



Enrolment form

Child Details

Child's name: _____

Surname: _____

Sex: _____

Child's CRN: _____

Any nicknames: _____

Address: _____

Home Phone Telephone: _____

D.O.B.: _____ Age on first day attendance: _____

Primary Language spoken at home: _____

Special needs/Cultural/Religious Background: _____

Commencement date: _____ Date of enrolment: _____

Days attending (please circle)

Mon. Tue. Wed. Thurs. Fri.

Approximate hours of attendance: _____

Type of care (Please circle)

Babies Toddlers Junior Kindy
Senior Kindy Pre-school After School Care
Before School Care

Family Details

1. Parent/Guardian First Name: _____ Surname: _____

DOB: _____

Parent CRN: _____

Home Address: _____

Home Phone number: _____ Mobile Phone: _____

Employer's name: _____

Employer's address: _____

Work Phone number: _____

Occupation: _____

Days and hours worked per week: _____

2. Parent/Guardian First Name: _____ Surname: _____

DOB: _____

Home Address: _____

Home Phone number: _____ Mobile Phone: _____

Employer's name: _____

Employer's address: _____

Work Phone number: _____

Occupation: _____

Days and hours worked per week: _____

Custodial Parent (Copy of court order to be attached.)

Emergency contact

In an emergency the centre will contact these people to collect your child.

1. First Name: _____ Surname: _____

Relationship to child: _____

Address: _____

Phone No: (home) _____ Phone No: (work) _____

Mobile: _____

2. First Name: _____ Surname: _____

Relationship to child: _____

Address: _____

Phone No: (home) _____ Phone No: (work) _____

Mobile: _____

I understand that in case of sudden illness or accident and the parents are unable to be contacted, the centre seeks immediate medical attention, including emergency medical, hospital or ambulance service.

Please sign _____

Authorised person to collect child

First Name: _____ *Surname:* _____

Relationship to child: _____

Address: _____

Phone No: (home) _____ *Phone No: (work)* _____

Mobile: _____

2.First Name: _____ *Surname:* _____

Relationship to child: _____

Address: _____

Phone No: (home) _____ *Phone No: (work)* _____

Mobile: _____

Health

Family doctor: _____

Phone number: _____

Address: _____

Has your child in the last two weeks suffered from any injury or illness?

Does your child have any allergies: _____

Has your child ever experienced any language or speech difficulties, physical problems or other health related difficulties?

Does your child have any disabilities or other special needs? _____

Is your child currently under medication? If so please list. _____

Does your child have ongoing medical conditions?

Is your child up to date with Immunisation? Yes or No

Please fill in the Immunisation record and show Director the original.

Immunisation Table

Age	Vaccination	Tick	Date Given	Verification Document used	Sighted by (Please print name)	Staff Signature	Date
<i>Birth</i>	*Hepatitis B						
<i>2 Months</i>	*Diphtheria/Tetanus/ Whooping Cough (Triple antigen) *Haemophilus Influenzae Type B (Hib) *Hepatitis B * Polio(Sabin) * Pneumoccal Disease *Rotavirus						
<i>4 Months</i>	*Diphtheria/Tetanus/ Whooping Cough (Triple antigen) *Haemophilus Influenzae Type B (Hib) *Hepatitis B * Polio(Sabin) * Pneumoccal Disease						
<i>6 Months</i>	*Diphtheria/Tetanus/ Whooping Cough (Triple antigen) *Haemophilus Influenzae Type B (Hib)(may be given depending on vaccine type) *Hepatitis B (or at 12mnts) * Polio(Sabin) * Pneumoccal Disease *Rotavirus						
<i>12 Months</i>	Hepatitis B- (or at 6mnts) Measles/Mumps/Rubella *Haemophilus Influenza Type B (Hib) * Meningococcal C disease						
<i>18 Months</i>	*Chickenpox						
<i>4 Years or school entry</i>	*Diphtheria/Tetanus/ Whooping Cough *Measles/Mumps/Rubella *Polio						

Routines

Is your child able to use Potty with help?

Toilet independently

Are there any special words that mean toilet to your child?

Does your child need a sleep or rest during the day:

Does your child need a nappy, dummy, or bottle at sleep time?

Any special toys or objects? _____

How may we help your child this year? What would you most want for your child at this center? Is there any particular area that concerns you that we need to know about?

Any further information, which you feel, may assist us in providing the service best suited to your need and the needs of your child?

(E.g. Religious beliefs, family situation, recent significant events.)

Agreement Form

Permission for staff to act in case of emergency or accident.

In an event of an accident or an illness requiring emergency medical treatment, every effort will be made to contact parents before such treatment is sought. However, should this prove impossible, the center will need authority for the treatment to be undertaken? Parents are asked to read and sign the following:

*I authorize the staff of the centre to seek
Emergency medical treatment for my child _____ should this be
considered necessary.*

*I agree to abide by the conditions of the use of the centre and to accept such
responsibility as enrolment at the centre imposes.*

Signed.....

Date.....

Witnessed.....

Date.....

PARENT AGREEMENT FORM

- I/We understand and accept that fees must be paid for all days booked including absences for sickness, holidays, etc.
- I/We understand that if fees are not paid my/our child's enrolment will be terminated until payment has been made in full.
- I/We understand that a late fee will apply if my/our child is collected after the center's closing.
- I/We agree to give two weeks written notice on the cancellation of my/our child's enrolment. Otherwise bond will not be given.
- I/We agree to notify the centre of any changes in address, telephone numbers, circumstances or situations.
- I/We will ensure that my/our child is brought to the centre and collected by a responsible adult.
- I have received, read and agree to abide by the policies of the centre as set out by the parent handbook.

SIGNED: _____

DATE: _____

Please ensure to bring along all the items on the checklist on your child's first day at the centre.

CHECKLIST

- Photocopy of official Immunisation Report.
- Completed Immunisation Record Form.
- Photocopy of any other supporting documentation. E.g. Illness reports, Custody orders, medication prescriptions, etc.

If not yet paid \$50 Bond, \$20 Enrolment Fee.

Child Details for Staff

Date of commencement: _____

Child's name: _____

Any nicknames: _____

D.O.B.: _____ *Years:* _____

Months: _____

Languages Spoken: _____

Cultural Background:

Names of Siblings: _____

Names of Parents _____

Days attending (please circle)

Mon. *Tue.* *Wed.* *Thurs.* *Fri.*

Approximate hours of attendance: _____

People with permission to collect child: _____

Permission for Panadol

In an event of a child having a temperature or illness until a parent or guardian arrives to pick up the child, the centre will need authority to be able to give Panadol if it is required. This letter just gives permission to do so. However before Panadol is given parents or guardians will be contacted by phone.

*I _____ authorize the staff of the centre to give
my*

*child _____ Panadol if it is required until a parent
or guardian*

arrive.

Signed: _____

Date: _____

Witnessed: _____

Date: _____

Head Lice check consent Form

While a child is attending child care on some occasions head lice may go around the centre. When this occurs we check the children's hair this consent form is just to give us permission to be able to check children's hair.

Child's name: _____

Parent Name: _____

I _____ give permission to staff to check my child or children's hair if at anytime any staff member suspects your child of having head lice.

Signature: _____ *Date:* _____

Consent of Photography

Name of Child: _____ Date: _____

I/We do/don't consent to photographs being taken of my/our child/children at the children's centre to be used for:

- * Observation for students or staff.*
- * For display around the centre.*
- * Newsletter.*
- * Or for promotional or publication reasons.*

Parent/Guardian: _____

Sign: _____

Dear Parent/ Guardian,

We thank you for using our Before/After school care pick up service. The children will be transported in most cases by the kindy bus from Happyland to Arundel State School, 185 Napper Road Arundel, in the mornings and in the afternoon from school to Happyland.

There may be however occasions when the centre owners Toyota Prado will be used if the bus is unavailable.

The children will be transported between the hours of 8:30am to 9am in the morning and 3:00 to 3:30 in the afternoon.

The estimated travel time between the centre and Arundel State School is approximately 5 minutes.

Car restraints are used in either vehicle used.

Please complete the permission slip below and return to the centre.

I _____ give permission for my son/daughter

_____ To travel by bus or Toyota Prado for before/afterschool care pick up service between the hours of 8:30 to 9am and 3pm to 3:30pm for the whole duration of Term 2 from 27th April 2011 til the 24th June 2011.

Signed (Parent/Guardian): _____

Date: _____

Developed 15/4/07 (Centre Management)

Developed 17/3/10 (Centre Management)

REHEATING OF FOOD

These food types are NOT permitted to be
RE-HEATED

- **2 minute noodles (wh&s) (cold is accepted)**
- **Rice (cold is accepted)**
- **Fried foods (eg fish fingers, chicken nuggets, takeaway meals.)**

We have taken your comments into consideration and have decided as a centre together with advice from Nutrition Australia that parents can sign a waiver allowing us to reheat your child's food within a 24 hour period of being cooked to the correct temperature of 75 degrees.

I _____ have been advised that if I choose to send food that requires heating to Happyland Kids childcare centre I am agreeing with the centres re-heating of food policy and understand that food is only to be re-heated once within a 24 hour period and has been stored appropriately before arrival to the centre.

Happyland kids will adhere to the re-heating of food policy and food will be heated to 75 degrees and tested prior to the child eating the food.

It is parent/guardians responsibility to ensure on your part that the food is used within 24hour period and transported to the centre appropriately.

Parent/Guardian signature

Date

Dear Parents,

To help extend and develop the quality of service for you and your child, we have developed a new emailing communication system, where parents can electronically receive updates and information about the centre via email. This include all Newsletters or updated events and functions of the centre,

For those parents that do not have access to the computer, the pocket system will still be in place and located in each room. All invoices and accounts will remain the same and o be sent out through the pocket system.

If you are interested in being on the Happyland's mailing list please complete the following form and hand it into the fees box.

Thanking you,

Happyland Kids

I _____ am interested in joining the Happyland's new emailing system

My email address is _____

I _____ am not interested in joining the Happyland's email system and wish to continue receiving all information through the Pocket's system.

Postal Address: PO Box 286 Biggera Waters, Qld, 4216