

CARDIFF BUSY BEE PRE-SCHOOL

ENROLMENT FORM

Child's Surname

Child's Given Name

Child's Date of Birth

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 apply to this child yes ☐ no ☐

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

Is your child Aboriginal, Torres Strait Islander or both

To which ethnic group 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 ☐

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CARDIFF BUSY BEE PRE-SCHOOL

Mother/Carer 1
Surname

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Mother/Carer 1 Given
Name

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Mother/Carer 1 Date of
Birth

--

Mother/Carer 1
Address

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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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/carer 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 ☐

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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 ☐

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CARDIFF BUSY BEE PRE-SCHOOL

EMERGENCY CONTACTS AND AUTHORISATIONS (other than yourself):

CONTACT 1:

Name

Relationship to Child

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Address

Home Telephone

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Work Telephone

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Mobile Telephone

--

This person has authority to:

Collect/deliver your child to/from service yes ☐ no ☐

Consent to medical treatment for your child yes ☐ no ☐

Permit transportation of your child by an ambulance service yes ☐ no ☐

Request/permit medication to be given to your child yes ☐ no ☐

If the parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child yes ☐ no ☐

Parent/Carer Name

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Parent/Carer
Signature

--

Date

--

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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:

Collect/deliver your child to/from service yes ☐ no ☐

Consent to medical treatment for your child yes ☐ no ☐

Permit transportation of your child by an ambulance service yes ☐ no ☐

Request/permit medication to be given to your child yes ☐ no ☐

If the parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child yes ☐ no ☐

Parent/Carer Name

--

Parent/Carer
Signature

--

Date

--

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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 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 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:

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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 ☐

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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

--

Staff Name

--

Staff Signature

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PAGE 10 - CHILD ENROLMENT FORM

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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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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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 ☐

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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)

--