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| --- |
| **Enrolment Form** |

**Child’s Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name: |  | Given Name: |  | | |
| Other Former Names |  | Sex: | Male / Female | Religion |  |
| Date of Birth: |  | Place of Birth: |  | | |
| Nationality/  Ethnicity: |  | Languages Spoken: |  | | |
| Address: |  | | | | |
| Child’s CRN Number: | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Are there any court orders? | | * Yes | * No |
|  | |  |  |
| Details: |  | |  | |
|  |  | |  | |

Please provide a copy of any Court Orders to the centre.

**Days of Attendance**

Date to start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick days of attendance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

**Health**

|  |  |  |
| --- | --- | --- |
| Has your child been immunised? | * Yes | * No |

|  |  |  |
| --- | --- | --- |
| Are your child’s immunisations up to date? | * Yes | * No |

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor’s Name: |  | Dentist’s Name: |  |
| Address: |  | Address: |  |
| Phone Number: |  | Phone Number: |  |

**Eating**

Does your child have any special dietary needs? E.g. vegetarian, religious beliefs, allergies etc:

|  |  |  |
| --- | --- | --- |
|  | * Yes | * No |

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any food likes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dislikes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child?**

|  |  |  |
| --- | --- | --- |
| 1. Have allergic reactions? Eg food, medicine, grass etc | * Yes | * No |
| Details: | | |
| 1. Have any behavioural difficulties we should know about? | * Yes | * No |
| Details: | | |
| 1. Regularly visit a specialist? Eg Speech Therapist | * Yes | * No |
| Details: | | |
| 1. Have any special medical conditions? | * Yes | * No |
| Details: | | |
| 1. Take any regular medication? | * Yes | * No |
| Details: | | |
| 1. Have any religious/cultural practices that you may advise our service? | * Yes | * No |
| Details: | | |

**General Information**

|  |
| --- |
| Does your child have any special needs you would like to tell us about? |
|  |
| Names and ages of other children living at home |
|  |
| Names of other adults living at home |
|  |
| We welcome family participation in our program, are there any skills you would like to volunteer? E.g. sewing, reading stories etc |

**Parent Details**

|  |  |  |
| --- | --- | --- |
|  | **Parent 1** | **Parent 2** |
| First Name: |  |  |
| Last Name: |  |  |
| Relationship to the child: |  |  |
| Other/Former names; |  |  |
| Home Address: |  |  |
| Home Phone Number: |  |  |
| Mobile Phone Number: |  |  |
| Ethnicity: |  |  |
| Language Spoken: |  |  |
| Date of Birth: |  |  |
| Occupation: |  |  |
| Work Name |  |  |
| Work Address: |  |  |
| Work Phone Number: |  |  |
| Email Address: |  |  |
| Medicare Number: |  |  |
| Ambulance Fund Number: |  |  |
| Health Fund Number: |  |  |
| Family CRN Number: |  |  |

**Authority to collect and/or Emergency contacts: (do not include parent’s names)**

I authorise the staff to give the following people access to my child. At least 2 local contacts need to be supplied prior to your children commencing at the centre.

**CONTACTS MUST BE OVER THE AGE OF 18 YEARS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contact 1** | **Contact 2** | **Contact 3** |
| First Name: |  |  |  |
| Last Name: |  |  |  |
| Address: |  |  |  |
| Home Phone: |  |  |  |
| Work Phone: |  |  |  |
| Mobile Phone: |  |  |  |
| Relationship to child |  |  |  |
| Authority to collect? | Y/N | Y/N | Y/N |

The staff will not allow your child to go with adults unless their names are written on this form. All adults/contacts will be asked to produce photo ID at the time of collecting your child.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parents or emergency contacts cannot be reached I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorise staff members to:

* seek urgent medical, dental or hospital treatment or ambulance service and
* Carry out and seek appropriate medical, dental or hospital; treatment.

**Agreement**

Fees must be paid on due date and always be one week in advance on enrolment and that fees will be payable for public holidays, personal holidays and absences due to sickness. I agree to give two weeks’ notice of withdrawal.

Should my child’s temperature reach 38 degrees and other attempts to lower the temperature have been made, I give permission for the staff to administer Panadol / Nurofen at the recommended dose. If medication is given I understand that the medication form is to be signed before the child leaves the centre.

**From Privacy Disclosure Act 1988**

Debt recovery agent has the ability to blacklist; any debt recovery cost incurred will be passed on to the client. I have read and understood my obligations as a parent of the centre.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Holding Deposit**

A deposit MUST be paid prior to your child starting at FUN2LEARN. This money secures your child’s position until commencement at the centre. When your child leaves the centre, the holding deposit is allocated towards paying the last two weeks of full fees. Following is a guide to the amount of money that is required for your child’s holding deposit.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attendance** | **1 Day** | **2 Days** | **3 Days** | **4 Days** | **5 Days** |
| Deposit 0-2 | $164 | $328 | $492 | $656 | $820 |
| Deposit 2-3 | $156 | $312 | $468 | $624 | $780 |
| Deposit 3-5 | $144 | $288 | $432 | $576 | $720 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Use Only** | |  | |
| Please tick items below that have been collected: | |  | |
| * Two week bond | | * Immunisation Report | |
| * One week fee in advance | | * Birth Certificate | |
| * Administration Fee $49 | | * Court ordered (if applicable) | |
| Care Plan has been collected which was devised by child’s doctor and supplied by the family, signed (if applicable) | | | |
| * Asthma | * Allergies | | * Anaphylaxis |
|  |  | |  |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | |  |

**Permissions and Conditions of Enrolment**

Please Initial

|  |  |
| --- | --- |
| I agree to maintain the payment of my fees. I understand that should my fees by in arrears for any length of time, my child’s enrolment may be jeopardised. |  |
| I agree to abide by Fun2Learn policies and procedures that are out into practice. |  |
| I agree to pay fees for absences such as illness, holidays and public holidays. |  |
| I agree to give two weeks’ notice to change current days of attendance or to withdraw my child from Fun2Learn and I understand   * That if my child is absent on commencement day and any day after until he or she attend care for the first time will not receive CCB reduction and therefore will be charged an administration charge for cost in lieu of care will be charged at full fees for those absent days. * That if my child attends any days within the last two weeks of care then any absentee before the last day attended will receive CCB reduction and any days after will not. Therefore an administration charge for cost in lieu of care will be charged to any remaining days at full fees. * Without providing two weeks’ notice I understand that my bond will not be refunded. |  |
| I agree to ensure that my child will be drop off and collected from the centre by a responsible adult that will sign my child in and out. |  |
| I agree to abide by the Medication Policy and always provide prescribed medicine in its original container, with all correct details on the label. I agree to complete a medication form for my child and always hand the medication and form to a staff member. |  |
| I agree to keep my child at home if he/she is unwell. In some cases I understand that my child may be excluded from child care for a minimum of 24 hours, unless a medical certificate of clearance is provided. |  |
| I agree to inform the centre of any changes to my family situation and changes to the persons collecting my child. |  |
| I understand a late fee of $25 for the first minute and $2.00 for every minute thereafter for each child, if late collection of my child occurs. |  |
| I understand that staff at Fun2Learn will take every precaution to ensure the safety of my child. I give permission for staff to administer first aid if necessary. |  |
| I give permission for my child to be photographed for observations and portfolio use. |  |
| In an emergency situation, I give permission for the centre to call an ambulance for my child (at family’s cost) and seek and carry out the appropriate emergency medical / dental treatment for my child. |  |
| I give permission for the administration of the age appropriate dose of Panadol/Nurofen if my child’s temperature is 37.5 degrees or higher, if I am not contactable and unable to collect my child within 30minutes. |  |

|  |  |
| --- | --- |
| I give permission for my child’s photographs to be used for advertisement purposes relating to Fun2Learn Early Learning Centre in the below areas   * Fun2Learn Websites * Fun2Learn flyers and brochures |  |
| I give permission for my child to have sunscreen applied at Fun2Learn. |  |
| I give permission for my child to have their face painted whilst at Fun2Learn. |  |
| I give permission for my child to take part in cooking experiences at Fun2Learn. |  |
| I give permission for my child’s Allergy Action Plan to be placed on the Allergy Board in the child’s room and Kitchen wall. |  |
| I understand that all fees are to be paid one week in advance at all times |  |
| I understand that the refund of any bonds paid to Fun2Learn at the time of enrolment, will take up to four weeks from the child’s last day of care to be refunded into my account. |  |
| I understand that if I cancel my child’s enrolment giving at least two week’s notice prior to the start date that I will be charged a Future Cancellation Fee of $20 per day booked. |  |
| I understand that the $49 administration fee is non refundable. |  |
| I understand that if I do not give at least two week’s notice to cancel my child’s position prior to the start date that the bond will be forfeited. |  |

**Emergency Treatment Authorisation**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give permission for Fun2Learn staff to seek urgent medical, dental or hospital treatment in the event that such action appears to be necessary because the child has been injured, or is ill, at the premises.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

I have read and signed all the Permissions and Conditions set out in this enrolment form.   
I certify that the information supplied is true and correct to the best of my knowledge.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**This enrolment form must be returned with all details completed, signed and all bonds must be paid before your child can commence at our centre.**