

BUZY BEE KINDY

100-102 Merlin St. The Oaks

Ph: 4657 1943 Fax: 46572250

CRN: 406 980 426L

## Enrolment Form

Parent One

Parent Two/other

CRN.....

CRN.....

Title/First name.....

.....

Last name.....

.....

Home address.....

.....

.....

.....

Home phone.....

.....

Mobile.....

.....

Ethnicity.....

.....

Language spoken.....

.....

Marital Status.....

.....

Date of birth.....

.....

Drivers licence No.....

.....

Occupation.....

.....

Work name/address.....

.....

.....

.....

Work phone.....

.....

Email address.....

.....

Other children living at home, name and age.....

.....

## Child's Enrolment Form

Given names..... Last name..... CRN.....

Other names your child is known as..... Sex: M / F

Address.....

Date of birth..... Place of birth.....

Language spoken at home..... Religion.....

Court orders, sighted & signed by JP (if any)..... Copy on file.....

Commencement date..... Holding fee.....

### Days attending (please circle)

Monday      Tuesday      Wednesday      Thursday      Friday

Arrival time..... Departure time.....

### SCHOOL AGE CHILDREN

School attending.....

Monday am / pm    Tuesday am / pm    Wednesday am / pm    Thursday am / pm    Friday am / pm

Casual days required Y / N

I agree to my child/ren being walked or driven in our centre bus/car by a licensed staff member to and from school including during vacation care/outing.

Signature.....

### Advertising

I agree to my child/ren being photographed and video taped for the purpose of displaying within the centre and such photographs may appear in other children's portfolios. A separate parental consent will be required if any of these photos/videos are used for advertising purposes.

Signature.....

### Medical Information

Family Doctor..... Family Dentist.....

Address.....

Phone.....

Medicare No.....

**Health**

Has your child been immunized? Yes/No                      Must have evidence e.g. (blue book)

Does your child have allergic reactions e.g. food, medicine, grass, bandaids, bees, face paint etc.....  
.....

Any behaviour difficulties we should know about?

Regularly visit a specialist e.g. speech, etc.....

Any special medical condition.....

Take any regular medication.....

Child's present health status.....

**General Needs**

Does your child participate in festivals/celebrations? Yes/No

If no please provide information.....

Are there any words we need to know in any language to help make your child's day smoother?

.....

Does your child have any special comforter/settling techniques?.....

.....

Fears e.g. mowers, thunder etc.....

Sleep routines.....

Toileting/nappy changing.....

Interests and abilities.....

Special dietary needs e.g. vegetarian, religious beliefs etc.....

Any foods likes/dislikes.....

Any other special/additional needs.....

In the event of an emergency, illness or accident concerning my child and the staff being unable to contact me or authorized persons, I consent to the centre seeking on my behalf medical, hospital, ambulance land/or dental attention for my child land accept liability for any expenses as may be incurred.

Signature.....

**Emergency Contacts (do not include parents names)**

Please list persons authorized to collect your child/ren from the centre, (note: must be over 18 years). These persons are also to be contacted in the event of an emergency.

Your child/ren will not be released into the care of any person whose names do not appear on this form (unless prior arrangements are made between family and director). Persons noted on this form who are collecting your child from our service for the first time will be asked to produce their driver's licence for verification purposes.

Contact 1	Contact 2	Contact 3
First name.....	.....	.....
Surname.....	.....	.....
Address.....	.....	.....
.....	.....	.....
Home phone.....	.....	.....
Mobile.....	.....	.....
Relationship to child.....	.....	.....

I authorize the staff of this centre to release my child to the authorized persons above. I also understand that these people will also be used for emergency contact.

Signature.....

**Panadol Authorisation**

I.....state that my child has had Panadol on previous occasions and has not suffered any type of reaction. In the event that my child suffers a fever of 37.5 degrees or higher, and I nor my emergency contacts cannot be contacted, then I give my permission for the staff to administer panadol according to the dosage recommended on the package.

Signature.....

**I have had the following explained and my questions answered**

- |                                     |                           |                             |
|-------------------------------------|---------------------------|-----------------------------|
| Parent Handbook Y / N               | Centre's Philosophy Y / N | Child Care Assistance Y / N |
| Sign in/out Procedure Y / N         | Grievance Procedure Y / N | Payment Procedure Y / N     |
| Collection of Children Policy Y / N | Absences Policy Y / N     |                             |
| Immunisation/Exclusion Policy Y / N |                           |                             |

Parents signature.....

Date.....

# EVALUATION OF THE ORIENTATION PROCESS

- Check available position for the child’s age group and preferred days.
- Provide information on the centre, policies and operation.
- Give the “Parent Handbook”, Orientation letter, enrolment form along with any other documentation and address any questions.
- Explain the enrolment procedure e.g. deposit to hold the position, centre’s philosophy, grievance procedure, methods of communication, immunization records and centrelink benefits.
- Talk about the child’s interests and needs. Ask about home routine, cultural requirements allergies sleeping/eating patterns, security items etc.
- Take family on a tour around the centre and introduce new family to staff, children and other families, to the child’s teacher and talk about daily routines.
- Explain the open door policy and invite parents to stay a while on the first day and feel free to contact us any time of the day.
- Talk about programming and daily communication diary.
- Talk about the nutritional meals that are prepared daily. Explain culturally appropriate foods.
- Talk about the orientation procedure encourage parent to stay with child throughout the settling process, adjusting the orientation procedure to meet individual needs.

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## Parent Evaluation

Parent/guardian’s name.....Child’s name.....

Did the orientation process cover all the essential areas above?

Were you satisfied with the quality service during your orientation process by management and staff?

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Additional Comments.....

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.....

**Thank you for choosing Buzy Bee Kindy, we warmly welcome you and your family and look forward to a positive and fulfilling relationship with you and your child.**

## Fees/Withdrawal/Change of Days

I/we.....agree to abide by the centre's policy and understand that fees are to be paid for all days my child is absent, public holidays or sick days and that if fees fall behind my child's place at the centre may be in jeopardy. I also understand that there is a two (2) week notice period which applies, if I decide to withdraw my child from care or reducing my child's attendance days. This must be written and forwarded to the office.

Parent 1 signature..... Date.....

Parent 2 signature..... Date.....

## Terms of Payment

1. The granting of credit to you shall be at the absolute discretion of Buzy Bee Kindy and all accounts MUST be paid within SEVEN days of date of issue.
2. If you fail to make payment in accordance with clause1 above, Buzy Bee Kindy shall be entitled to:-
  - i. Require the payment of cash on a daily basis of child's attendance for all childcare series provided until all outstanding accounts are finalized.
  - ii. Claim from you all costs relating to any action taken by Buzy Bee Kindy to recover monies from you, including any mercantile agents costs and legal costs and disbursements on a solicitor client basis
  - iii. Cease providing any further childcare services and to terminate any agreement in relation to the provision of child care services.

By signing these Terms of Payment I/We acknowledge that I/we have read and understood Terms of Payment and their nature and effect and agree to be bound by such Terms.

Parent 1 signature.....

Parent 2 signature.....

Date.....

Date.....

