



Hillside Pre-school Day care Centre

Enrolment

Date: ___/___/___

Parent 1:	Parent 2:
CRN:	
First name:	First name:
Last name:	Last name:
Address:	Address:
Home phone:	Home phone:
Mobile phone:	Mobile phone:
e-mail:	e-mail:
Date of birth:	Date of birth:
Driver license no.	Driver license no.
Ethnicity:	Ethnicity:
Country of birth:	Country of birth:
Other language spoken:	Other language spoken:

Employment details	
Occupation:	Occupation:
Company name:	Company name:
Address:	Address:
Phone:	Phone:

Medical details	
Doctor:	Dentist:
Address:	Address:
Phone:	Phone:
Medicare no.	Medicare no.

I hereby give my written consent to the carrying out of the appropriate medical, dental, ambulance or hospital treatment, in the event that such action appears to be necessary. Nothing in this clause limits the authority of a medical practitioner to carry out emergency treatment on your child without consent of the parent(s) as referred to in section 174 of the Act.

Note: A staff member from the centre will accompany your child in an emergency.

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

Office use:

Child Information					
CRN:					
First name:			Last name:		
DOB:			Gender M/F:		
Required starting date:			Country of birth:		
Days/times required:					
Hillside preschool to offer any day that becomes available Y/N					
Parents/guardians preferred days:					
	Mon	Tue	Wed	Thu	Fri
Arrival time:					
Departure time:					
Priority of Access:					
The centre must comply with enrolment priority and access guidelines set by FAO.					
1. Aboriginal/Torres Strait Islander		Y/N			
2. Risk of harm/Foster Care		Y/N			
3. Working parents/guardians		Y/N			
4. Preschool age		Y/N			
5. Current siblings attending		Y/N			
Court order: Y/N if yes please provide a copy with enrolment					
Work/study					
Please indicate and circle those days of your current work/study schedule to assist us with our priority of access status.					
Parent 1.	MON	TUE	WED	THU	FRI
Parent 2.	MON	TUE	WED	THU	FRI
Health					
Our centre is committed to providing quality care for all children including those with special needs or medical conditions/Allergies.					
Condition:					
I give permission for my child's medical condition to be displayed Y/N					
Treatment:					
Doctor:					
Are there any relevant custody arrangements affecting your child? Y/N					
If yes please provide details and/or relevant documents to keep on file.					

Siblings			
Name:	DOB:	Name:	DOB:
Siblings attending other care facilities			
Name:	Name:	Name:	
Service name:	Service name:	Service name:	
Are you claiming CCB Yes/No	Are you claiming CCB Yes/No	Are you claiming CCB Yes/No	

Permission/consent:	
Our policy requires for us to have regular head lice inspections. My child can be checked for head lice at regular intervals though the year.	Y/N
In the case of an emergency after attempting to contact parents/guardians, Hillside preschool will provide my child with the recommended dosage of Panadol as per requirement.	Y/N
Our programming policy is created so that children have access to media resources such as computer and internet. My child can participate in media related activities.	Y/N
At Hillside we participate in fire drills and gardening activities that would be regarded as an 'excursion' outside our safety fences. These activities are supervised with all staff at the service attending. My child can participate in fire drill and gardening activities.	Y/N
At Hillside we participate in a variety of celebration that would allow for families and the preschool to take photos of the children. Photos can be taken of my child and displayed within the preschool premises.	Y/N
I give permission for staff to apply sunscreen to my child	Y/N

When your child is enrolled with us and you would like to change your attendance days we require 2 weeks written notice in advance. Fees will be paid as normal during those 2 weeks until that date. Your bond will be refunded to you if and when you leave the service.

Please ensure to keep records up to date and any changes made in your families personal details are recorded in the office so that records are kept in order.

Emergency contacts/Authority to collect

CHILD NAME.....

At least 2 contact names must be completed before enrolment commences. Emergency contact persons (other than parents) need to be over 18 years of age and willing and able to collect your child/children in an event of an emergency.

First name:	First name:	First name:
Last name:	Last name:	Last name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Home phone:	Home phone:	Home phone:
Mobile:	Mobile:	Mobile:
Work name:	Work name:	Work name:
Address:	Address:	Address:
Work phone:	Work phone:	Work phone:
Relationship to child:	Relationship to child:	Relationship to child:

I authorise the staff of this centre to give the following emergency contact names access to my child/ren in the event of an emergency.

NOTE: Staff will not allow your child to go with authorised pick up person unless they have been informed by you to do so. A copy of their driver's license will be requested upon arrival.

Signature.....Date.../...../.....

<u>Office use</u>

Payment Agreement Form

As stated in our fees policy we require payment of child care fees to be made in advance. As a minimum we expect payment on the first attendance day of the week. Ideally we would like fees to be kept 2 weeks in advance.

Please indicate the method of payment you wish to use.

Payment in person using cash, EFTPOS or credit card

Payment made by cheques to Hillside Preschool Day Care Centre

Direct debit from my credit card

Card type:	Name on card:
Card number:	Expiry date:
CSV security number:	Payment made:

Direct Debit into Hillside preschool bank account.
Newcastle Permanent Building Society BSB: 650 300
Account No. 510692203

**See enrolment checklist for these details*

***Please provide family information when making payments.*

I agree to pay my child care fees (please circle)

WEEKLY

FORTNIGHTLY

MONTHLY

I understand my payment options and agree to use the above mentioned payment method to ensure that my fees are up to date at all time. I am aware that if I experience difficulty paying my fees that I may jeopardise my child's position at the centre unless an agreement is reached with management to recover outstanding dept. I understand that the account is in my name and I will be responsible for maintaining regular payments of child care fees.

Name: _____

Signed: _____ Date: ___/___/___

Enrolment check list for your record

Thank you for taking the time to fill in the forms and providing us with the information that is required under the Education and Care Services National Regulations.

- ___ I have paid my yearly enrolment fee of **\$45** and **\$20** for each additional child. In the case of re-enrolment this fee is added to your existing account
- ___ I have paid my **\$150** refundable bond.
- ___ I have completed my confidential information forms and have provided at least 2 emergency contacts.
- ___ I have provided my child's up to date immunisation details.
- ___ I have provided a copy of my child's birth certificate.
- ___ I have completed an enrolment form for both child and parent.
- ___ I have provided the centre with a payment agreement form.

If you wish to make payment on-line payments via Direct Debit:

Hillside preschool bank account: Newcastle Permanent Building Society

BSB: 650 300
Account No: 510692203

Important Notice

We have children enrolled with ANAPHYLAXIS and SEVERE food allergies for NUTS, EGGS and DAIRY PRODUCTS and a staff member ANAPHYLACTIC to PEANUTS. Exposure to Peanut oil can result in anaphylactic shock. For this reason we ask that children DO NOT eat anything containing nuts before attending the centre. This includes peanut butter, Nutella, cereals such as crunchy nut cornflakes, nut bars or muesli bars containing nuts.

☺ THANKS FROM ALL THE STAFF AT HILLSIDE PRESCHOOL

Child Profile



Name:

D.O.B:

Family status:

Siblings:

Mum:

Dad:

Custody info:

Health info:

Interests/Strengths:

Focus areas:

Dislikes/Fears/Comforts:

Parent participation

We educate environmental sustainability and believe in using recyclable resources wherever we can. Do you have access/contact to any free material you may be able to provide the centre? _____

We recognise expertise in families and advocate parent participation and enjoy incorporating experiences within our program. Do you have a job/talent that children can learn from? _____

Orientation process

Were you given a tour of the whole centre? Y/N

Were you shown program and explained daily routine? Y/N

Was all staff friendly towards you and your child? Y/N

Were you and your child introduced to all staff? Y/N

Were you offered orientation visits? Y/N

Do you have any suggestions to help make our enrolment/orientation process more effective? _____

General comment/feedback about centre and/or staff? _____

Thank you for choosing Hillside Preschool and taking the time to fill in this brief survey. In doing this you are assisting us to improve our standards and make the enrolment process more effective for future families. We look forward to building a positive partnership with you and your family. From all the staff at Hillside Preschool ☺