



Enrolment Form 2020

Date _____

Child's Details

| | | | |
|---------------------|--|-----------------------------------|-----|
| Name | | CRN | |
| DOB | | Age | |
| Gender | | Nickname | |
| Address | | Aboriginal/Torres Strait Islander | Y N |
| Cultural Background | | Language(s) spoken at home | |
| Name of school | | Classroom number | |

Service Information

Commencement Date: _____ Are you wanting **Casual** or **Permanent** care (please circle)

| Session | Cost per session | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------------------|------------------|--------|---------|-----------|----------|--------|
| After school care 2:30pm – 5:30pm | \$50.40 | | | | | |
| Full day care 7:00am – 5:30pm | \$100 | | | | | |
| School hours Care 8:00am-2.15pm | \$82 | | | | | |
| Before School Care 7:00am – 8:00am | \$27 | | | | | |

Account Holder's Details (Parent/Guardian) *(Please give details exactly as they are registered with Centrelink)*

| | | | |
|--|-----------|--|--|
| Full Name | | CRN | |
| Address | | Relationship to Child | |
| DOB | | Mobile Number | |
| Home Email | | Home Number | |
| Occupation | | Work Number | |
| Work Email | | Cultural Background | |
| Languages | | Do you receive JET/JFA? <i>(If yes please attach supporting documentation)</i> | |
| Do you have children enrolled at this service? | Y/N Names | | |



Commonwealth Government Priority of Access Guidelines- Priorities A Priority must be ticked which relates to your child:

- First Priority:** A Child at risk of serious abuse or neglect
- Second Priority:** A child of a single parent who satisfies or of parents who both satisfy, the work/training/ study test under section 14 of the 'A New Tax System (Family Assistance) Act 1999'
- Third Priority:** Any other child(higher priority children may take a child's place and in 14 days' notice will be provided for the child to vacate)

Please highlight the category which relates to your child

| | |
|---|---|
| Children in Aboriginal and Torres Strait Islander Families | Children in families which include a person with disabilities |
| Children in families from a non-English speaking background | Children in socially isolated families |
| Children of a single Parent(s) | None of these |

Parent/Guardian Details (Emergency Contact other than account holder)

| | | | |
|------------|--|-----------------------|--|
| Full Name | | Relationship to Child | |
| Address | | Mobile Number | |
| DOB | | Home Number | |
| Home Email | | Work Number | |
| Occupation | | Cultural Background | |
| Work Email | | Languages | |

Emergency Contact Persons

| | | | |
|------------|--|-----------------------|--|
| Full Name | | Relationship to Child | |
| Address | | | |
| DOB | | Mobile Number | |
| Home Email | | Home Number | |
| Occupation | | Work Number | |
| Work Email | | Cultural Background | |
| Languages | | | |



Approved people to collect your child from our service *(Must be at least 18 years of age)*

* If any person not listed and not known to the program staff should attempt to collect your child from the program, permission will be refused. *

| | | | |
|------------------------------|--|----------------------|--|
| Full Name | | Mobile Number | |
| Relationship to Child | | Work Place | |
| Work Number | | Address | |

| | | | |
|------------------------------|--|----------------------|--|
| Full Name | | Mobile Number | |
| Relationship to Child | | Work Place | |
| Work Number | | Address | |

Is this child involved in a custody dispute? Yes No

Please provide current and any changes to custody documents at all times to enable enforcement. Please list below any other specific instructions or information you can provide for us that would be helpful and assist us in the care of your child.

Your Child's Health

General state of health:

| | | | |
|------------------------------------|--|---------------------------|--|
| Doctors Name | | Practice Name | |
| Doctor's Contact Number | | Medicare Number | |
| Health Fund Name | | Health Fund Number | |
| Ambulance Membership Number | | | |

Is your child's immunisation up to date? _____ (Please attach a copy of immunisation records)



Does your child have any of the following:

- | | |
|--|--|
| A.D.D / A.D.H.D. <input type="checkbox"/> | Epilepsy <input type="checkbox"/> |
| Allergies <input type="checkbox"/> (see box next page) | Haemophilia <input type="checkbox"/> |
| Asthma <input type="checkbox"/> | Heart problems <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Anaphylaxis <input type="checkbox"/> |
| Physical needs <input type="checkbox"/> | Behavioural need <input type="checkbox"/> |
| Educational Needs <input type="checkbox"/> | Any other special needs <input type="checkbox"/> |

PLEASE PROVIDE ANY MEDICAL MANAGEMENT PLANS, ASSESSMENTS OR OTHER DOCUMENTATION RELATED TO THE CHILD'S NEEDS PRIOR TO COMMENCEMENT AT PILBARA PREPARATORY

Allergies

If your child has allergies, please tell us what they are and if they have severe reactions e.g. High, Moderate, Low. Please provide a Medication Management Plan for all allergies.

| | | | | | |
|---|-----|----------|------|-------------------------|--|
| Bee Sting | | | | | |
| Severity – Please Circle | Low | Moderate | High | Symptoms if stung | |
| Medication to be taken? | | | | Action to be taken? | |
| Food/Additive Allergy / Dietary requirements | | | | | |
| Severity – Please Circle | Low | Moderate | High | | |
| Food/Additive Type | | | | Symptoms if ingested | |
| Medication to be taken? | | | | Action to be taken? | |
| Medication Allergy | | | | | |
| Severity – Please Circle: | Low | Moderate | High | Medication Type | |
| Symptoms if ingested | | | | Action to be taken? | |
| Any Other Known Allergy | | | | | |
| Severity – Please Circle: | Low | Moderate | High | Medication Type | |
| Symptoms if ingested | | | | Action to be taken? | |



Does your child wear prescription glasses? Yes No

Is your child on any medication? Yes No

Type?

Dosage?

Please ask staff for a Medical Information & Authorisation Form to complete.

Does your child have any speech, hearing or visual difficulties?

Would there be any restrictions to play or activities?

About Your Child

Cultural background:

Has your child ever been in child care before? _____

What type (center, family daycare, grandparents etc.)

Was it a positive experience?

Why are you looking for a preparatory program? What do you want your child to achieve?

How does your child feel about attending Pilbara Prep?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

What is your normal method of discipline?

What is your child's temperament? Are they easy going, hard to please, demanding etc.

Does your child have any food restrictions? (if so please provide us with details)



Child's Interests (Please tick)

- Art and Craft Cooking Construction Drama Reading
- Music Technology Sports Science/Nature

Please provide any other information you feel is important about their interests/likes/dislikes:

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

What would like your child to achieve whilst with our Pilbara Prep Family?

Are there any other comments, concerns or information you would like us to know about?

Parent/Guardian Signature: _____ Date _____



Enrolment Contract

It is my/our desire to have my/our child/children enrolled at Pilbara Preparatory.

I/we have received a copy of the Pilbara Preparatory Parent Handbook. Y / N

I/we have read, understand and agree to abide by the policies contained therein. Y / N

Unless otherwise notified, the child/children will be accepted and permanently enrolled.

I/we also agree to give a minimum of two weeks written notice (ten daycare days) of my/our intent to withdraw my/our child/children from the Pilbara Prep program. If two weeks' notice is not given, I/we agree to make full tuition payment for the final two weeks.

Please **initial** next to each item. We want to be sure you **understand and agree** to these policies.

_____ I/We understand that I/we must provide immunisation records to Pilbara Preparatory.

_____ I/We understand that I/we must provide a copy of your child (ren) Birth certificate(s)

_____ I/We understand the Pilbara Preparatory Fees as listed on the front page of enrolment form.

_____ I/We understand that fees are charged one week in advance.

_____ I/We understand I/we will be charged the usual rate when our child is booked in and does not attend (absent).

_____ I/We understand there are no refunds for public holidays and they are charged at the applicable rate for bookings normally required that day.

_____ I/We understand fees are deducted from my bank account via DebitPro every Monday and I have attached my DebitPro form with my/our enrolment form. Credit card facilities are not available.

_____ I/We understand the late pickup/early drop off fee is \$15.00 and \$1.00 per minute after that.

_____ I/We understand the pick-up policy for other than parental pick up.

_____ I/We understand the illness policy and exclusion time we enforce after each illness.

_____ I/We understand the behavior policy and I/We have read and shared the Pilbara Preparatory rules with my/our child/children.

_____ I/We understand that photo's and video's may be taken of my/our child from time to time, and these may be used for promotional activities, parent information nights etc, unless I advise staff in writing that I do not wish this to occur.

_____ I/We understand the provider and staff are not liable for any personal , injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the provider or employee



_____ I/We give permission to the staff of Pilbara Preparatory to administer medically prescribed medication to my child and understand I will be required to sign a Medical information & Authorisation form. I understand that the staff will record each administration of medication. I acknowledge that all care will be taken and will not hold Pilbara Preparatory responsible. I also understand my child cannot attend Pilbara Preparatory if suffering from an infectious or communicable disease that has been identified by the Department of Health.

_____ I/We understand I need to notify staff in person that my child carries medication with them and will self-medicate. I understand I will provide a letter/plan from a doctor to support this and I will sign a Medical information & Authorisation form.

_____ I/We hereby give my permission for the Pilbara Preparatory staff to treat my child if a minor accident occurs. In the case of a more urgent matter I understand an ambulance will be called first then I will be notified and agree to meet any expenses incurred.

_____ I/We understand the Excursions section of the centre policies and procedures and I hereby give Pilbara Preparatory permission to transport my child should they be attending an excursion. I also understand if required, risk assessment plans will be undertaken for each occasion this occurs i.e. evacuation, group trip etc.

_____ I/We hereby give permission for the Pilbara Preparatory staff to apply sunscreen supplied by Pilbara Preparatory. (If No is answered to this question I agree to provide my child's own sunscreen).

_____ I/We agree to send my child in closed shoes and not thongs

_____ I/ We agree to send a water bottle and a wide brimmed hat with my child and take it home each night. I understand if I do not send these things it is a 'no hat no play policy'.

_____ I/We hereby give permission for my/our child to watch G rated movies and games.

_____ I/ We understand that Pilbara Prep Employees have no responsibility for my child until I or an authorized person has signed them in/out for each session.

_____ I/We Do not/ give permission for you to use face paints on my child

_____ **Pilbara Preparatory**

_____ **Parent**

_____ **Date**

Nominated Supervisor Signature

Has an orientation occurred? _____

Employee confirmation of Kidsoft entry