Pilbara Preparatory

Enrolment Form 2023

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
Before School Care	**$40**					
School hours care 8.00am – 2.15pm	**$115**					
Full day care 7.00am – 5.30pm	**$125**					
After school care 2.15pm – 5.30pm	**$ 65**					
Vacation Care 8:00am – 6:00pm	**$110**					

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?(***If yes please attach supporting documentation)*	
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.	☐	Epilepsy	☐
Allergies	☐ (see box next page)	Haemophilia	☐
Asthma	☐	Heart problems	☐
Diabetes	☐	Anaphylaxis	☐
Physical needs	☐	Behavioural need	☐
Educational Needs	☐	Any other special needs	☐

PLEASE PROVIDE ANY MEDICAL MANAGEMENT PLANS, ASSESSMENTS OR OTHER DOCUMENTATON RELATED TO THE CHILDS 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?	

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 _____

Pilbara Preparatory

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 that we shall pay Pilbara Prep for all costs incurred by Pilbara Prep (including costs for which Pilbara Prep may be contingently liable) in any attempt to collect any monies owed by you to Pilbara Prep under this agreement including debt collection agent costs, repossession costs, location search cost, process server costs and solicitor costs on a solicitor/client basis.

_____ I/we understand if our child is given a start date at the centre but is absent before starting, **NO** CCS will be paid for **any** of those absent days. Full fees will have to be paid. CCS will then only commence once your child has physically attended the centre.

_____ I/we understand if we have given two weeks' notice that our child will be leaving, and they are absent on their last day and more days immediately proceeding this day, **NO** CCS will be paid for **any** of those days. Full fees will then have to be paid for these absent days.

_____ 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 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 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 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 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