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 Phone No 0409520343

## ENROLMENT CONTRACT FOR 2021

**\*Please note that it is important that all areas MUST be filled in.**

Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ Date of Enrolment \_\_\_\_\_

Address: \_\_\_\_\_ P/C \_\_\_\_\_ Male  Female

Term 1  Term 2  Term 3  Term 4  Date of Birth \_\_\_\_\_ Child's CRN \_\_\_\_\_

Please Tick

Parents CRN \_\_\_\_\_ Mother  Father

Not Indigenous  Aboriginal  Torres Strait islander  Aboriginal & Torres Strait islander  South Sea Island

Please enter the parent/guardian who is linked to the CCB otherwise it will be rejected. Please attach a copy of letter from centerlink.

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
SURNAME		
GIVEN NAME		
DATE OF BIRTH		
HOME ADDRESS		
	P/C _____	P/C _____
HOME PHONE NUMBER		
MOBILE NUMBER		
EMAIL		
OCCUPATION		
WORK ADDRESS		
WORK PHONE NUMBER		

kindy sessions run between 9am and 2.15, we are open between 8.30 am and 3 pm each day and some school holidays. If you require all year-round care or occasional days on the school holidays for your child and /or siblings, please indicate below

### Session Times

TIME	MON	TUE	WED	THUR	FRI	TERM TIME ONLY	
9.00 TO 2.15PM \$75							
9.00 TO 3.00PM \$81							
9.00 to 12.00 noon \$55 (minimum 2 sessions a week)							
8.30 to 3.00 \$85							

You are able to choose kindy program only or a combination of kindy and holiday care. For those requiring longer hours please choose as required.

Number of Days

I am interested in School Holiday care

**Please note that kindy runs from Monday to Friday during WA school terms. School holiday care is booked separate.**

## Medical Information

### AUTHORISED FIRST AID MEDICATION

Medicine of any kind must not be administered to a child in care **without written consent** being obtained from the parent/guardian. This also includes the use of creams, bandaids, disinfectant washes and creams including sunscreen, mosquito repellents and soothers.

DESCRIPTION BRAND AUTHORISATION <b>PLEASE CIRCLE for permission</b>		Adhesive Tape – zinc oxide St Johns	YES / NO	Aeroguard/Mosquito/Insect Repellant Any brand	YES / NO
Alcoholic wipe Kendall	YES / NO	Antiseptic Any brand	YES / NO	Antiseptic Cream Dettol/Savlon/Bettadine	YES / NO
Bandage securing tape Any brand	YES / NO	Bandaids Johnson & Johnson	YES / NO	Bandaids First Aider's Choice	YES / NO
Bandaids Elastoplast	YES / NO	Calamine Lotion Faulding	YES / NO	Cotton Balls 100% Any	YES / NO
Elastic Gauze Bandage (crepe)* St Johns/Surviv-a-wrap	YES / NO	Eye Pad Handy	YES / NO	Face Shield * Livingstone	YES / NO
First Aid Paper Tape Elastoplast	YES / NO	Gloves disposable First Aid	YES / NO	Non-adherent pad * St John/Elastoplast	YES / NO
Saline Wound Wash Axis Pacific	YES / NO	Splinter probe (disposable) Any	YES / NO	Steri-strip 3M	YES / NO
Sunscreen Any brand	YES / NO	Thermal blanket St Johns	YES / NO	Triangle bandage No brand NO	YES / NO
White Gauze Swab First Aider's Choice	YES / NO	Wound Cleansing Wipe St Johns	YES / NO	Wound cover * Smith & Nephew	YES / NO

Do you know of any allergic reactions or other problems your child may have concerning the above? If so, please detail: \_\_\_\_\_ YES / NO

How long has your child been toilet trained? (We still expect a few accidents at this age) \_\_\_\_\_

Does your child have special words for toilet or drink? \_\_\_\_\_

Has your child been immunized according to the National Immunisation Program Schedule? YES NO

**Please attach copy with this enrolment form**

Do you have a conscientious objection form from your GP re immunizations? (Please provide) YES NO

Is there any history of illness Eg. Epilepsy, convulsions, asthma, anaphylaxis, eczema? YES NO

If YES please give details

Does your child have an Allergy which has a risk of Anaphylaxis eg. Nuts, seed, bee, etc. YES NO

If yes please give details \_\_\_\_\_

We have gineau pigs at the centre (caged) is your child allergic to them? \_\_\_\_\_

**You will need to attach a Medical Emergency Plan signed by a general Practitioner or specialist, and provide a eipen which is permanently located on our premises.**

Does the child take medication on a regular basis? YES NO

Name of Medication: \_\_\_\_\_

Does the child have any additional needs? Eg. Developmental, dietary, behavioural etc. \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

### Declaration and Consent to Emergency Medical Treatment **Please circle and sign**

I give permission for staff to seek emergency medical, hospital or ambulance service for my child and agree to pay the costs. Play2Learn Kindy is not responsible for any costs occurred. YES/NO

I agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell/injured at the centre. YES/NO

I agree to notify the centre in the event of my child/ren having an infectious illness. YES/NO

I agree to notify the centre of any changes to the contact information of parent's or emergency contacts to ensure my child's records remain up to date and comply with state government legislation. YES/NO

I accept that the centre has a duty of care in the event of attending the centre under the Influence of Alcohol and or Drugs and hat an alternate person is required to collect and or transport child/ren. YES/NO

Signed by

Name:

Date:

**EMERGENCY CONTACTS (IF PARENTS/GUARDIANS ARE NOT AVAILABLE)**

There may be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted or are unable to collect your child due to other commitments. To deal with these situations, the centre must be able to notify one of the following people who are authorised and available to collect and care for your child.

*An Emergency contact is an acknowledged person who, with the parents/guardian's authorization, is allowed to give permission for the following;*

- Authorised the taking of your child outside the service by a staff member of the service.
- Consent to the medical treatment of your child;
- Request or permit the administration of medication to your child;
- collect your child if necessary

1. NAME: \_\_\_\_\_ WORK PH: \_\_\_\_\_ MOBILE PH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_ WORK PH: \_\_\_\_\_ MOBILE PH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

3. NAME: \_\_\_\_\_ WORK PH: \_\_\_\_\_ MOBILE PH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**PEOPLE AUTHORISED TO COLLECT MY CHILD FROM CARE (If same as above please write "same as above")**

1. NAME: \_\_\_\_\_ WORK PH: \_\_\_\_\_ MOBILE PH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_ WORK PH: \_\_\_\_\_ MOBILE PH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

3. NAME: \_\_\_\_\_ WORK PH: \_\_\_\_\_ MOBILE PH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**CUSTODY ARRANGEMENTS:** Please state detail of any custody or access arrangements and provide a copy of the document.

Not applicable	Original Order Sighted. YES <input type="checkbox"/> NO <input type="checkbox"/>	Copy given to teacher. YES <input type="checkbox"/> NO <input type="checkbox"/>
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**OTHER INFORMATION RELATING TO YOUR CHILD:**

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**ABOUT YOUR CHILD**

Which primary school will your child attend? \_\_\_\_\_

What are your expectations of the Kindy program? What would you like your child to achieve? \_\_\_\_\_

What is your expectation of a high quality pre kindy program? \_\_\_\_\_

What language does your child speak at home? \_\_\_\_\_

Are there any relevant cultural or religious needs you would like your educators to be aware of \_\_\_\_\_

Does your child have any siblings? (names and ages) \_\_\_\_\_

Does your child have any parents that do not live in the home?  
\_\_\_\_\_

Does your child visit this parent? \_\_\_\_\_

Does your family have any pets and what are their names \_\_\_\_\_

Does your child respond to any nicknames? \_\_\_\_\_

Does your child have any nicknames for family members?  
\_\_\_\_\_

Do any other people live at home excluding parents and siblings? Eg, Grandmother.  
\_\_\_\_\_

Is there any other information about your family's composition that you would like to share?  
\_\_\_\_\_

What does your family normally do on the weekend? \_\_\_\_\_

Has your child been in an early learning program or childcare centre \_\_\_\_\_

How does your child respond to a new environment and people? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

How does your child respond to a stressful situation? Eg first day at school \_\_\_\_\_

What seems to help your child feel better? \_\_\_\_\_

What method of discipline do you use or find most effective? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Are there any special problems or fears that we should know \_\_\_\_\_

Any special needs (medical, developmental, social, mental health)?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

What are your Children strengths? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

What are your child's weaknesses? \_\_\_\_\_

What books does your child like? \_\_\_\_\_

What television shows does your child like? \_\_\_\_\_

Does your child have a favorite theme eg. Thomas, Dora? \_\_\_\_\_

What interests your child eg, cars, Lego, dolls, books, favorite tv shows, dinosaurs, animals etc? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION TO PHOTOGRAPH**

Photos are a wonderful tool to capture children “in the moment” and it gives us a great source of information for observations and planning. Photos provide children with confidence, self-esteem, and ownership. Play2Learn Kindy would like the opportunity to take photos of your child for use for observations and enhancing their individual learning journeys.

**Please indicate with a tick below if you give permission for your child’s photo to be taken and/or shared.**

**For personal use:**

I give permission for my child’s photo to be taken, used for observation files, Play2Kindy room and emailed to me.

Please do not take any photos of my child.

**Sharing with other parents**

*(For instance if two children are both shown in a photo I would email it to both parents):*

I give permission for my child’s photos to be taken and emailed to other parents, if their child is also in the photo.

Please do not share any photos of my child.

**For advertising purposes:**

• I give permission for my child’s photos to be used on the Play2Learn Kindy website, Facebook page, brochure, Newsletter.

• Please do not use any photos of my child on the website or advertising.

**Fees, Charges and cancellations ect**

**Please tick**

*I understand I need to pay fees 2 weeks in advance to keep my child's place.*

*I understand that Play2Learn Kindy has security cameras in the room to keep the children and staff safe.  
(for further information please see the handbook.*

*2 weeks' notice in advance is required for termination of enrolment at any time, fees still apply.  
24 hours' notice is required to cancel a booked session during the WA School holiday period and fees still apply for bookings made within 24 hours of booked session.*

*Booked days during the school term week can be changed if;*

- *There are spaces available*
- *If 24 hours' notice is given in writing via email.*

*Casual extra days can be booked via email or phone at any time providing there are spaces available.*

Until my CCS is approved, I will be required to pay full fees. I understand that it is the parents responsibility to register with Centre link and confirming your CCS entitlements and to advise Play2Learn Kindy of all correct CRN details and to keep those details up to date always. If during my child’s enrolment, my centre link entitlements are cancelled, I understand I still need to pay for full fees.

I understand if my child is absent from a booked session, I am not entitled to a refund

I agree to pay non- refundable administration fee of \$50 per family per year.

I declare that information in this enrolment form is true and correct and undertake to immediately inform the centre in the event of any change to this information.

I understand when cancelling care, Child Care Subsidy will only be paid up to the last day your child physically attended after which full fees apply.

I understand all information regarding my child is confidential and will only be used for the care, education and assistance of my child. I understand that I can access a copy of information pertaining to my child at any time. I agree by signing below to pay my child's fees and adhering to all the above.

**PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**PARENTS NAME \_\_\_\_\_**

Please print

<p><b>Office Use Only</b></p> <p><b>Enrolment Form</b>  Date Information updated : ___/___/___ Signed _____</p> <p>Date Information updated : ___/___/___ Signed _____</p>	<p>Birth Certificate Attached: YES / NO</p> <p>Immunisation Attached: YES / NO</p> <p>Immunisation up-to-date: YES / NO</p>
<p><i>Checklist Please sign</i></p> <p>Handbook sent YES / NO</p> <p>Permission to Photograph: YES / NO</p> <p>Asthma/Allergy Plan Form YES / NO</p> <p>Permission for Creams/bandages YES / NO</p>	<p>Confidential consent to display Medical Emergency plan  YES / NO</p> <p>Risk minimisation form YES / NO</p>