



BIRRALEE KINDERGARTEN

DEPT. of CHILDREN'S SERVICES APPROVED AND N.C.A.C ACCREDITED EARLY EDUCATION CENTRE
48A BINDEA ST, COMO 2226 Phone 9528-6975 AH.9589-0556 FAX: 9528-5017

ABN : 33 508 789 172

2009-2010 ENROLEMENT FORM

CRN: 555 002 901A

Child's Full Name: D.O.B: Sex
(M / F)
Address: Phone (Home):
.....
Family C.R.N no.: Child C.R.N no.: Medicare No.
.....
CCB% Rate Eligible Hours..... Approval Date
.....
Date To Commence: Days Required: M / T / W / T / F Days Waiting on: M/ T / W /
T / F Country of Birth: Language/s Spoken at home:
..... Cultural / Religious Requirements:
.....

PARENTS / CARER

1. Name (Mother): Address:.....
D.O.B.....
Maiden Name: Contact Phone no: (Work)
(Mobile).....
Country of birth Languages Spoken
.....
Place of paid Employment: Days Worked Apx.no.hrs per
week.....
2. Name (Father): Address: Phone:
..... Country of birth Languages Spoken
.....
Place of Paid Employment: Phone: (Work)
(Mobile).....

DETAILS OF ANY COURT ORDER AFFECTING CUSTODY OF YOUR CHILD

Special Instructions e.g. access arrangements
.....
..... Court order attached (Yes
/ No).

OTHER CHILDREN IN THE FAMILY/ OTHER DEEAWR APPROVED CHILD CARE SERVICES USED

Name	Age.....	Name	Age.....	Name.....
Age.....				
Centre Name	Centre Name	Centre Name	Centre Name	Centre Name
Centre CRN	Centre CRN	Centre CRN	Centre CRN	Centre CRN
Day/s attending.....	Day/s attending	Day/s attending	Day/s attending	Day/s attending

EMERGENCY CONTACT PERSONS It is parent's responsibility to ensure records are kept up to date.

1.Name.....
Address.....

Phone Mobile Relationship to Child.....
 2.Name.....
 Address..... Phone Mobile
 Relationship to Child

3.Name.....
 Address..... Phone Mobile
 Relationship to Child

PERSONS AUTHORISED TO COLLECT YOUR CHILD (Must be over 16yrsold)

1.Name.....Address.....
 Phone Mobile..... Relationship to Child.....
 2.Name.....Address.....
 Phone Mobile Relationship to Child

3.Name.....
 Address.....
 Phone Mobile Relationship to Child

Please Note: In an emergency, if persons collecting your child are not on this list we will require you to contact the staff at Birralee .Full details such as Name Address D.O.B. (if possible) of Persons collecting will be required. On arrival we will need to see photo proof of identity e.g. Driver's License. This is by no means meant to inconvenience but for your child's protection.

IMMUNISATION RECORD

Has your child had: Measles (YES/NO) German Measles (YES/NO) Chicken Pox (YES/NO) Whooping Cough (YES/NO)
 Please provide your child's updated original Immunisation History Statement from The Australian Childhood Immunisation Register 1800 653 809 This must be received prior to commencement date .
 attached (YES / NO) Statement /Certificate

If your child is **not immunised** you will need an exemption form from Centrlink to receive C.C.B e.g. Medical Contraindication or Conscientious Objection Form Copy Attached
 (YES / NO)

Parent Statement: I understand my Un-immunised child must be excluded from Birralee at times of outbreaks, at full fee cost to me.

Name: Signature.....
 Date.....

MEDICAL INFORMATION

Family Doctor
 Address.....Phone.....

Family DentistAddress.....
 Phone.....

Family Herbalist.....
 Address.....Phone.....

Child's PaediatricianAddressPhone

Has your child been under the care of a Specialist (YES / NO): Specialists
 Name.....Phone.....

Relevant reasons.....

Does your child have any pre existing medical condition e.g Asthma /Allergies / Illnesses/ Convulsion due to temperature?

(Please Specify):

.....
If a "Medical Plan of Action" is required it must be completed by your child's doctor and returned before commencement date. Attached (YES / NO) NameSignature:
.....Date.....

MEDICATIONS

Your child will be issued with an "Individual Medication Form" please fill this out when medication is required during the day.

Un-prescribed medication (e.g Panadol) cannot be administered by staff at Birralee.

EMERGENCY / MEDICAL AUTHORISATION

If in times of accident or serious illness, I give permission for the staff at Birralee to seek whatever medical, hospital, dental attention may be required including the need for an ambulance at full cost to me.

Parent Name..... Signature
Date.....

ABOUT YOUR CHILD (please provide separate sheet of paper if required)

We would like to know your child's likes ,dislikes, favourite things, people ,T.V shows, pets etc as much as you feel relevant also any Social /Physical/ Intellectual/Cultural /Emotional (S.P.I.C.E) Developmental needs

.....
.....

Does your child enjoy "reading" books, reading aloud to your child aids in Language Dev. My child's favourite book's are: e.g." Cat in the Hat"

.....
.....

FIRST AID MEDICAL AUTHORISATION

I give my permission for staff at Birralee to administer: **DETOL:** Chloroxylenol 48mg/ml. 4.8%w/v
(YES / NO) **CALAMINE:** Quaternium - 150.1% w/v as preservative (YES / NO) **BETADINE:** Povidone - Iodine 10% w/v (YES / NO) **ANTISEPTIC POWDER:** Providone-Iodine14.5% w/w (YES / NO) **SUNSCREEN:** Octyl /Isoamyl Methoxycinnamate ,Octyl Salicylate , **STINGOSE:** AluminiumSulfate 200mg/ml (20% w/v) (YES / NO) **SUNSCREEN:** Octyl /Isoamyl Methoxycinnamate ,Octyl Salicylate , **If you have answered NO to any of Medical Authorisation questions** Zinc Oxide, Phenoxyethanol ,Hydroxybenzoates ,Methozlidene,camphor please fill out a "Medical Plan Of Action" Vitamin E (**NO PARBA in Sunscreens**) (YES / NO) Parent NameSignature
.....Date.....

PARENT STATEMENTS

I have received a copy of Birralee's Information / Policies and Procedures Manual I understand and agree with its contents. Parent Name Signature
..... Date

I have applied for up to 50hours C.C.B. with F.A.O. as I meet their requirements (working/study/training). (YES/ NO)

Parent Name: Signature Date

I have registered my child with the Family Assistance Office and wish to: - Receive CCB reduction in my weekly fees (YES/ NO)

- Claim CCB on my Annual tax return

(YES/NO)

I understand if I have **not** registered my child with Family Assistance Office and linked child to Birralee I will not be eligible to receive any Child Care Benefit fee reductions

Parent Name:Signature:.....Date

I give my permission for Birralee Kindergarten to use information on this Enrolment Form to complete F A O - Request for C R N Parent Name.....Signature
Date

I give my permission for Birralee Staff to photograph my child to use in "individual progress books"+ "At play" playroom displays Parent Name Signature
Date

FEES AND PAYMENTS

DAILY FEE :- \$45.00 **ANNUAL ENROLEMENT FEE** (non refundable) :- \$45.00 Date Paid
.....Amt.....

BOND: Two Weeks Full Fees . Amount \$..... Date Paid.....

Bond Refund will be issued at end of year or when 2 weeks written notice is given.

IMPORTANT: Please provide us with a copy of your current CCB % rate from Family Assistance Office.

Any queries regarding changes to your CCB % rate please refer to CENTRLINK. 136150

ABSENCES : Centrlink allows 30 absent days per financial year before cancelling Child Care Benefit.

FEES: BALANCE MUST BE KEPT UP TO DATE AT ALL TIMES, POSITIONS JEOPARDISED IF FEES ARE CONTINUALLY LATE.

PARENT STATEMENT:- ALL FEES NOT HONOURED BY CENTRLINK WILL BE PAID BY ME

Parent Name:Signature: Date.

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