



## ENROLMENT FORM

### Child's Details

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Aboriginal or Torres Strait Islander: Yes No  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Gender: (please circle) Male Female Home Phone: \_\_\_\_\_  
Street: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Post Code \_\_\_\_\_  
Religion: \_\_\_\_\_

Please provide any information (if any) concerning the child's religion and cultural background: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

**Birth Certificate:** Please supply your child's original Birth Certificate or a certified copy.

**Court Orders/Parenting Orders/Parenting Plans:**

Are there any court orders affecting the custody, residence of or access to the child? Yes No  
If Yes, please supply details and copy of the court order. Please attach

### Parent/Carer One

Title: Miss Mrs Ms Mr Other: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Signature: \_\_\_\_\_  
Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Street: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Post Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Are you currently: Working Seeking Work Unemployed Studying Maternity/Parental Leave

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Hours \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status:

Single Married Separated Divorced Widowed De Facto

**Parent/Carer Two**

Title: Miss Mrs Ms Mr Other:\_\_\_\_\_

Relationship to Child:\_\_\_\_\_ Signature:\_\_\_\_\_

Family Name:\_\_\_\_\_ Given Names:\_\_\_\_\_

Date of Birth:\_\_\_\_\_ Nationality:\_\_\_\_\_

Street:\_\_\_\_\_

Suburb:\_\_\_\_\_ Post Code\_\_\_\_\_

Home Phone:\_\_\_\_\_ Mobile Phone:\_\_\_\_\_

Email Address:\_\_\_\_\_

Are you currently: Working Seeking Work Unemployed Studying Maternity/Parental Leave

Employer:\_\_\_\_\_ Work Phone:\_\_\_\_\_

Work Hours\_\_\_\_\_ Occupation:\_\_\_\_\_

Marital Status:

Single Married Seperated Divorced Widowed De Facto

**Siblings**

Are there any other children/siblings in the family? Yes No

Name:\_\_\_\_\_ Age:\_\_\_\_\_ Name:\_\_\_\_\_ Age:\_\_\_\_\_

Name:\_\_\_\_\_ Age:\_\_\_\_\_ Name:\_\_\_\_\_ Age:\_\_\_\_\_

Name:\_\_\_\_\_ Age:\_\_\_\_\_ Name:\_\_\_\_\_ Age:\_\_\_\_\_

**CCB & CCMS Information**

To ensure you are linked through the Child Care Management System (CCMS) and have Child Care Benefits (CCB) applied to your child care fees, you need to complete the section below. Please ensure that the birth dtae of both the parent and child is correct. We do require the CRN number for both child and parent. These numbers are unique to each person.

Please copy the exact information as printed on your CCB Letter from Centrelink

**Parent/Carer**

Family Name:\_\_\_\_\_ Given Names:\_\_\_\_\_

Date of Birth:\_\_\_\_\_ CRN Number:\_\_\_\_\_

**Child**

Family Name:\_\_\_\_\_ Given Names:\_\_\_\_\_

Date of Birth:\_\_\_\_\_ CRN Number:\_\_\_\_\_

Has the child attended another child care centre this financial year? Yes No

Is the child attending multiple child care centre? Yes No

If yes please specify the hours attending another centre:\_\_\_\_\_

Other Children in Care for Multiple Child CCB Percentage:

Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Hours in Care:\_\_\_\_\_

Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Hours in Care:\_\_\_\_\_

Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Hours in Care:\_\_\_\_\_

Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Hours in Care:\_\_\_\_\_

K 4 Kindy Pty Ltd 98 164 574 823

(02) 9999 1150

www.bardoroadkindy.com.au

### Fees

Fees are \$80.00 per day, I/We agree to pay all monies owing in accordance with the "Conditions of Enrolment" (No.5, 6, 7).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Notice of Withdrawal

I/We agree to give four weeks notice of withdrawing my child or to pay four weeks full fees in lieu of notice

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Medical Details

#### Immunisations (please provide copy of proof of immunisation)

Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Is your child covered under the private health fund? Yes No

Preferred Hospital in an Emergency: \_\_\_\_\_

#### Family Doctor

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code \_\_\_\_\_

#### Family Dentist

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code \_\_\_\_\_

Does your child have any disabilities, food sensitivities or preferences we should know about? Yes No

If yes, please give details: \_\_\_\_\_

Does your child have asthma? Yes No \_\_\_\_\_

Does your child have any allergies? Yes No \_\_\_\_\_

If yes, has your child been diagnosed as at risk or anaphylaxis? Yes No

If yes, please ask staff for an Asthma Action Plan and or Allergic Reactions Action Plan to be completed by your Doctor and/or an up to date copy of the Anaphylaxis Plan

Has your child had any of the following?

Yes	No	Measles	Yes	No	Ear Infection
Yes	No	Mumps	Yes	No	Throat Infection
Yes	No	German Measles	Yes	No	Hepatitis
Yes	No	Chicken Pox			
Yes	No	Febrile Convulsion (If yes, please see staff for Medical Action Plan)			

### Emergency Information

Using the space provided below - list people over the age of eighteen (excluding child's parents/carers) authorised to collect the child and/or if we cannot find you in an emergency. These people must bring photo ID with them when collecting

Name (first name and family name)		Daily Pick Up	YES / NO
Relationship to child		Emergency release	YES / NO
Home Phone			
Work Phone		Authorize medications	YES / NO
Mobile Phone			
Home Address			

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Relationship to child		Emergency release	YES / NO
Home Phone			
Work Phone		Authorize medications	YES / NO
Mobile Phone			
Home Address			

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Mobile Phone			
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Relationship to child		Emergency release	YES / NO
Home Phone			
Work Phone		Authorize medications	YES / NO
Mobile Phone			
Home Address			

## AGREEMENTS / AUTHORISATIONS

CHILD'S NAME:	PARENT/CARER NAME:
<b>1. EMERGENCY OR ACCIDENTS</b> - In an Emergency, illness or accident concerning my child, I/We give permission for Bardo Road Kindergarten staff to call and ambulance, to be treated at the kindy or taken to hospital for medical or dental treatment. I/We agree to pay any expenses incurred for Medical treatment and transport. In any such event, staff at Bardo Road Kindergarten will make every effort to contact parents or one of Emergency Contacts.	
SIGNATURE: _	DATE:
<b>2. ILLNESS / INFECTIOUS DISEASE CLEARANCE</b> - I/We understand that your child will be excluded from the Centre if they contract a contagious disease or condition or is too ill to attend kindy. I/We understand that this decision will be final and my child will be collected from kindy. I/We understand that my child will need a medical certificate to return back to Kindy.	
SIGNATURE: _	DATE:
<b>3. TEMPERATURE</b> - In the event that my child is suffering a high temp (37.5 or ABOVE), You will be contacted and expected to collect your child from Bardo Road Kindy.	
SIGNATURE: _	DATE:
<b>4. SUN PROTECTION</b> - I/We give permission for to apply SPF 30+ Broad Spectrum Suncream to areas on my child. I/We agree to apply Suncream to my child on arrival to Bardo Road Kindergarten.	
SIGNATURE: _	DATE:
<b>5. PAYMENT OF FEES</b> - I/We agree to maintain the payment of my Fees at least TWO (2) weeks in advance and that normal fees are payable at all times including any child absences due to holidays, illness or for any other reason. I/We understand that if fees are not maintained, my child will be terminated from Bardo Road Kindergarten.	
SIGNATURE: _	DATE:
<b>6. PUBLIC HOLIDAYS</b> - I/We understand that full fees are paid if a public holiday falls on a day my child attends Bardo Road Kindergarten. This excludes Christmas and New Years Day when the centre is closed for 4 weeks.	
SIGNATURE: _	DATE:
<b>7. BANK FEES</b> - I/We agree to pay any bank fees incurred to the centre where my payment may be rejected due to issues caused by my bank (ie Rejected Cheque)	
SIGNATURE: _	DATE:
<b>8. EVACUATION</b> - I/We give permission for Bardo Road Kindergarten Staff to remove your child from the premises in case of an emergency (such as a fire) and relocate them to a safe location. I/We give permission for my child to participate in emergency evacuation drills.	
SIGNATURE: _	DATE:

**9. FIRST AID** - I/We give permission for the staff at Bardo Road Kindergarten to administer bandaids, Savlon required for first aid, and Soov Calamine Lotion for any insect bites. Please make sure staff are aware of any allergies from any of these creams or from bandaids.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**10 - MEDICATION** - I/We agree to abide by the Medication Policy and when my child is taking prescribed medication, I/We will provide the kindy with the original container, with the child's name, dosage and administration times. I/We physically hand the medication to the staff. I/We will complete a medication form each time a new medicine needs to be administered.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**11 - OBSERVATIONS** - I/We give permission for my child to be observed for Staff, student or visitor purposes. Students and Visitors will be from Accredited training programs (such as Tafe and University) and will work in conjunction with your child's teacher. I/We give consent to the Department of Education and Communities, and other Authorised persons to have access to my child's records as needed.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**12 - WITHDRAWAL OF CARE** - I/We agree to give 4 weeks written notice when cancelling an enrolment. I/We agree to give 8 weeks notice or pay full fees to the end of the year should I wish to withdraw my child in November or December.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**13 - PHOTOGRAPHY** - I/We agree to have our Child photographed during activity and routines for the purpose to display around the centre, internal and external (for Web page) and for the QIP. Please note under no circumstance will ANY photos of your child be put on Social Media (Facebook, Instagram, Twitter ect). I/We agree that my child's photo may appear in another child's portfolio.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**14 - PHOTOGRAPHY 2** - I/We agree that any photos I take at kindy of my child, WILL NOT be placed on Social Media (Facebook, Instagram, Twitter ect). I will respect other people children by abiding to this policy.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**15 - ATTENDANCE / SIGN IN/OUT** - I/We ensure that my child will be sign in and out of the kindy on every attending day. I/We agree to contact Kindy in the event that my child will not be attending kindy for the purposes of CCB/CCR.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**16 - ARRIVAL AND DEPARTURE** - I/We will ensure that my child is/are accompanied to and from the kindy by a Adult Person over the age of 18 years old. This is a legal requirement for the DECS. I/We will ensure that should any other person be collecting my child, I/We will contact kindy to inform them of any changes.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**17 - PARENTS HANDBOOK** - I/We acknowledge that I/We have received and read a copy of the Parents Handbook. (Electronic on Website, or Hard Copy)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**18 - POLICY BOOK** - I/We understand that the centre policies are available in the office and is accessible at all times for me to view. Bardo Road Kindergarten Policies are reviewed throughtout the year with parent feedback.

SIGNATURE:

DATE:

**BY SIGNING THIS FORM I/WE DECLARE AND CONFIRM THAT I/WE READ ALL THE CONDITIONS OF ENROLMENT AND COMPLY WITH ALL POLICIES AND PROCEDURES DETAILED IN THIS ENROLMENT FORM INCLUDING ITEMS 1-18 ABOVE. I/WE ARE LAWFULLY AUTHORISED IN RELATION TO THE CHILD IN THIS ENROLMENT FORM AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT.**

Name Parent/Carer One \_\_\_\_\_

Signature Parent/Carer One \_\_\_\_\_ Date \_\_\_\_\_

Name Parent/Carer Two \_\_\_\_\_

Signature Parent/Carer Two \_\_\_\_\_ Date \_\_\_\_\_

This information will help us to get to know your child, his/hers individual needs, preferences and routines so that we can make your child's kindy experience one to remember.

Childs Name:

Date of Birth:

Eating (Allergies, dislikes, likes ect):

Sleeping (general day sleep time and length):

Toileting (Is your child toilet trained, need reminding, independant):

Daily Activities (a general overview of your child's day):

Likes:

Dislikes:

Interests:

Fears:



Habits:

Other Information Bardo Road Kindergarten should be aware of about your child:  
(Behaviours, development stage, comforters, Dummies, toys)

Events at home often influence your child's behavior. Staff are better able to help your child when you inform us of situations and/or events that might influence his/her overall behavior such as:

- Divorce
- Separation from a relative or friend
- Death of a relative or friend

Knowing about these transitional times allows us to give special attention, understanding, and care. The information you give me will remain confidential. Has anything happened recently in your child's life that might have an effect on her/him?

Please share with us your child's play preferences, likes, play type (with others, next to others or alone), Is your child a leader or follower, Can your child share?

