

ENROLMENT FORM

DETAILS	PARENT	PARTNER
FAMILY NAME		
FIRST NAME		
STREET ADDRESS, SUBURB, STATE, POSTCODE		
HOME PHONE		
OCCUPATION		
WORK ADDRESS		
WORK PHONE		
MOBILE PHONE		
EMAIL ADDRESS		
RELATIONSHIP TO CHILD		
DATE OF BIRTH		

DETAILS	CHILD
CHILD'S FULL NAME	
CHILD'S ADDRESS	
DATE OF BIRTH	
SEX – M / F	
INTENDED ENROLMENT DATE	
AGE ON COMMENCEMENT	
DENTIST DETAILS	NAME: CONTACT DETAILS:
DOCTORS DETAILS	NAME: CONTACT DETAILS:
GROUP (Office use only)	
BOOKED DAYS (Office use only)	

EMERGENCY CONTACT / AUTHORITY TO COLLECT (Other than parents)	PHONE NUMBER	ADDRESS	RELATIONSHIP TO CHILD	SIGNATURE OF NOMINATED PERSON

ENROLMENT DETAILS

Room Allocated: Outside of School Hours Care

Monday	Before School Care	<input type="radio"/>	After School Care	<input type="radio"/>
Tuesday	Before School Care	<input type="radio"/>	After School Care	<input type="radio"/>
Wednesday	Before School Care	<input type="radio"/>	After School Care	<input type="radio"/>
Thursday	Before School Care	<input type="radio"/>	After School Care	<input type="radio"/>
Friday	Before School Care	<input type="radio"/>	After School Care	<input type="radio"/>

My child will also require care during Vacation Care periods Yes No

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First Attendance Date: Age of child at this date:

I would like my child to attempt his/her homework at the centre Yes No

Which School does your child attend?

Grade or class number:.....

Does your child attend Prep at Clayfield College?.....

Will your child be participating in extra curricular activities offered at the school?

Type:.....

Details:.....

In case of emergency or accident will be first try to contact parents. In the event my child requires medical attention I authorize the staff of Clayfield OSHC to provide Medical, Dental or Ambulance assistance and accept liability for any associated medical expenses.

Is there anything in particular about your child that you feel we should know (allergies, special diet, medical treatment, recent accidents/ Operations, disabilities, special requirements, cultural or special needs)?

What languages are spoken at home?

Can your child speak or understand English? YES / NO

Do you or your partner have any skills, talents or hobbies that you would be prepared to contribute from time to time?

Are there any court orders affecting the custody of, or access to your child? YES / NO

Has a copy been given to your Centre Manager? YES / NO

Child's current immunization status:.....

WILL YOU BE CLAIMING CCB? YES / NO **Have you nominated the service to be paid the 50% Childcare rebate. Please circle. YES/NO**

Parent Name & CRN number:

Child's Name CRN number:

Please provide the centre with a copy of your registered Child Care Benefit details

Does your child have a sibling who is attending another approved child care service? YES / NO

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If yes, how many siblings attend approved child care services? _____
 Parents may be eligible to receive Government funding. This centre is bound by Government priorities and regulations. Please enquire at the office for further information.

CONDITIONS OF ENROLMENT

Fees must be kept two weeks in advance at all times. Casual days must be paid for on collection of your child. I agree to give two (2) weeks notice in writing of termination of my child's enrolment. I understand that if my child does not attend the centre during the notice period, child care benefit will be voided.

Please supply your Driver's Licence Number: _____ Expiry date: _____

Fees are charged 50 weeks of the year to maintain your child's place in the Centre.

I agree to give two (2) weeks notice in writing when reducing my child's booked days.

I understand and accept that fees must be paid two weeks in advance by 10am Friday, and that fees for days booked are payable at all times including absences and holidays.

In the event that my account becomes derelict, I give permission for Children First Learning Centres to forward my personal details to their nominated debt collection agency to recover the debt owing. **I understand that an additional 25% will be added onto the fees owing to offset the fees and charges incurred in the collection process.**

I undertake to have my child brought to and picked up from the centre by a responsible adult and agree that a **late fee of \$10 for the first 10 minutes or part thereof, and \$1 per minute thereafter will apply if my child is collected after the closing time of the centre.**

I agree to notify the centre of any changes in address, circumstances or situation.

I have read the Parent Handbook and acknowledge that I am fully aware of and understand and accept the policies, guidelines and conditions set down by the centre and agree to abide by these.

Signed _____ Dated _____

Please circle

I AGREE / DON'T AGREE that staff may apply sunscreen to my child when necessary.

I AGREE / DON'T AGREE that staff may administer one dosage only of Panadol Elixir in the event of my child's body temperature rising above 37.5 C after making every attempt to contact me first.

I AGREE to my child participating in Fire Drills held regularly at the centre. I understand that he/she may be required to leave the enclosed playground to assemble in the designated area.

I AGREE / DON'T AGREE that my child's photograph and / or audiovisual recording may be taken and used (possibly including their name and age) for display in the centre.

I AGREE / DON'T AGREE that my child's photograph may be taken and used for publicity purposes such as the Children First Learning Centres brochures (in this instance, names will NOT be used).

I AGREE / DON'T AGREE that my child may take part in short walks / excursions planned as part of the centre's program. Parents will receive a separate form outlining details and requesting permission before any excursions within the local community.

I AGREE / DON'T AGREE that my child may take part in in-house entertainment and shows.

I AGREE / DON'T AGREE that my child may be escorted to and from school under the supervision of the centre staff.

Signed _____ Dated _____