

BUZY BEE KINDY
100-102 Merlin Street, The Oaks
Phone: 4657 1943, Fax: 4657 2250, Email: buzybeekindy@yahoo.com.au
ABN : 50750445156

Enrolment Form

Parent/Guardian One

Parent/Guardian Two

CRN.....

CRN.....

Surname.....

.....

Given 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

Surname.....Given Name.....CRN.....

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

Address.....

Date of Birth..... Place of Birth.....

Language Spoken at Home.....Religion.....

Is there a court order in place or parenting orders in regards to an enrolled child? Yes / No
If yes please attach copy for our file.

Commencement date.....Holding Bond.....

Priority of Access:

1st Priority: A child at risk of serious abuse or neglect

2nd Priority: A child of a single parent who satisfies, or parents who both satisfy the work/training/study test under section 14 of the Family Assistance Act.

3rd Priority: Any other child

Days Required (please circle)

Monday Tuesday Wednesday Thursday Friday

We open from 6.30am to 6.30pm

Photo Permission

I agree to my child/ren being photographed and videotaped for the purpose of displaying within 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.....

Regular Outing

I consent for my child to attend regular outings with the educators in the local community for relevant experiences. I understand that further details will be provided when such events are planned.

Signature.....

SCHOOL AGE CHILDREN

School Attending.....

Days Required (please circle)

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

Casual days may required, Yes No (Subject to availability)

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

Signature.....

Emergency Contacts (do not include parents names)

Please list persons authorized to collect your child/ren from the centre. Persons must be 18 years and over. 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 drivers licence for verification purposes.

Contact 1	Contact 2	Contact 3
Surname.....
First name.....
Address.....
.....
Home Phone.....
Mobile.....
Work Phone.....
Relationship to Child.....

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

Signature.....

Medical Information

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

Address.....

Phone.....

Medicare No.....

Health

Has your child been immunised? Yes / No

Is your child up to date with his/her immunisation schedule for their age? Yes / No

Please provide a copy of your child’s immunisation status

Received: Yes / No

Please provide copy of your child’s birth certificate

Received: Yes / No

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

Is your child at risk of anaphylaxis? Yes / No

Does your child have any specific healthcare needs including any medical condition? Yes/No

.....

Does your child take any regular medication? Yes / No

If yes a current Medical Management Plan, Anaphylaxis Plan or Minimisation Plan must be provided. (Please ask for a copy of our Health Management Plan).

Child’s present health status.....

Any behaviour difficulties we should know about?.....

Does your child visit a specialist e.g. speech etc?.....

In the case of an anaphylaxis or asthma emergency I understand medication may be administered to my child without my authorisation and the centre will contact emergency services and myself as soon as possible.

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 38 degrees or higher, and I nor my emergency contacts cannot be contacted, then I give permission for the staff to administer panadol according to the dosage recommended on the package.

Signature.....

In the event of an emergency, illness or accident concerning my child and the centre being unable to contact me or authorized persons, I consent the Approved Provider, Nominated Supervisor or educator to seek on my behalf medical treatment, hospital, ambulance transportation and/or dental attention for my child and accept liability for any expenses medical, dental, hospital and ambulance as may be incurred.

Signature.....

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. thunder etc.....

Sleep routines.....

Toileting/nappy changing.....

Interests and abilities.....

Any special considerations of your child such as special dietary requirement, religious or cultural beliefs?.....

Any foods likes/dislikes.....

Any other special/additional needs.....

I have had the following explained and my questions answered

Parent Handbook Yes / No

Child Care Assistance Yes / No

Sign in / out Procedure Yes / No

Grievance Procedure Yes / No

Collection of Children Policy Yes / No

Absences Policy Yes / No

Immunisation/Exclusion Policy Yes / No

Payment Procedure Yes / No

Centre's Philosophy Yes / No

FEES as from Monday 2nd of July 2018

0 to 3 years : \$92.00 per Day

Preschool : \$82.00 per Day

Before School Care : \$24.00 per day

After School Care : \$26.00 per day

Vacation Care : \$82.00 per day

I confirm:

- . That my details in the enrolment form, as well as the details of the child I am enrolling are correct
- . I have agreed to days of care within the service and understand the start and end times of these sessions of care
- . That care may be provided on a casual basis where available at my service at my request
- . I understand that I am liable to pay fees, for the care of my child as indicated above and if applicable, in other information the service has given me (such as a fees schedule or parent handbook) which are subject to change over time, based on advice from the provider and acceptance by me.

Parent/guardian signature.....

Date.....

