

Berserker Kindergarten Enrolment Form



66 Lucas St
Rockhampton QLD 4701

Phone: 49 223 684
berserkerkindy@bigpond.com.au



Childs Details

Surname: _____ First Name/s: _____

Preferred Name: _____ Child's CRN No: _____

Residential Address: _____

Date of Birth: _____ Gender (please circle): Male Female

Birth Certificate (Please bring in original for centre to copy)

Child's Age on First Day: ____ years ____ months Preferred Commencement Date: _____

Medicare Number _____ Ref ____ Exp ____

Child Identifies as Aboriginal or Torres Strait Islander Yes No Other Cultural Background: _____

Parent / Guardian Details

First Parent/ Guardian Details:

Name: _____ D.O.B ____/____/____ Parents CRN Number: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email: _____ Most convenient way to contact you: Phone Email

Address: _____

Occupation: _____ Place of Work: _____ Work Address: _____

Best Contact during the day: (please Circle one) **Home Phone** **Work Ph** **Mobile**

Health Care Card Holder Yes No Exp Date: ____ (Please bring in Health Care Card for centre to copy)

Second Parent / Guardian Details:

Name: _____ D.O.B ____/____/____ Parents CRN Number: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

email: _____ Most convenient way to contact you: Phone Email

Address: _____

Occupation: _____ Company: _____ Work Address: _____

Best Contact during the day: (please Circle one) **Home Phone** **Work Ph** **Mobile**.

Health Care Card Holder Yes No Exp Date: ____ (Please bring in Health Care Card for centre to copy)

I authorised for the above person to Consent for this child to attend excursions/collect child from the centre Yes No

Signature: _____

Court Orders:

Are there any Court Orders or Orders from Government Bodies affecting your child ? Yes No

If yes, please give details (including a photocopy of the order for centres records): _____

Marital Status of Parents: (Please Circle) Married De- factio Divorced Separated Widow/Widower Single



Preferred Emergency Contact

(This should be preferably be someone other than the parents/guardians listed above)

Name: _____ Address : _____

Phone No: _____ Mobile No : _____

Relationship to Child: _____

I authorise for the above person to the Consent to Medical Treatment and transportation to medical treatment of the child if required Yes NO Signature: _____

I authorise for the above person to consent to the administration of Medication of this child if required Yes No
Signature: _____

I authorised for the above person to Consent for this child to attend excursions from the centre Yes No
Signature: _____

Additional People for Contacts and Consents: Who (other than your child's parents) is able to collect you child. Or give consent in place of parents when parents are not available. *Please keep these details up to date as you are giving authorisation for the following people to collect your child.*

Name: _____ **Address :** _____

Phone No: _____ **Mobile No :** _____ **Relationship to Child:** _____

I authorise for the above person to the Consent to Medical Treatment and transportation to medical treatment of the child if required Yes NO Signature: _____

I authorise for the above person to consent to the administration of Medication of this child if required Yes No
Signature: _____

I authorised for the above person to Consent for this child to attend excursions from the centre Yes No
Signature: _____

Name: _____ **Address :** _____

Phone No: _____ **Mobile No :** _____ **Relationship to Child:** _____

I authorise for the above person to the Consent to Medical Treatment and transportation to medical treatment of the child if required Yes NO Signature: _____

I authorise for the above person to consent to the administration of Medication of this child if required Yes No
Signature: _____

I authorised for the above person to Consent for this child to attend excursions from the centre Yes No
Signature: _____

Cultural Recognition:

Does your child have any religious or cultural requirements: Yes No (If yes please describe)

Does your child speak a language other than English? Yes No (If Yes please state which language)

Special Cultural / Religious needs (eg Diets, festivals): _____

Any specific Request or Requirement dietary or otherwise that you require: _____

Individual Information:

Number of Children in the Family: _____ Position in the Family: _____

Details of Brothers and Sisters: _____ D.O.B : ___/___/___

_____ D.O.B : ___/___/___

Required Days:

Mon Tues Wed Thurs Friday **Long Day Care Kindergarten**

Le Smileys Early Learning Centre – Berserker Kindergarten Enrolment Form

Phone 49 223 684

Private and Confidential



Medical Details

Injuries / Allergies / Illnesses etc:

Are your child immunizations up to date? : Yes No (Please attach a copy of the Immunisation History Statement with your enrolment form)

Does your child have any allergies: Yes No

Medications allergies: _____

Food Allergies: _____ Other Substances (allergens): eg grass, pollen, animal hair etc: _____

Food Intolerance: _____

If yes then please attach an Allergy Action Plan developed in consultation with your doctor (Action Plan located in Parent Handbook).

Has your child any diagnosed Asthma medical conditions Yes No (Please Circle)

If yes for Asthma please attach an Asthma Action Plan developed in consultation with your doctor (Action Plan located in Parent Handbook).

Any other Medical Conditions such as Diabetes, Epilepsy, Development Disabilities (Please State):

Is your child on regular medications: Yes No Please state your Childs Medications: _____

Do you give permission for centre staff to administer a dose of life saving medication (eg. Epipen and/or Antihistamine (Zyrtec) or Ventolin) in the case of emergency?

Yes No Signature of Consent: _____

Any Previous Infectious Diseases: _____

Does your child have any special needs? Yes No _____

General Practitioner (GP): _____ Phone Number: _____

Address: _____

Do you give permission for centre staff to administer on dose of Paracetamol in the event of your child having a temperature over 37.5C, or in the event of pain (such as teething)? Yes No

Do you give permission for centre staff to apply sunscreen and insect repellent and relief at the appropriate times? Yes No

If your child has an Allergy, Asthma or other medical illness that requires specific information please complete wither a Asthma Plan/ Allergy Action Plan or supply other relevant health care record for us to have on file with in your childs records and to be place in the area in which they are being educated and cared for.



Application for Enrolment

In order for Le Smileys to operate for the maximum benefit of children and their parents, it is essential that there is a close co-operation between home and the centre. We ask that parents sign the undertaking and obligation outlined below:

I/ We wish to apply for the enrolment of my child to Le Smileys Early Learning Centre.

I/We agree in the case of sudden illness or an accident where parents cannot be contacted, the Nominated Supervisor or person in charge shall act as agents for parents. They will assume discretionary powers to seek immediate appropriate medical attention and or ambulance assistance as deemed necessary. I/We agree to pay medical cost if medical attention is required.

I/We agree to keep my child home when they are suffering from infectious or contagious illnesses as prescribed in the Parent Handbook.

I/We understand the Centre's Policies with regard to medication and the administration of it.

I/We agree to promptly notify the Director as to the reason for any absences.

I/We agree to give a minimum of **two (2) weeks** notice of my child leaving the centre, or pay two weeks fees in lieu thereof.

I/We understand the Centre's policy with respect to fees as per the parent handbook and I agree to keep fees paid in to a zero balance at the end of each payment period at all times. If fees become outstanding I agree to commence a payment plan to pay down the debt incurred. If a payment plan is not entered into and the debt is referred to a debt Collector then I/we agree to pay the debit as well as any fees incurred in relation to recouping the debit and any interest that may be applied.

I/We have read Le Smileys Handbook and agree to abide by the policies outlined in it.

I/We agree that the Child will be signed in and out at the appropriate location on each day of attendance.

I/ We will ensure that the Child is accompanied to and from the centres by an adult person (18+ years) and that the teacher/person in charge of the room is notified of arrivals and departures.

I/We give permission for my child to participate in Fire Drills held regularly at the centre. I understand that he/she may be required to leave the enclosed playground to assemble in the designated area on the Centre's Evacuation Plan.

Consent for Photography:

Photographs possible uses in the centre are observations and learning stories that will be shared to other families within the centre through emails and on our closed Facebook page. Photograph possible uses for outside of the centre are student learning material, promotional material, newspaper stories and the centre website.

Do you give permission for your child to be photographed whilst at the center? Yes No

I hereby give permission for Le Smileys Early Learning Centre to include photos of my child/ren in learning stories and observations that may be used in student material submitted to universities or colleges for marking.

Yes No

I understand that learning stories and photos will be emailed or posted on our closed Facebook page and other families of the room my child is enrolled in will see these photos Yes No

First Parent / Guardian Signature: _____ Date: _____

First Parent / Guardian Print Name: _____

Second Parent / Guardian Signature: _____ Date: _____

Second Parent / Guardian Print Name: _____



Thank you for choosing Le Smileys to Educate and care for your child.

We would like to know how you found out about us?

Please Tick:

Recommended by Friends Yellow Pages PDC Local Newspaper Morning Bulletin Newspaper advertisements Fiver mail out Other (Please state) :

<p>Office Use Only</p> <p>Room Allocated: _____ Reason for Care _____</p> <p>Days of Booked Attendance: Monday Tuesday Wednesday Thursday Friday</p> <p>EZI Debit Form Completed: <input type="checkbox"/> Yes Details placed on System <input type="checkbox"/> Yes Date: ___/___/___</p> <p>Immunization Statement Received and place on file <input type="checkbox"/> Yes Date ___/___/___</p> <p>The Approved Provider, Nominated Supervisor or other staff member has sited</p> <p>Health Record <input type="checkbox"/> Yes <input type="checkbox"/> No Date Received ___/___/___ Health Concern _____</p> <p>Asthma Action Plan <input type="checkbox"/> Yes <input type="checkbox"/> No Date Received _____</p> <p>Anaphlaxis Action Plan <input type="checkbox"/> Yes <input type="checkbox"/> No Date Received _____</p> <p>Given: Hat <input type="checkbox"/> Shirt <input type="checkbox"/> Date ___/___/___ Signature _____</p>



Settling into Kindergarten

To help us get to know your child in the early days, please fill in the following information:

Child's Name: _____ D.O.B: _____

People who are important to your child: _____

My child's favourite toys are: _____

My child's favourite songs, books, music: _____

Our Pets are: _____

My Child really enjoys the following activities:

Inside: _____ Outside _____

Things my child dislikes: _____

Toileting Information (Please circle):

Nappies

Being toilet Trained

Trained

Diet / Feeding information (please circle):

Needs assistance to eat meals or Self Fed with Utensils

Food my child dislikes: _____ Allergies: _____

Sleep/Rest Information: (Please Circle)

Comforter

Dummy

Bottle

What time does your child normally go to sleep? _____

How long does your child sleep for? _____

I would really like staff to help my child with: _____

Other important information about my child: _____

Aboriginal or Torres Strait Islander descent Yes No

Other Cultural Descent: _____

Religious Requirements: _____

Do you or any one in your family have any special skills, talents or interests that they would be happy to share as part of the program. Yes No

If yes what type: _____

Thank you, we really want your child to be happy with us at Le Smileys and make lots of new friends. Please do not hesitate to contact us at anytime to pass on information, or check up on how his/her day is going. We are very happy to talk to you at anytime.

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