

Enrolment Form

Child's details

Given Name _____ Surname _____

Please tick box Male Female Date of birth _____ / _____ / _____

CRN _____

Address _____ Postcode _____

Suburb _____

School Year (Please tick box) K 1 2 3 4 5 6

Start date at The Nanyima Centre _____

Are there any siblings in other care? If so, how many? _____

Days required (Please tick box)

Before School Mon Tues Wed Thu Fri

After School Mon Tues Wed Thu Fri

Parents details

Mother

Given name _____

Surname _____

D.O.B _____ / _____ / _____

CRN _____

Address _____

Suburb _____

Postcode _____

Home tel _____

Occupation _____

Work address _____

Work tel _____

Mobile _____

E-mail _____

Father

Given name _____

Surname _____

D.O.B _____ / _____ / _____

CRN _____

Address _____

Suburb _____

Postcode _____

Home tel _____

Occupation _____

Work address _____

Work tel _____

Mobile _____

E-mail _____

Custodial Order

This section is only applicable if court orders are in place.

Date of issue _____ Certificate sighted by _____

Custodian name _____

Address _____

Suburb _____ Postcode _____

Work tel _____ Home tel _____ Mobile _____

Person(s) denied access

Given Name _____

Address _____

Suburb _____

Emergency contacts

(these may be the same as Authority to Collect)

In the event of an emergency, illness or accident concerning my child and the teacher being unable to contact me or other persons authorised by me, I consent to the Centre seeking on my behalf medical, dental, hospital and ambulance attention for my child and I accept liability for medical, dental, hospital and ambulance expenses as may be incurred.

Contact 1

Given name _____

Surname _____

Address _____

Suburb _____

Home tel _____

Mobile _____

Relationship to child _____

Contact 2

Given name _____

Surname _____

Address _____

Suburb _____

Home tel _____

Mobile _____

Relationship to child _____

Authority to collect

(these may be the same as Emergency Contacts)

In my absence, I hereby give permission for my child to be collected from The Nanyima Centre by either of the following persons. I shall advise The Nanyima Centre whenever my child had to be collected by a person other than his or her parent.

Contact 1

Given name _____

Surname _____

Address _____

Suburb _____

Home tel _____

Mobile _____

Relationship to child _____

Contact 2

Given name _____

Surname _____

Address _____

Suburb _____

Home tel _____

Mobile _____

Relationship to child _____

Medical details

Doctors name _____

Address _____

Suburb _____

Telephone _____

Is your child on regular medication or have any disabilities, food sensitivities or allergies we should know about?

Please tick box Yes No

If Yes, give details _____

If you have indicated that your child suffers from an allergy or asthma please complete the relevant form at the back.

Is there any other information you wish us to know about your child?

Medicare No _____ Private Health details _____

Cultural background

The Nanyima Centre is committed to creating an environment in which each child's cultural background is respected and each child's individual identity can be nurtured. To assist us in achieving this aim, please answer the following questions. This includes children from Aboriginal and/or Torres Strait Islander background and children from other culturally and linguistically diverse backgrounds.

Child's country of birth _____

Country of Mother's birth _____

Country of Father's birth _____

Primary language _____

Child's cultural identity _____

List family customs or religious or cultural practices to be respected by The Nanyima Centre:

Accounts

How would you like to receive your statement of account? (Please tick box)

E-mail

Hard copy

Signature

- I, the undersigned, certify that the information given herein is correct
- I undertake to inform the Management immediately, should there be any change to this information
- I agree to abide by the policies of The Nanyima Centre.

Name _____ Date _____ / _____ / _____

Signature _____

The personal details requested on this form will only be used in connection with requirements of The Nanyima Centre. No information will be given out without your prior consent.

Enrolment Agreement

This form is compulsory and must be returned and completed with your Enrolment Form. The information provided will be used only in connection with the requirements of The Nanyima Centre and will not be disclosed without your consent.

Your signature(s) is required at the end of this form and is evidence that you have read and accept the conditions of this agreement.

In regard to the following, I understand and agree that:

Fees

- I am responsible for the payment of all fees incurred by my child whilst enrolled in The Nanyima Centre and accept that they must be paid and kept five weeks in advance.
- Fees must be paid for the days my child is enrolled even though my child may be absent due to illness or school camps.
- I must provide two weeks advance notice in writing of any changes to my child's enrolment days.
- I must pay any charges made to The Nanyima Centre incurred by my cheque being dishonoured.
- I must pay late fees, as stated in the After School Care Parent Handbook, if I collect my child after 6.00pm.

Security of Enrolment

- The Nanyima Centre shall have absolute discretion in terminating my child's enrolment should there be failure to pay fees on time.
- I will contact The Nanyima Centre as soon as possible if my child is absent. In the case of an extended absence I will notify the centre in writing
- The Nanyima Centre is required, under the funding arrangement with the Australian Government in respect to the Childcare Assistance Package or NSW State Government, to give priority access to persons in accordance with our Enrolment Policy.

Exclusion of Child

- Should the Management of The Nanyima Centre consider my child contagious or too ill to attend the Program, that this decision be regarded as final and that my child will be collected promptly from The Nanyima Centre.
- That should my child have a contagious illness, I will not return my child to The Nanyima Centre until the duration of the clearance period or until a medical certificate is issued by a qualified and registered medical practitioner.
- That should my child not be immunised and there is an outbreak in The Nanyima Centre of a vaccine preventable disease, that he/she may be excluded from attendance by order of the NSW Department of Health.
- That if my child is on a behaviour contract he/she will abide by conditions as specified in the contract.

Physical Wellbeing

Every attempt will be made to contact you as soon as possible if your child becomes ill or injured. In the interests of my child's physical well being, I agree to:

- First aid being administered by a staff member of The Nanyima Centre who is the holder of a current First Aid Certificate.
- Medication only being administered to my child when it has been authorized by me and/or a qualified and registered medical practitioner.
- Staff at The Nanyima Centre applying a SPF15+ Broad Spectrum sunscreen to all unprotected areas of skin on my child as they feel necessary.
- My child only leaving The Nanyima Centre on an excursion with my written permission. However my child may be taken on short excursions within the general locality of The Nanyima Centre, provided that it is within walking distance and that neither public nor private transport is involved.

Observations

- I consent to my child being the subject of observations by staff and for training purposes on the understanding that my permission will be sought before any questioning or testing of the child is undertaken

Photographs

- I consent to my child being photographed for publicity purposes for The Nanyima Centre.

Parent Handbook

All other policies, terms and conditions are outlined in the Parent Handbook. In the interest of your child's welfare and ease of communication with The Nanyima Centre and the staff, please ensure you make yourself familiar with its contents.

Name _____

Signature _____ Date ____ / ____ / ____