

Mt Gibraltar Pre-School Enrolment Form

Child's Full Name:			
Other names or former names:			
Child's Main Residential Address:			
Sex:	Date Of Birth:	Place of Birth	
Ethnic Identity: Cultural Background: Religion (optional):			
Languages Spoken by child			
Languages Spoken at home			
Child's Medicare No: Private Health Fund Name & No.			
Child's CRN (if claiming fee rebate)			
Name of Sibling:		DOB:	
Name of Siblings		DOB:	
Name of Siblings		DOB:	
Description of Family Circumstances:			
Days to Attend Confirmed/Yes	Monday ; Tuesday ; Wednesday ; Thursday ; Friday		
Start Date			

Are there any Court orders that affect the child's residence(s) of the child or access/contact with the child? No
Yes - please provide a certified copy to be placed in file

Mt Gibraltar Pre-School Enrolment Form

	Parent One	Parent Two
Full Name:		
Other or former names:		
Date of Birth:		
Residential Address:		
Email address:		
Driver's Licence No:		
Medicare No: Private Health Cover		
Languages Spoken		
Place of Employment:		
Business Address		
Telephone Home: Business: Mobile		
Any Special requirement/ practices regarding child- cultural, religion,		
Parent's CRN:		

It is the parent's responsibility to ensure that these records are kept up to date. Please advise all contacts that staff may need to confirm their identity via driver's licence or other means, prior to releasing your child - this is not meant to inconvenience them but is for your child's protection.

Mt Gibraltar Pre-School Enrolment Form

People to be contacted in case of emergency if a parent isn't available

	Contact One	Contact Two
Full Name		
Other or former Names		
Residential Address		
Telephone Home Business: Mobile:		
Relation to child		
Driver's Licence No:		
Can collect child at other times		

People Authorised to collect child at any time

	Contact One	Contact Two
Full Name		
Other or former Names		
Residential Address		
Telephone Home Business:		
Relation to child		
Driver's Licence No:		

Mt Gibraltar Pre-School Enrolment Form

Health Information

Has your child ever been under the care of a specialist?		
Does your child have any pre existing illnesses/		
Does your child have or need a “medical plan of action”, please ensure that it is provided prior to starting.		
Please Note: For any medication that your child needs to take at the pre-school either a routine medication (for ongoing medication) or short term medication, an individual medication form will need to be completed.		
<p>Has your child been immunised ? Yes/No Please provide immunisation Certificate from your doctor or Immunisation History statement from Australian Childhood Immunisation Register 1800 653 809, or if your child is not immunised you will need to complete exemption form e.g Medical Contraindication or Conscientious Objection (If applicable)</p> <p>Certificate Attached: Yes / No Medical Exemption form: Yes/No Asthma/Anaphylaxis Action Plan Yes/No</p>		
Has your child had	German Measles	Measles
	Chicken Pox	Whooping cough
	Other _____	Other _____
Other conditions		

Mt Gibraltar Pre-School Enrolment Form

Routines / General Needs

Does your child have any special toys or objects during the day?	Yes/No Details:
Are there any particular requirements at meal times e.g likes sitting on the floor, uses fingers, chopsticks.	Yes/No Details:
Do you know if your child have any deep fears or anxiety common activities/functions - loud noises, planes, ambulance siren.....	Yes/No Details:
Are there words that we need to know that have special meaning for your child? (Please translate if appropriate)	Yes/No Details:
Has/does your child attend another children's services (playgroup etc.) or been cared for outside the home?	Yes/No Details:
Does your child get upset when left with other people?	Yes/No Details:
Are there any special games, books, music, or activities that your child particularly enjoys?	Yes/No Details:
Is there any special people/ social gathering / events that your child partakes in on a regular basis with the family? (i.e football, netball)	Yes/No Details:
What do you most want for your child whilst they are attending the Center? Is there any particular concerns that you have about your child?	
Is there any other information that you feel may assist us in providing the service best suited to you and your child's needs? (e.g. family situations, recent trauma, religious or other beliefs...)	
What information do you want to know about your child on a daily basis and how - if possible - would you like that communicated to you?	
Have you any skills or talents that you would like to contribute to the centre's programme?	

Mt Gibraltar Pre-School Enrolment Form

Emergencies

Permission for staff to act in case illness, accident or emergency.

Although every care will be taken of your child while at the centre, in the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact you. As parent, you are required,

Under Clause 80(1) of the Children's Services Regulation 2004, a child cannot be enrolled in a children's services unless a parent of the child

- (a) has given written authorisation for the service to seek urgent medical dental or hospital treatment or ambulance service, and
- (b) has given written consent to the carrying out of appropriate 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.

I _____ hereby authorise the staff to take action as indicated in the event my child suffers from an illness, accident or emergency.

Signature..... Date

First Aid/ Sunscreen Authority

I give permission for staff to administer,

DETTOL:	Chlorxylenol 48mg/ml. 4.8%w/v	yes / no
BETADINE:	povidone - Iodine 10%/v	yes / no
STINGOSE:	Aluminium Sulfate 200mg/ml (20% w/v	yes / no
Coles 30+ SUNSCREEN:	Titanium Dioxide 2.5%, Octyl - Methoxycinnamate 7.5% w/w	yes / no
Johnson's SORBLENE:	10% Glycerine, Petrolatum, mineral oil, Cetearyl Alcohol, Cetearth-20, Methylparaben, Propylparaben, Disodium EDTA	yes / no
CURASH BABY CARE:	Zinc Oxide 200mg/g(20%)!	yes / no
CALAMINE LOTION B.P	Calamine 15g/100ml Zinc Oxide, Betonite (sterised), Sodium Citrate, Phenol, Glycerol!	yes / no
AEROGARD	92.8g/L Picaridin	yes / no

you have answered NO to any of the above please complete a medical plan of action.

Parent Name:_____

Signature:_____

Mt Gibraltar Pre-School Enrolment Form

Permission for Photo's, Centre publicity, newsletter reports

I understand that the service takes photographs of the children for each child's developmental records. In some of these photo's more than one child will be photographed. I hereby consent to my child's photograph, first name and age being used in the following

Promotional information

Developmental record photo's yes / no

Centre Newsletters and day book yes / no

Children's photo yes / no

Publicity photo's for Centre e.g website newspaper/facebook yes / no

Parent Name: _____

Signature: _____

Permission for observation of children:

I consent to my child being the subject of observations for training purposes. However if questioning or testing of the child is to be undertaken my permission will be sought beforehand.

Parent Name: _____

Signature: _____

Payment of Fees and agreements

I understand that I am required to keep my child's fee up to date at all times. I understand that should I not comply Mt Gibraltar Preschool may cancel my child's enrolment.

I understand that I am required to to give two weeks notice to withdrawal from the service.

Parent Name: _____

Signature: _____

Paying Your Childcare Fees

PLEASE NOTE: All Fees are Due and Payable 14 Day in Advance

PAYMENT METHOD

There are two ways you can chose to pay your fees, please tick one method.

Preferred ☺

DIRECT DEBIT. With direct debit you have more payment options. *See below.

Your fees are deducted from your bank account - Cost \$0.99 per direct debit

CREDIT CARD Your fees are deducted from your Credit Card on the **first of each month.**

Transaction fees may apply - Currently 1.9%

EFT You can transfer funds directly into our bank account. A monthly statement will be sent to you via email.

Account Name: Mt Gibraltar Preschool, BSB: 032-716, Account Number: 238504

*** DIRECT DEBIT PAYMENT FREQUENCY**

To help you with your budget, you can choose when the money is to be deducted from your account such as the day after Pay Day. This saves you time and your fees are always up to date.

Please ensure there are enough funds in your account to cover your fees. If there are insufficient funds the bank may charge a fee that will be added to your account.

Preferred ☺

MONTHLY - Your fees are directly debited from your bank account every month.

Which day of the month is suitable for you _____?

FORTNIGHTLY - Your fees are deducted from your bank account every fortnight, however you will still be required to have your fees up to date 14 days in advance.

What is the first date to deduct fees? _____?

DEPOSIT

When you commence at **Mt Gibraltar Pre-school** we require two weeks payment as a deposit; this will be returned to you on leaving our centre with all outstanding fees paid. Please tick the box below to allow us to take this deposit from your preferred method listed above.

DEPOSIT AUTHORISATION - We will withdraw your deposit on enrolment.

INVOICES

Invoices and Statements are automatically e-mailed to one email address.

What is your **e-mail** address? _____

Mt Gibraltar Pre-School Enrolment Form

All Quality Child Care Pty. Ltd Trading as Austral Cloud Unit 3/84 Old Pittwater Road Brookvale NSW 2100 (02) 9939 0998 ABN 74 106 036 355 www.australcloud.com.au	<h2 style="color: blue; margin: 0;">Direct Debit Request</h2>																		
Request and Authority to debit the account named below to pay All Quality Child Care Pty. Ltd																			
How would you like to pay for your childcare? Please complete section A or B																			
Section A Bank Account Financial institution name _____ Name on account _____ BSB number (Must be 6 Digits) _ _ _ _ - _ _ _ _ Account number _ _ _ _ _ _ _ _ _ _	Section B Credit Card Card Type <input type="checkbox"/> MasterCard or <input type="checkbox"/> Visa Name on card _____ Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry Date _ _ _ / _ _ _ Signature of card holder _____																		
Acknowledgment	By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and All Quality Child Care Pty. Ltd. as set out in this Request and in your Direct Debit Request Service Agreement.																		
Payment Options	Your Account will be debited as required. The frequency and amount will be indicated on your Fees Payments Form.																		
Insert your signature and address	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Signature _____</td> <td style="width: 20%;">Print _____</td> <td style="width: 40%;">Name _____</td> </tr> <tr> <td>_____ Address _____</td> <td colspan="2"></td> </tr> <tr> <td>_____ Email _____</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td>Date _ / _ / _</td> <td colspan="2">Phone _____</td> </tr> <tr> <td>Phone (W) _____</td> <td colspan="2">(M) _____</td> </tr> </table>	Signature _____	Print _____	Name _____	_____ Address _____			_____ Email _____			_____			Date _ / _ / _	Phone _____		Phone (W) _____	(M) _____	
Signature _____	Print _____	Name _____																	
_____ Address _____																			
_____ Email _____																			

Date _ / _ / _	Phone _____																		
Phone (W) _____	(M) _____																		