



## ENROLMENT FORM

### CHILD'S DETAILS

Family Name	Date of Birth
Given Names	Place of Birth
Other Name/Former Name	Cultural Background
Address	Gender (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Telephone	Primary Language

### PARENT DETAILS

	Parent 1	Parent 2
Family Name		
First Name		
Other Name/Former Name		
Residential Address		
Home Telephone		
Occupation		
Business Address		
Business Phone		
Mobile Phone		
Email Address		



**CHILD'S HEALTH**

Child's Medicare Number:	
Child's Health Fund Details Fund:	Membership Number:
Doctor Name	Dentist Name
Doctor Address	Dentist Address
Doctor Telephone	Dentist Telephone
Does your child have a chronic serious illness/medical condition? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete an 'Medical Management Plan' before your child commences. Please provide brief details here:	
Does your child take regular medication? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete 'Continuous Medication Authorisation' before your child commences. Please provide brief details here:	
Does your child have any allergies or have they been diagnosed as 'at risk of anaphylaxis'? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete a 'Medical Management Plan' before your child commences. Please provide brief details here:	
Has your child ever been hospitalised? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide further detail:	
Does your child have any dietary requirements (vegetarian, religious, medical)? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide further detail:	
Does your child have any additional needs relating to language or speech? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide further detail:	
Does your child have any additional needs in relation to learning, physical development or other health requirements? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide further detail:	

## EMERGENCY CONTACT

In the event of an emergency, and we are unable to contact you, please indicate who you would like us to notify.

Name	Address	Phone	Relationship to Child	Parent Approval Signature
		Mobile		
		Home		
		Work		

## AUTHORISATIONS

### **1. Authorised Nominee:**

Please provide details of any person who is authorised by you to collect your child from Balamara Preschool

Name	Address	Phone	Relationship to Child	Parent Approval Signature
		Mobile		
		Home		
		Work		

### **2. Person Authorised to Consent to Medical Treatment**

Please provide details of any person authorised by you to consent to any medical/dental/ambulance/hospital treatment for your child or who may authorise Balamara Preschool staff to administer medication to your child

Name	Address	Phone	Relationship to Child	Parent Approval Signature
		Mobile		
		Home		
		Work		

### **3. Person Authorised to Authorise Educators to Take Child Outside Centre Premises**

Please provide details of any person authorised by you who may authorise Balamara Preschool educators to take your child outside the Centre premises

Name	Address	Phone	Relationship to Child	Parent Approval Signature
		Mobile		
		Home		
		Work		

If I telephone the centre to give verbal permission for my child to leave with another person, my password is: \_\_\_\_\_ (Please Provide). Person will need to provide identification before child is allowed to leave Centre premises

## ENROLMENT AGREEMENT

*I understand and agree to each of the following:*

### 1. Emergency Action

Although every possible care will be taken to ensure the safety of your child while at the Centre, accidents can occur. In the event of an accident or illness requiring emergency medical, dental, ambulance or hospital treatment, every effort will be made to contact the parents or authorised emergency contacts. However, should this prove impossible, we require authority to be given for emergency medical treatment to be undertaken.

I authorise the staff of Balamara Preschool to seek emergency medical, dental, ambulance or hospital treatment for my child and consent to the carrying out of such treatment. I agree to pay all costs associated with such treatment.

I authorise the staff of Balamara Preschool to take my child off the premises for the purpose of emergency evacuation practice drills.

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Parent 2 Signature

### 2. Fees

I accept responsibility for the payment of all fees incurred by my child while enrolled at the Centre.

I understand and agree that the Centre shall have absolute discretion in termination of my child's enrolment should there be a failure to pay fees on time.

I give permission for the Centre to provide my personal details to a debt collection agency if I fail to pay my fees.

I understand that a holding deposit comprising 4 weeks fees must be paid upon enrolment. This deposit is deducted from my child's final fee notice or refunded at the time I withdraw my child, provided that I give 4 weeks written notice of my intention to withdraw my child. **This deposit is not refunded if your child is withdrawn between time of enrolment and time of commencement.**

I understand that placements within the Centre are on a permanent basis and fees are payable for each day my child is enrolled, including private holidays, sick days and public holidays.

I agree to reimburse the preschool for any bank fees incurred on presentation of a cheque returned unpaid.

I agree to pay any late fees that may be incurred if my child is collected after 4.30pm. I understand that for each half hour or part thereof, a late fee of \$30.00 will be charged.

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Parent 2 Signature

### 3. Exclusion

I understand and accept that if the Director of the Centre considers my child contagious or too ill to attend the Centre, then this decision is regarded as final and my child must be collected from the Centre promptly.

I understand and accept that, if my child has a contagious disease, I cannot return my child to the Centre until the duration of the exclusion period, or a medical certificate is issued by a qualified and registered Medical Practitioner stating that the child is safe to return.

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Parent 2 Signature

### 4. Physical Wellbeing

I understand that every attempt will be made to contact me as soon as possible should my child become ill or injured. I consent to first aid being administered by a staff member who holds a first aid certificate.

In the event of my child developing a temperature of 38 degrees C or higher and staff are unable to contact me, I give authorisation for staff to administer one dose of paracetamol as per manufacturers instructions.

I consent to staff applying a SPF30+ broad spectrum sunscreen and/or low irritant insect repellent to all unprotected areas of skin on my child, as they feel necessary.

I understand and accept that medication can only be administered to my child if one or other of the parents has given written authorisation, and medication is in it's original packaging.

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Parent 2 Signature

### 5. Permission for Observations

I consent to my child being the subject of observations by staff for the purposes of providing a quality program for my child.

I agree to my child being observed at the Centre by students from recognised training institutions for the purpose of their academic studies. This permission does not include my child's participation in any research project.

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Parent 2 Signature

## 6. Permission for photographs/videos

Photographs and videos of your child may be taken during their time at preschool. Photos are used to document the children's work and for classroom displays. Occasionally families take videos on their child's birthday or at the end of year concert.

I give permission for my child's photo/video to be taken for these purposes

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Parent 2 Signature

## 7. Agreement

By signing the Balamara Preschool Enrolment Form, I declare that I am the person with the legal right to the custody and control of the child whose name appears on this enrolment form.

I understand that Balamara Preschool will at all times use all reasonable care, concern and control when caring for my child. However I understand there are unforeseeable events when providing care for children. I authorise Balamara Preschool to take any action it considers appropriate and in the best interests of my child, to protect my child whilst in their care.

I have read and understood every page and every section of the Balamara Preschool Enrolment form.

The information I have provided to Balamara Preschool is to the best of my knowledge, true and correct in every aspect. I have not withheld any information about the daily needs or health of my child.

I agree to notify the Centre immediately if any of the information in my child's enrolment form changes

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Parent 2 Signature

## Office Use

### ***Documentation Attached***

Proof of Identity and Birth Date (Birth Certificate/Passport)	Yes	No	n/a
Immunisation Status (Immunisation Records)	Yes	No	n/a
Court Orders, Parenting Orders, Parenting Plan	Yes	No	n/a
Medical Management Plan	Yes	No	n/a
CCB/CCR Form	Yes	No	n/a