

Days: _____

Date Bond Paid: _____

Two weeks in advance fees Date: _____

Bond Amt Paid \$ _____

Amount Paid/ receipt number: _____

Bond Receipt: _____

Fables On The Mountain Early Learning And Discovery Centre

ENROLMENT FORM

(*All information provided on this form is confidential)

Child's full name _____ Sex _____

Date of Birth _____ Phone No: _____

Please provide a copy of your child's birth certificate.

Address _____

Main language spoken at home _____

Is your child Aboriginal or a Torres Strait islander? _____

Is there another language spoken at home? _____

Special requirements regarding religion, culture and / or disability. _____

Information Required to claim CCS:

CCS Eligible Hours Nominated Hours at this Centre

Child's CRN: __ __ __ / __ __ __ / __ __ __ __

Parent/Guardian/Claimant Name:

Parent/Guardian/Claimant Date of Birth:

CRN: __ __ __ / __ __ __ / __ __ __ __ Medicare number: _____

Important: Please make sure that the Parent/Guardian/Claimant Date of Birth, and the Parent/Guardian/Claimant CRN are for the person claiming CCS

Email address: _____

Your most commonly used email address is required for distribution of your statement of usage and for other centre related information.

Please Provided the following with your attached Enrollment form:

1. COPY OF IMMUNISATION DETAILS – www.MyGov.com.au
2. CENTRELINK LETTER - Child Care Subsidy Assessment
3. COURT ORDER SIGHTED Y/N PRIORITY NO (If Applicable Ref to Page3)
4. RELATED FAMILY SERVICES CASES MUST SUPPLY DOCUMENTATION

Parent 1 - Full Name

Parent 2 - Full Name

Home Address _____

Home Address _____

Phone No. _____

Phone No _____

Mobile: _____

Mobile. _____

Email Address _____ (most commonly used by family)

Employer _____

Employer _____

Suburb _____

Suburb _____

'Phone/Mobile _____

'Phone/Mobile _____

Days Worked _____

Days Worked _____

Full name of two persons to be called in the case of an emergency when parents cannot be contacted. (As this is an emergency situation you **MUST ensure that these people live locally.**) Listing people here also gives your authority for them to collect your child from the Centre.

1. _____

2. _____

Relationship to child _____

Relationship to child _____

Address _____

Address _____

Phone _____

Phone _____

Full name of other person(s) other than parents, authorised to collect child.

1. _____

2. _____

Relationship to child _____

Relationship to child _____

Address _____

Address _____

Phone _____

Phone _____

I hereby give permission for all 6 people listed above to collect my child from the Centre in the event that I am unable to do so. I understand that it would be helpful for the Centre if I notify the staff if my child will be collected by one of the people listed above.

Parent's signature _____ Date _____

Witness' signature _____ Date _____

Are there any Court Orders concerning your child's custody? _____ If so, give brief details and attach a copy of the Order. Your enrolment cannot be finalised without the necessary paperwork concerning the Court Orders.

Days and hours of care - Mon Tues Wed Thurs Fri

(Hours) _____

Family Doctor

Family Dentist

Name _____

Name _____

Address _____

Address _____

Phone/Mobile _____

Phone/ Mobile _____

Please complete the next 5 points and Initial each one.

1.Has your child any allergies or relevant medical history? _____

Give details _____

2.Has your child be introduced to Egg's OR Does your Child have any allergies to Egg's

Give Details _____

3.Does your child suffer from asthma, epilepsy, food allergy or other specified medical condition?

Give details and attach his/her Asthma / Anaphylaxis Management Plan (or similar)

4.Does your child have any comforters? (e.g. toy, blanket) _____

5.Does your child have a 'nick' name? _____

Does your child have any habits or 'rituals' within their daily routine, e.g. patting at rest-time

Child's brothers/sisters and ages _____

Is your child toilet trained? _____

- I give staff permission to display information regarding my child's **allergies/diet** in the Centre for staff reference
- I give permission for staff to apply **SPF 30+ sunscreen** to my child prior to outdoor play. I agree to apply this cream to my child at home before attending the Centre or on arrival at the Centre.
- I hereby give permission for the Primary Contact Staff to use centre's **nappies, Nappy Wipes, sudocrem and Sorbelene** as a cleanser during my child's nappy change routine. I understand that the use of any other product will need to be prescribed by a doctor and will require my completion of a signed Medication form on each day that treatment is required. If no form is completed staff are unable to apply medication and/or cream.
- I hereby give permission for my child to use **liquid cream hand wash** to wash his/her hands while at the Centre.
- I hereby give permission for my child to participate in:
 1. multi-cultural events, celebrations, and activities held at the centre.eg Chinese New Year any other celebration days or activities that are held at the Centre. E.g. Easter, Christmas, Mother's Day, Father's Day, Grandparent's Day, visits from Police, Halloween, dress up days Fire Brigade and other centre incursions.
 2. Photos being taken by staff and/or professional photographers during the Centre's daily routine. These may be displayed within the Centre or on the online Centre programs for viewing by clients and visitors. On occasions photos of groups of children may be used for advertising purposes such as Fables On The Mountain Facebook page and website.

Parent's signature _____ Date: _____

Witness signature _____ Date: _____

Section A.

In the event of any accident or illness I, _____
authorise Primary Contact Staff to –

1. Seek urgent medical, dental, ambulance or hospital treatment or transportation as required by my child.
2. Administer first aid (including band-aids, ice-packs or Savlon cream, removal of splinters and the taking of temperature (via digital aural thermometer or under the arm) when deemed necessary. (Please delete and initial items where necessary).
3. Administer treatment as directed after telephone consultation with the Poisons Information Service.

Parent's signature _____ Date: _____

Witness signature _____ Date: _____

Section B.

- 1 I have read, or agree to read, the Centre's Health Policy and agree to abide by its conditions. I understand that a full Health Policy is available in the Centre policy folder.
2. The Centre requires a copy of each child's immunisation record in the form of a print out from the Immunisation Register (available online). I agree to provide the Centre with such information on enrolment.

Parent's signature _____ Date: _____

Witness signature _____ Date: _____

Section C.

I, _____ authorise my child to participate in FIRE DRILLS & ANAPHYLAXIS DRILLS which are carried out at the Centre at least every 3 months. I understand that this will involve teaching the children to move in an orderly, supervised manner to a designated place in the Centre for assembly.

Parent's signature _____ Date: _____

Witness signature _____ Date: _____

Section D

The Centre understands that children may bring toys for comfort and security such as sleep blankets.

We try to encourage parents to keep children's Toys at home, to save them from getting lost or broken.

I understand and have read, that it is not the centre's responsibility for any toys brought to the centre and agree to read, the Centre's Child Belonging and toy Policy and agree to abide by its conditions. I understand that the Child Belonging and toy policy is available in the Centre policy folder. (Policy attached)

Parent's signature _____ Date: _____

Witness signature: _____ Date: _____

PARENT AUTHORITY FOR ADMINISTRATION OF PARACETAMOL

I hereby give permission for the staff of the Centre to administer one dose of Panadol (Paracetamol), as per recommended dosage, to my child should he/she have a fever above 38C and all other methods used to lower the temperature have failed, e.g. removal of excess clothing, increased intake of fluids, tepid sponging if necessary.

I understand that every effort will be made to contact me (or another nominated responsible adult) at the time Panadol (paracetamol) needs to be administered, and that I (or another nominated responsible adult) may be requested to collect my child from the Centre and to arrange alternate or additional treatment.

Parent One: _____ Sign _____ Date: _____

Witness: _____ Sign _____ Date: _____

Parent two: _____ Sign _____ Date: _____

Witness: _____ Sign _____ Date: _____

In completing and signing this enrolment form I acknowledge that I and My spouse / partner agree to accept the policies and procedures of Fables on the mountain. In particular, I acknowledge that I have been made aware of the policies relating to payment of fees, variation of days attended, notice of intention to terminate the enrolment and of the Centre policies relating to all things including illness, accidents and administration of medication.

Agreement

Fees must be paid on due date and always be two weeks in advance.

- I understand that days will be decreased or forfeited at Fables On The Mountain Early Learning and Discovery Centre if my fees are not up to date.
- I understand that if payment of fees is dishonored or late payment of \$2.50 will be charged to my statement.(See Fee's policy)

On leaving the Centre or decreasing the number of days, 2 week's notice in full must be given.

Parent's signature _____ Date: _____

Witness signature _____ Date: _____

Additional Information on Enrolment

In order to make your child's introduction to our Centre as smooth as possible could you please provide the following information which will be provided to your child's carer.

Child's Name _____ Date of Birth _____

1. Has your child had previous pre-school/long day care/family day care experience? _____ If so, where? _____

When? _____

2. Is there anything about your child's behavior that concerns you? _____

EATING HABITS

3. How many meals a day does your family eat together? _____

4. How would you describe your child's appetite? _____

5. What is your child's best meal? _____

Breakfast _____ Dinner _____

Lunch _____ Snacks _____

6. (a) Are there any foods your child does not/cannot eat? _____

(b) If so, please list and give reasons e.g. allergy/religion, etc.

If your child has special dietary requirements, please attach a copy of your doctors dietary requirements for your child. (this must be supplied by a doctor of Medicine)

7. Are there any court orders concerning your child _____

BEDTIME/SLEEPING HABITS

8. Usually awakens at _____ a.m. Daytime sleep Yes _____ No _____
Usually goes to bed in the evening at _____ p.m.

9. Does your child sleep through the night? _____

If no, please explain? _____

10. Does your child: sleep alone _____
in own room _____

11. Are there any special methods you use to help your child to sleep?

12. If your child is asleep at the end of the rest-time, do you want
him/her woken? _____
If no, how long would you like your child to sleep? _____
(Afternoon tea is usually served around 2.30pm)

13. Would you prefer for your child not to rest on a bed after lunch? _____
Please let us know if this requirement changes.

PARENTING (OPTIONAL)

11. What method of behavior management (discipline) have you found to be most effective
with your child? _____

12. Overall, how do you see yourself and your partner in the parenting role?

Permissive	<input type="checkbox"/>	Disciplinarian	<input type="checkbox"/>
Consistent	<input type="checkbox"/>	Other	<input type="checkbox"/>

13. For children under 2 please provide some information about your child's routine.

Bottle times

Sleep times

Any foods eaten

Do they have a dummy or comforter for bed times?

14. Please provide any other information you may wish us to know about your child or your
family situation, so that we may understand him/her a little better when he/she starts at the
Centre. (This information is confidential.)

Please attach copies of any necessary forms or documents to the back of this form.
Thank you for completing this enrolment form. We hope your association with Fables On The
Mountain Early Learning And Discovery Centre will be a very happy and rewarding one.

Fables On The Mountain management & staff.