/Carer  
Signature /Date

--

**CARDIFF BUSY BEE PRE-SCHOOL**

Has your child been diagnosed at risk of Anaphylaxis    yes ☐    no ☐

**If yes, please supply details:**


**An Anaphylaxis Medical Management Plan completed by your Medical Practitioner will need to be supplied to the Pre-School before commencing                      Is this attached    yes ☐**

**The Service will work in consultation with you to create a risk minimisation plan before you child's first day of attendance**

Does your child have any allergies: eg food, medication, animals, insects    yes ☐    no ☐

**If yes, please supply details:**


**A Medical Management Plan completed by your Medical Practitioner will need to be supplied to the Pre-School before commencing                      Is this attached    yes ☐**

**The Service will work in consultation with you to create a risk minimisation plan before you child's first day of attendance**

Does your child have asthma    yes ☐    no ☐

**If your child has asthma you must supply an Asthma Action Plan no more than a year old from your Medical Practitioner. Is your Asthma Action Plan attached    yes ☐**

**The Service will work in consultation with you to create a risk minimisation plan before your child's first day of attendance**

Does your child have any special dietary requirements    yes ☐    no ☐

**If yes, please supply details:**


Does your child have any problems with hearing, sight or speech    yes ☐    no ☐

**If yes, please supply details:**


Does your child have any health problems, operations, illnesses, disabilities    yes ☐    no ☐

**If yes, please supply details:**


**CARDIFF BUSY BEE PRE-SCHOOL**

Does your child require regular medication    yes ☐    no ☐

If yes, please supply details:


**If your child has a specific health care need requiring administration of regular medication you are required to provide current documentation from your Medical Practitioner together with a Medical Management Plan. Is this attached    yes ☐**

Doctor's Name, Address and Phone Number


Dentist's Name, Address and Phone Number


Medicare Number

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Private Health Insurance    yes ☐    no ☐

If yes, provide name of fund and policy number


Has your child been immunised    yes ☐    no ☐

If yes, have you provided an up to date ACIR History Statement    yes ☐    no ☐

If your child is not immunised:

Have you provided an Immunisation Medical Exemption signed by your Medical Practitioner

yes ☐    no ☐

Or

Have you provided documentation that your child is on a recognised catch-up schedule    yes ☐



**CARDIFF BUSY BEE PRE-SCHOOL**

DATE .....

**PERMISSION FOR THE ADMINISTRATION OF PARACETAMOL**

I give permission for my child

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to be administered paracetamol if my child's temperature is 38 degrees Celsius without indication of it reducing. Before administering paracetamol, two staff members will obtain consent by telephone regarding whether a dose of paracetamol should be given and the time of last dosage given. If the parents are unable to be contacted the emergency contacts as nominated by the parents on the enrolment form will be contacted. If parents and emergency contacts cannot be reached, the decision to administer paracetamol will be made by the authorised supervisor or senior staff member. Parents will need to collect their child as soon as possible.

Parent/Carer Name

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Parent/Carer  
Signature

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Staff Name

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Staff Signature

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**I DO NOT GIVE PERMISSION FOR THE STAFF OF CARDIFF BUSY BEE PRE-SCHOOL TO ADMINISTER MY CHILD WITH PARACETAMOL.**

Parent/Carer Name

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Parent/Carer  
Signature

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Staff Name

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Staff Signature

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## **CARDIFF BUSY BEE PRE-SCHOOL**

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS REQUIRE THE FOLLOWING INFORMATION:

YOU ARE REQUIRED TO PRODUCE YOUR CHILD'S BIRTH CERTIFICATE SHOWING DATE, PLACE AND COUNTRY OF BIRTH, AUSTRALIAN CITIZENSHIP, PASSPORT OR OTHER DOCUMENTS APPROVED BY DIRECTOR-GENERAL.

YOU ARE REQUIRED TO PRODUCE PROOF OF IMMUNISATION. UNDER THE NSW PUBLIC HEALTH ACT 2010 A PRE-SCHOOL CANNOT ENROL A CHILD UNLESS THE PARENT/GUARDIAN HAS PROVIDED AN APPROVED IMMUNISATION CERTIFICATE THAT SHOWS THE CHILD IS: FULLY IMMUNISED FOR THEIR AGE, OR HAS A MEDICAL REASON NOT TO BE VACCINATED WHICH MUST BE SIGNED BY THEIR MEDICAL PRACTITIONER, OR IS ON A RECOGNISED CATCH-UP SCHEDULE IF THEIR CHILD HAS FALLEN BEHIND IN THEIR VACCINATIONS. UNIMMUNISED CHILDREN MAY BE ASKED TO STAY AT HOME IF THERE IS AN OUTBREAK OF A VACCINE PREVENTABLE DISEASE IN THE CENTRE.

YOU ARE REQUIRED TO PRODUCE ANY COURT ORDERS REGARDING CUSTODY AND ACCESS TO YOUR CHILD. WHERE PARENTS ARE SEPARATED AND THERE ARE NO COURT ORDERS IN PLACE THE CENTRE IS UNABLE TO DENY ACCESS TO YOUR CHILD BY EITHER PARENT.

YOU ARE REQUIRED TO GIVE TO EMERGENCY CONTACT NUMBERS, WITH NAMES, ADDRESSES AND TELEPHONE NUMBERS AND RELATIONSHIP TO THE FAMILY.

YOU ARE REQUIRED TO PROVIDE UP TO DATE DOCUMENTATION FROM YOUR MEDICAL PRACTITIONER GIVING THE CENTRE STAFF PERMISSION TO GIVE YOUR CHILD ANY LONG TERM MEDICATION.

IF PARENTS ARE DIVORCED, SEPARATED, OR HAVE OTHER RELATIONSHIPS WHICH MAY AFFECT YOUR CHILD'S WELFARE, PLEASE SUPPLY A LETTER TO THE CENTRE WITH DETAILS WHICH YOU CONSIDER NECESSARY INCLUDING A DESCRIPTION OF THE FAMILY CIRCUMSTANCES AND THE RESIDENCE OF THE CHILD.

YOU ARE REQUIRED TO GIVE STAFF WRITTEN INFORMATION REGARDING ANY OTHER DETAILS WHICH MAY ASSIST IN THE CARE AND COMFORT OF YOUR CHILD (toileting problems, special needs, tantrums, food dislikes, etc).

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**CARDIFF BUSY BEE PRE-SCHOOL**

Please tick the box to give staff permission to carry out the following on your child:

APPLY SUNSCREEN YES ☐ NO ☐

APPLY INSECT REPELLENT YES ☐ NO ☐

APPLY SUDOCREM YES ☐ NO ☐ NA ☐

CONSENT FOR PHOTOS TO BE TAKEN OF YOUR CHILD FOR USE IN THE CENTRE YES ☐ NO ☐

CONSENT FOR PHOTOS TO BE TAKEN OF YOUR CHILD IN A GROUP SITUATION WHICH MAY GO HOME IN ANOTHER CHILD'S PORTFOLIO OR BE DISPLAYED ON STORYPARK YES ☐ NO ☐

CONSENT FOR PHOTOS TO BE TAKEN OF YOUR CHILD AT THE CENTRE TO BE DISPLAYED ON OUR WEBSITE – CARDIFF BUSY BEE PRE-SCHOOL.COM.AU YES ☐ NO ☐

CONSENT FOR YOUR CHILD TO ATTEND AND PARTICIPATE IN INCURSIONS AND SHOWS WHICH VISIT THE CENTRE YES ☐ NO ☐

Child Name

Parent/Carer Name

Parent/Carer  
Signature

Date:

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**CARDIFF BUSY BEE PRE-SCHOOL**

**MEDICAL EMERGENCY AGREEMENT**

In the event of any emergency, either illness or accident, concerning my child I give my consent to the staff of the Centre to seek medical treatment for the child from a registered medical practitioner, hospital, ambulance service and dental practitioner and transportation of the child by an ambulance (Regulation 161) I am aware if my child has not been fully immunised that the staff of the centre cannot accept my child if an infectious disease is present. **I accept liability for any medical, hospital, dental and/or ambulance costs which may be incurred.**

Parent/Carer Name

Parent/Carer  
Signature

Date

Witnessed by Staff Member

Staff Name

Staff Signature

Date

Has child/family recently travelled overseas      yes ☐      no ☐

Returning to Australia, was any family member ill/or had high fever      yes ☐      no ☐

Was medical treatment sought      yes ☐      no ☐

## **PAGE 13 – ENROLMENT FORM**

### **CARDIFF BUSY BEE PRE-SCHOOL TERMS, CONDITIONS AND AGREEMENT FORM**

- \* Written policies are available to parent/carer at all times
- \* Parent/Carer must notify the Centre by 9.00 am if your child will be away
- \* All absences must be signed for on Sign In/Out Sheet
- \* If you have any problems please talk to a staff member
- \* Children with a contagious illness cannot attend
- \* The Centre must have the current address of the child
- \* You must update your and your child's personal information if there are any changes, including current medical conditions

### **FEES**

- \* Fees must be paid in full before the child attends
- \* Fees are charged for all absences
- \* Fees are charged for a ten hour day
- \* Fees are charged for public holidays
- \* The Centre is open during school holidays
- \* Fees are charged for school holidays
- \* The Centre is closed for two weeks over Christmas
- \* Parent/Carer may be asked to swap days depending on priority of access

### **CHILD CARE SUBSIDY SYSTEM (CCSS)**

- \* Parent/Carer must contact Department of Human Services to apply for CRN numbers and the Child Care Subsidy
- \* Parent/Carer's fees are full fee less Child Care Subsidy
- \* Parent/Carer will be asked to sign a Complying Written Arrangement (CWA)
- \* If Child Care Subsidy is cancelled, parent/carer will pay the full fee

### **THE REQUIRED PLACEMENT FEE IS \$120.00 PER CHILD AND THIS IS NON-REFUNDABLE**

### **NOTICE WHEN LEAVING OR WITHDRAWING**

- \* **Four week's notice** must be given in writing when reducing days or withdrawing from the Centre.

### **WATERPROOF BAG AND UNDERPANTS CHARGE**

When the placement fee of \$120.00 is paid you will be supplied with a waterproof bag to be kept in your child's bag in the event of a toileting or water incident. If your child does not have their waterproof bag when needed you will be charged another \$7.00 for a new bag. There will be a \$2.00 charge for underpants each time your child needs to be changed if you have not supplied extra underpants in your child's bag.

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**CARDIFF BUSY BEE PRE-SCHOOL TERMS, CONDITIONS AND AGREEMENT FORM**

**FEE PAYMENT**

- \* Fees are to be paid by direct debit
- \* Fees should not be in arrears
- \* Dishonoured direct debits will have charges applied
- \* Parent/Carer will be charged for any collection agency fees that may be necessary to collect outstanding fees

**INCREASE IN FEES**

- \* Wages, superannuation, insurances and Worker's Compensation will cause increases in fees

**ACCOUNTS**

- \* A copy of your account will be issued three monthly for your records or can be requested at any time

**HEALTHY FOOD GUIDELINES**

- \* You agree to only pack healthy foods that are in line with the healthy food guidelines from "Good for kids, good for life", a copy of which was sent home in the orientation pack. No fried food, no commercially prepared fast food (take-away) no processed fatty meat (devon, frankfurts). No other drinks are to be sent with your child, only water, milk or formula. Unsuitable food items will be sent home. Do not pack any nuts, items containing nuts, including items that may contain traces of nuts and do not pack eggs to minimise the risk of anaphylactic reaction.

**AGREEMENT**

**WE HAVE READ AND UNDERSTOOD ALL TERMS AND CONDITIONS. BY SIGNING THIS STATEMENT YOU ARE AWARE OF AND ACCEPTING THE CONTENTS OF THIS ENROLMENT FORM. YOU FURTHER AGREE TO THE CENTRE GIVING YOUR NAMES AND ADDRESS TO ANY SOLICITOR OR DEBT COLLECTION AGENCY FOR THE PURPOSE OF RECOVERY OF ANY OUTSTANDING FEES. YOU UNDERSTAND THAT THE CENTRE DOES NOT REQUIRE ANY PERSONAL DETAILS OF INCOME, ONLY CRN NUMBERS OF THE CHILD AND PARENT.**

**PARENT 1/CARER FULL NAME**

**PARENT /CARER 1 SIGNATURE**

**DATE**

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**PARENT 2 /CARER FULL NAME**

**PARENT 2/CARER SIGNATURE**

**DATE**

--	--	--

**STAFF NAME (Witness)**

**STAFF SIGNATURE**

**DATE**

--	--	--

**CARDIFF BUSY BEE PRE-SCHOOL**

## CHILD INFORMATION SHEET 1

Child's Name

Parent/Guardian Name

What are your child's interests, favourite activities, talents, play preferences

Do you have pets at home, if so how many

Does your child have a favourite food, colour and animal

Does your child prefer to play indoors or outdoors

Who lives at home with your child and are there any siblings not living at home

**CARDIFF BUSY BEE PRE-SCHOOL**

**CHILD INFORMATION SHEET 2**

PLEASE GIVE ANY ADDITIONAL INFORMATION REGARDING THE CHILD'S FAMILY CIRCUMSTANCES INCLUDING THOSE AFFECTING RESIDENCE OR CONTACT WITH PARENTS


PLEASE ADVISE YOUR CHILD'S ROUTINE IN REGARDS TO:

SLEEPING


BOTTLES (IF APPLICABLE) PLEASE ADVISE TIMES, ROUTINE, AMOUNT, WHAT MILK/FORMULA YOUR CHILD HAS, WARM OR COLD ETC


FOOD AND MEAL TIMES


TOILETING INFORMATION (toilet training, nappies, nappy cream etc)


COMFORTERS


ANY OTHER INFORMATION YOU FEEL WE SHOULD BE AWARE OF




**CARDIFF BUSY BEE PRE-SCHOOL**

**CHILD INFORMATION SHEET 3**

What type of activities would you like included in our program and why

--

What is your expectation of your child's pre-school experience? do you have any goals you would like us to help your child work towards? (eg social, emotional, physical, cognitive development and school readiness)

--

Do you have any areas of interest or expertise that could be shared with us (eg hobbies, cooking, sewing, craft, etc)

--

How did you hear about Cardiff Busy Bee Pre-School (phone book, school newsletter, saw the sign or other)

--