



Revesby Early Learning Centre

Enrolment Form

82-84 Victoria Street,
Revesby NSW 2212

Phone: 02 9785 4493

Email: revesbyelc@gmail.com

Open 50 weeks of the year

Child's Name: _____

Start date: _____

Family Information

Child's name		
CRN		
Date of Birth		
Gender		
Address	Postcode	
Nick name		
Language spoken at home other than English		

Parent's name		
CRN		
Date of birth		
Address	Postcode	
Marital status		
Occupation		
Cultural Background		
Email address		
Home	Mobile	Work

Parent's name		
CRN		
Date of birth		
Address	Postcode	
Marital status		
Occupation		
Cultural Background		
Email address		
Home	Mobile	Work

(To obtain a CRN please call the family assistance office on 13 61 50)

Attendance

Please select the preferred attendance pattern (*Minimum 2 day's attendance*)

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY

Court Orders

Are there any court orders affecting the custody of your child? Yes No

(A copy must be attached and the director must be notified if circumstances change)

Is there any person who is prohibited to see your child while in care? (If yes please provide the details below)

Person's full name	
Gender	

Does your child know this person? Yes No

Health

Family doctor _____ Phone _____

Address _____ Postcode _____

Medicare Number (emergency use only) _____

Private Health insurance funds _____

Private health insurance membership number _____

Does your child have a continuing medical condition? Yes No

Details _____

Does your child require regular medication? Yes No

Details _____

Has your child ever been hospitalised?

Yes

No

Details _____

Please provide all relevant documentation from your medical practitioner in regards to any ongoing medical conditions i.e. action plans etc.

Are your child's immunisations up to date?

Yes

No

Please provide the Director with your child's immunisation history statement.
Your child's immunisation records will be copied, kept on file and updated whenever necessary.

Has your child ever experienced any language or speech difficulties, physical problems or other health related difficulties?

Yes

No

Details _____

Emergency Contact details

Name	Address	Home	Work	Mobile

Relationship to the child: _____

Permitted to pick up your child? _____

Authorised to administer medication? _____

Consent to medical treatment? _____

Authorised to permit staff to take child outside of service premises? _____

Name	Address	Home	Work	Mobile

Relationship to the child: _____

Permitted to pick up your child? _____

Authorised to administer medication? _____

Consent to medical treatment? _____

Authorised to permit staff to take child outside of service premises? _____

In accordance with the state law any authorised person will be required to provide some proof of identification before they are permitted to leave with your child.

Staff will not allow anyone to collect your child unless it has been authorised in writing, and that person is over the age of 18. In the event of an emergency where it is not possible to comply with this policy, alternative arrangements to secure the safety and welfare of the child will be made before the child is permitted to leave the premises.

Routines

Toileting (please circle which is most applicable)

Is your child:

In nappies

Toilet training

Toilet trained

What words does your child use when asking to go to the toilet?

Sleeping

Does your child need a rest or sleep during the day? Yes No Sometimes

If yes, at what time and for how long? _____

Does your child require a nappy at sleep time? Yes No

Does your child require a Comforter at sleep time? Yes No

Details _____

Please note: Current information from NSW Health (centre for oral health) does not recommend bottle milk before bed. For this reason, the service does not encourage this as part of a child's routine during their time in care.

Religion/Cultural Background

What religious background do you practice/believe.? _____

What is your cultural background? _____

Do you have any religious/cultural requirement? _____

Dietary requirements

Does your child have any particular dietary requirements or restrictions?

i.e. medical, religious, vegetarian? Details _____	Yes	No
---	-----	----

Is your child allergic to any foods? Details _____	Yes	No
---	-----	----

Does your child feed himself/herself? Details _____	Yes	No
--	-----	----

Allergies

Does your child have any allergies? Details _____	Yes	No
--	-----	----

Explain the symptoms of the allergy? _____

General Needs

Does your child have any deep fears about anything particular? Yes No

Details _____

Are there any words that we need to know that have special meaning to your child?

Yes No

Details _____

Has your child previously attended other children's services? Yes No

Details _____

How would you describe your child's reaction to being with other children?

How would you describe your child's reaction to being left with other people?

What information do you consider important for us to discuss with you regularly?

Do you have any skills, talents, or hobbies you would like to contribute to our program?

Does your child have any additional needs? Yes No

If so, please detail:

Agreements

Fees

Fees are due either weekly or fortnightly via Ezi debit. Your payments must cover the fees accrued for this period. Failure to pay full fees will result in a late fee of \$2 per day until paid. Continued failure to pay fees, or default of fees upon termination of enrolment will result in the use of our debt collection agency. Any cost incurred by debt collection will be passed on to you on top of any late fees accrued.

Maintaining fees

I agree to abide by the centre's policy of paying fees promptly. I understand that if fees are two weeks over due I will be issued with an overdue notice and late payment fee. I understand that if fees are not paid soon thereafter my child's placement may be terminated.

Late Fees

Late collection of a child will incur a \$2/minute late fee. This is to compensate the staffs that stay behind for the supervision of your child. You are requested to call should you feel you may be late and remain contactable at all times in these situations. Alternatively, you may organise for an authorised person to collect your child.

Notice of withdrawal

As per Centre's policy, we require parents to provide 4 weeks written notice of withdrawal of any days of attendance. In the case that a family fails to give 4 weeks' notice to the service before withdrawal, the service has all rights to forfeit the Bond Money paid at the time of enrolment. The centre reserves the right to keep charging the family for the full 4 weeks from notice date. Any outstanding amount that has been accrued during this period will be passed on to debt collection unless paid on time. The notice period is only applicable during the time the centre is operational. Please note the notice period does not include 2 weeks break over Christmas.

Emergency action

Although every possible care will be taken with your child whilst at the centre, staff can in no way be held responsible for any accident that may occur. In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the family immediately. In an Emergency situations, an Ambulance will be called and transportation to emergency facilities will be done by Ambulance.

Administration of PARACETAMOL

In the event of a sudden high temperature staff will attempt to bring down a temperature by removing clothing, fanning and sponge bathing the child and encouraging small, frequent drinks of cool water. If this has not brought down the fever and it remains above 38°C it may be necessary to administer a dose of paracetamol.

I give permission for my child to be given paracetamol in the event of a sudden high temperature.

Policy and enrolment information

I have read the centre's Parent Handbook and agree to abide by policies listed. I am also aware that policies may be reviewed and changed periodically. I also acknowledge that I have read and understood the contents of the handbook and agree to abide by the conditions and policies at all times.

Observations and photographs

I agree to allow staff to observe and take photographs of my child for the purpose of documentation, programming and the daily journal.

First Aid

I give permission for the staff at Revesby Early Learning Centre to use the following products on my child in the event of an incident requiring the administration of first aid.

Savlon antiseptic cream
Stingose
Children's panadol 1-yrs.
Saline eye wash
Splinter forceps

Dettol antiseptic
Calamine lotion
Antiseptic cleansing wipes
Adhesive dressing strips

Holiday Break

At Revesby Early Learning Centre, we close for approximately 2 weeks each year over the Christmas and New Year period. Families are not charged for this 2-week break.

What to bring

A school bag containing:

- A hat (with a brim, not a cap),
- A change of clothes that is weather appropriate and clearly marked (two changes for children under 4),
- An adequate quantity of nappies/pull ups for the week (if applicable),
- Bed sheets or cot sheets to put on the portable beds,
- Sleeping comforts if required, and
- A drink bottle containing water (no juice or cordials please).

These should be given to staff or left in the designated areas.

All of the above items must be clearly marked with your child's name. Items will inevitably go missing however those which are marked will usually be returned.

I _____ have read and agree to all agreements above.

Signed..... Date...../...../.....

To complete the enrolment, we will require the following:

Child's immunisation history statement (*director to sight, copy and attach*)

Child's birth certificate or passport (*director to sight, copy and attach*)

Parents/guardians driver's license (*director to sight, copy and attach*)

Medicare card (*director to sight, copy and attach*)

Parent and child CRN's obtained from: Family Assistance Office 13 61 50

Bond:

\$500.00 bond (*refunded upon leaving with four weeks written notice and after account balance is at NIL*)

\$80.00 Administration charges (*non-refundable*)

You must provide a transaction receipt of this bond payment when you return this form.

\$20 per door tag (*refunded upon leaving with four weeks written notice and after account balance is at NIL*)

When your enrolment form is complete and you have read our Parent Handbook and collected the items listed above, please call our office to make an appointment with the Director who will process your enrolment and set up an orientation.

Revesby Early Learning Centre, BSB: 302-984, Account No: 0114352

Reference: *Your child's name*

Revesby Early Learning Centre

Transition process for the new families

Revesby Early Learning Centre offers 2 hours' orientation over 2 days, free of charge.

Parents are required to remain with their children during these times.

Your child is to do 2 half days (8 am – 12 pm) which will be charged as a whole day's fee, and then start full days in the centre. This is to make your child feel comfortable and secure in the environment.

Please advise us of your orientation dates below which will be conducted between 9:00 am and 10:30am.

1st one-hour orientation _____ 2nd one-hour orientation _____

1st half day: _____ 2nd half day: _____

The child will start on: _____ Classroom: _____


Parents are well explained and have agreed to the transition process.

Parents signature: _____ Date: _____

Witness name: _____ Signature: _____

Office use only

Entered in Qikkids	Bond paid	Admin fee paid	Key tag bond paid	Key tag number issued

Enrolment Checklist (National)		
National Regulations	Part 4.7 – 160, 161, 162.	
Nominated Supervisor's Name		Date:
Nominated Supervisor's Signature:		
All parts of the Enrolment Form completed and signed where necessary.		
All relevant information attached as required – court orders, parenting orders, parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, the child's residence or child's contacts with parents or other person.		
All relevant information provided as required – cultural, religious, dietary requirements or additional needs.		
All authorisations are noted and signed by parents in relation to – authority for medical treatment, dental		

treatment, administration of general first aid products and ambulance transportation.	
All declarations of consent for being an emergency contact person are signed by the Authorised Nominee.	
Relevant health information is included – medical practitioner or medical service, Medicare number, dental practitioner or service, healthcare needs including medical conditions, allergies, anaphylaxis or at risk of anaphylaxis.	
All relevant information attached as required – medical management plan, anaphylaxis medical management plan or risk minimisation plan, dietary restrictions and immunisation certificate (Or certificate that child on approved catch up schedule, is not fully immunized due to medical contra-indications or parents have conscientious objection)	
Parent Information Pack discussed including relevant service policies and procedures.	
Bond and Administration Fee paid in full.	
Parents 1 & 2 DOB and CRN provided.	
Child's DOB and CRN provided.	
Child's Birth Certificate or equivalent cited.	
All indemnity and permission notes signed.	
Authorisation signed for the service for child to participate in incursions.	
Sign in/out procedure explained.	
Tour of service and introduction to educators.	
Medication and Illness procedures explained.	
Guiding Children's Behaviour Policy explained and discussed. Parents have acknowledged in writing that their child's enrolment may be terminated if their child's behaviour threatens the safety, health and wellbeing of other children.	
Credit reference check permission form signed.	
Direct Debit form completed/method of payment for fees established.	