

# Enrolment Form

Year commenced: \_\_\_\_\_ Finished care on: \_\_\_\_\_

Child's Name:

Child enrolment ID:

## Please Attach:

- Child Birth Certificate
- Up to date Immunisation Record
- Asthma or Anaphylaxis Action Plan
- Direct Debit Authorisation
- Family Values and Determination Process
- \$50 cash enrolment deposit
- One week full fee bond
- Direct Debit Authorisation
- Two weeks in advance must be debited prior to commencement (CCS Rate).



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Phone: 02 4397 1683

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Entered By:

Date:

Play to Learn requires this form to be completed and all documentation attached prior to your child's first day with us. Please notify us immediately of any changes as they arise throughout your child's enrolment.

<b>CHILD DETAILS</b>			
Child CRN:			
First Name:		Middle Name:	
Surname:		Preferred Name:	
Date of Birth:		Gender: Male Female	
Home Address:			
Country of Birth:			
Language(s) Spoken at Home:			
Is your child:	Aboriginal	Torres Strait Islander	Neither

*Please Note* CHILD and PARENT have individual CRN's.

<b>PARENT/ GUARDIAN DETAILS Parent 1</b>			
Parent CRN:			
Title First Name:		Middle Name:	
Surname:		Preferred Name:	
Relationship to child:			
Date of Birth:		Gender: Male Female	
Home Address:			
Home Phone:		Mobile Phone:	
Email address:			
Are you:	Aboriginal	Torres Strait Islander	Neither
Occupation:		Employer/Company Name:	
Work Address:			
Work Phone Number:			

*Please Note* Parent 1 is claiming CCS & child will enrolled under Parent 1.

<b>PARENT 2</b>	
Title First Name:	Middle Name:
Surname:	Preferred Name:
Relationship to child:	
Date of Birth:	Gender: Male Female
Home Address:	
Home Phone:	Mobile Phone:
Email address:	
Are you:            Aboriginal                            Torres Strait Islander                            Neither	
Occupation:	Employer/Company Name:
Work Address:	
Work Phone Number:	

Are there any court orders in place regarding parenting or access to the child?    Yes    No
<b>A copy must be attached for the centre staff to be able to enforce the order.</b>
Please briefly describe child's home environment?

**Please indicate below which days centre Management have approved for your child's attendance AND the times you will usually drop off and pick up your child.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off					
Pick up					

<b>EMERGENCY CONTACT 1</b>	
Title First Name:	Middle Name:
Surname:	Preferred Name:
Relationship to child:	
Date of Birth:	Gender: Male Female
Home Address:	
Home Phone:	Mobile Phone:
AUTHORITY TO:                      DROP OFF                      PICK UP                      CALL IN EMERGENCY	

<b>EMERGENCY CONTACT 2</b>	
Title First Name:	Middle Name:
Surname:	Preferred Name:
Relationship to child:	
Date of Birth:	Gender: Male Female
Home Address:	
Home Phone:	Mobile Phone:
AUTHORITY TO:                      DROP OFF                      PICK UP                      CALL IN EMERGENCY	

<b>EMERGENCY CONTACT 3</b>	
Title First Name:	Middle Name:
Surname:	Preferred Name:
Relationship to child:	
Date of Birth:	Gender: Male Female
Home Address:	
Home Phone:	Mobile Phone:
AUTHORITY TO:                      DROP OFF                      PICK UP                      CALL IN EMERGENCY	

Please list a minimum of 2 contacts. *Please note that contacts will be required to provide photo identification the first time they visit the centre.*

**It is a legal requirement that the following information be provided in full detail.**

Child <b>Medicare</b> Number:		
Health Insurance Fund:	Insurance Number:	
Family <b>Doctor</b> Name:		
Practice Name:		
Address: Phone Number:		
Family <b>Dentist</b> Name:		
Practice Name:		
Address:	Phone Number:	
Child Immunisations up to date:    Yes    No		
Please note that it is parents responsibility to provide the centre an updated schedule as child receives each immunisation.		
Parent consent to the medical treatment of the child, and for the approved provider, nominated supervisor or an educator to seek — (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and;  (ii) transportation of the child by an ambulance service;		
Parent Signature: _____ Date: _____		
Does your child suffer from any of the following;	Yes	NO
Asthma		
Allergies/Anaphylaxis		
Diabetes		
Food intolerance		
Diagnosed disability		
If YES to any of the above, an <b>Action Plan</b> from a medical practitioner, and a centre <b>Medical Management Plan</b> MUST be attached (ask management for plan template).		

**Tell us more about your child and your family**

Does your child have any cultural dietary restrictions, or particular food dislikes?
What cultural or religious events do your family celebrate?

• At Play to Learn, we acknowledge celebrations from various cultures and countries. Some of these include Easter, Halloween, Christmas, NAIDOC, St Patrick's Day, Chinese New Year...All individual family preferences regarding their own child's inclusion in these celebrations will be respected by the staff.

**Does your child have siblings? YES Number: NO**

**Describe your child's sleeping patterns/routine, comforters and bedding arrangement.**

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**Is your child using the toilet or wearing nappies? Toilet Nappies Started Toilet Training**

- Staff will support families with the transition from nappies to toileting, and will provide individualized, hygienic care for every child.

**What would you like us to know about your child?**

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**Family participation is highly regarded at Play To Learn.  
Please give details below of any family members available to contribute to activities at the centre (cooking, sewing, playing, craft, reading, playing musical instruments, diverse languages etc).**

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**Please give details of how you heard about Play to Learn?**

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This page must be **completed in full** and signed at the bottom.

<b><i>I/We give permission for my child to;</i></b>	<b>YES</b>	<b>NO</b>
Have SPF30+ sunscreen applied (If not, please provide a letter releasing the centre of any liability)		
Have band aids applied when necessary		
Have nappy cream applied (provided by parents)		
Parent consent to the medical treatment of the child, and for the approved provider, nominated supervisor or an educator to seek — (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and;  (ii) transportation of the child by an ambulance service;		
<b><i>I/We give permission for my child's;</i></b>		
Photograph to be displayed at the centre		
Photograph to be displayed on the centre website		
Photograph to be displayed on the centre social media pages		
Photograph to be displayed in other children's Story Park posts		
Video footage to be displayed at on Story Park		
Video footage to be displayed on the centre website		
Video footage to be displayed on the centre social media pages		
First name to appear in other children's Story Park posts		
First name and photograph to be used in observations taken by students undertaking practical experience at the centre		

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_

## Enrolment Contract

*\*It is a requirement that this agreement is made between Management and Parents before the child commences at the centre.*

I/We:

1. Have read the parent handbook and am aware that I will be notified by Story Park of any changes made to this document.
2. Understand that the person listed as Parent 1 is only authorised to alter or cancel the child's enrolment.
3. Agree to abide by the centre policies and am aware that this document is readily available in the centre foyer.
4. Are aware that in the case of a non-urgent accident, injury or illness, the centre staff will attempt to contact me/us first, then emergency contacts listed on this form. If unsuccessful, an ambulance or medical service may be accessed by the centre to treat the child and that I/we will incur any costs involved.
5. As per previous signed authorisation, I understand in the case of an emergency an ambulance will be called to treat my child and I will be responsible for any financial costs.
6. Understand that exclusions for illnesses will be enforced as per centre policy.
7. Are aware that Management have the right to exclude an ill child with a 'clearance certificate' at their discretion.
8. Understand that Management may request developmental, speech and/or hearing assessments to be carried out by specialist services or medical practitioners.
9. Understand it is my/our responsibility to keep the centre informed about my/our child's health, including providing up to date immunisation schedules issued by Medicare / Family Assistance Office.
10. Are aware that students training to work in the Early Childhood Industry may undertake practical experience at the centre. Students and other visitors will be fully supervised by centre staff at all times.
11. Agree to pay the weekly fee on Mondays via the Direct Debit provider used by the service.
12. Fees must be paid either weekly or fortnightly on Mondays only via direct debit.
13. Agree to have sufficient funds available on the nominated day fees are deducted from my/our nominated bank account or credit card. I/we understand that dishonour fees incurred by the centre due to insufficient funds being in my/our account will be passed on to me/us.
14. Understand that fees must remain paid two weeks in advance. Failure to pay fees for two consecutive weeks may result in cancellation of care and the account being referred to a Debt Collection Agency.
15. Are aware that fees will be charged for; Public Holidays that fall on usual days of attendance, sick days, family holidays (including the Christmas and end of year period) and any other absences that occur on usual days of attendance.
16. Understand that changes to bookings including cancellation of care must be given in writing two weeks in advance as per centre policy.
17. Understand that failure to give this notice, and failure for my/our child to attend during this period will result in the full fee being charged.
18. Are aware that the centre upholds a late collection policy and understand I/we will incur additional fees for all collections passed 6pm.
19. Understand that the centre is staffed based on the drop off and pick up times indicated by parents on children's enrolment forms. I/we understand that I/we are obliged to adhere to the time I/we indicate on this form to prevent the centre being in breach of staff to child ratio requirements.
20. Are aware that the centre has a re-enrolment process at the end of each calendar year, including new enrolment deposits taken, and that my child's booking does not automatically continue.
21. Are aware that it is my/our responsibility to liaise with Centrelink/Family Assistance Office and meet their requirements to receive Child Care Subsidy. Failure to do so may result in the full fee being charged.
22. Are aware that it is my/our responsibility to inform the centre of any changes to Child Care Subsidy received so that adjustments to Direct Debit payments can be made accordingly.
23. Understand that failure to inform the centre of Child Care Subsidy changes may result in fees becoming behind, jeopardising the continuation of my/our child's enrolment.



24. Are aware that the centre must adhere to the Priority of Access Guidelines set out by the government and I/we may be required to alter or give up days of care for higher priority children. As per the guidelines, 14 day's notice will be given by Management
25. Are aware of the social media policy and will adhere to this by not 'friending' staff on any social media platform.
26. Are aware that the Confirmation of Childcare Agreement form is a requirement and must be signed upon enrolment, and every six months thereafter.
27. Are aware all fees are only payable via direct debit, and must always be two weeks advance if paying weekly, or four weeks in advance if paying fortnightly.
28. One week's full fees are to be paid as a bond upon enrolment.
29. All Fees must be paid via direct debit on a Monday either weekly or fortnightly only.
30. Are aware that there are surveillance cameras on site in the centre, to protect all stakeholders.
31. Are aware that all child's developmental observations and records are posted on Story Park, and it is the responsibility of the parent/guardian to save these if they wish.
32. Are aware that all centre notifications and information is sent via Story Park
33. No parent/guardian is permitted to screen shot/repost or share photos that contain any other child/ren from the centre on any social media platform.

**Priorities:**

First Priority: a child at risk of serious abuse or neglect

Second Priority: a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999'

Third Priority: any other child.

Within these main categories' priority should also be given to the following children:

- children in Aboriginal and Torres Strait Islander families
- children in families which include a disabled person
- children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$42,997 for 2014-2015, or who or whose partner are on income support
- children in families from a non-English speaking background
- children in socially isolated families
- children of single parents.

Australian Government Department of Education and Communities

**I/we have read, understand and agree to abide by the conditions of this contract.**

**Parent 1**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent 2**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Management Representative**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_