

ENROLMENT FORM

OFFICE USE ONLY

CHILD'S FAMILY NAME: _____

COMMENCEMENT DATE: _____ / _____ / _____

NUMBER OF CHILDREN IN CARE AT THIS CENTRE: _____

CASUAL: YES / NO

CLAIMING CCB NOW?: YES / NO

FAMILY REFERENCE NUMBER (FAO): _____

CHILD REFERENCE NUMBER (FAO): _____

TERMINATION DATE: _____ / _____ / _____

Child's Details

CHILD'S FAMILY NAME: _____

FIRST NAME: _____

NAME I WISH CARERS TO CALL MY CHILD: _____

DATE OF BIRTH: _____ / _____ / _____ MALE / FEMALE

PRIMARY SCHOOL CHILD: YES / NO

HOME ADDRESS: _____

_____ POST CODE: _____

Child's Details (Bookings)

ROOM / AGE GROUP: _____

DAYS OF ATTENDANCE, & USUAL ARRIVAL & DEPARTURE TIMES:

	MON.	TUES.	WED.	THUR.	FRI.
From	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____

Fees are payable for booked days whether the child attends or not (i.e. during sickness, public holidays, family holidays etc).

Family Details

ENROLLING PARENT/GUARDIAN

FAMILY NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ POSTCODE: _____

TELEPHONE: Home: _____ Mbl: _____

COUNTRY OF BIRTH / CULTURAL BACKGROUND: _____ MALE / FEMALE

EMAIL (for newsletters etc.): _____

EMPLOYER / PLACE OF STUDY: _____

WORK / STUDY ADDRESS: _____

WORK PHONE: _____

OCCUPATION: _____

Any talents or hobbies that either parent/guardian may have to share with the children?: _____

I agree to my name, business and contact details being added to the data base at Harmony, so that Harmony families may contact me, or my company, to buy products/services. (optional)

Parent Signature: _____ Date: _____ / _____ / _____

PARENT / GUARDIAN (2)

FAMILY NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ POSTCODE: _____

TELEPHONE: Home: _____ Mbl: _____

COUNTRY OF BIRTH / CULTURAL BACKGROUND: _____ MALE / FEMALE

EMAIL (for newsletters etc.): _____

EMPLOYER / PLACE OF STUDY: _____

WORK / STUDY ADDRESS: _____

WORK PHONE: _____

OCCUPATION: _____

Contact People (other than Parents/Guardians)

PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY (other than a Parent or Guardian)

1.

FAMILY NAME: _____ FIRST NAME: _____

TELEPHONE: Home: _____ Work: _____ Mbl: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

2.

FAMILY NAME: _____ FIRST NAME: _____

TELEPHONE: Home: _____ Work: _____ Mbl: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

CHILD'S DOCTOR

NAME: _____

TELEPHONE: _____

ADDRESS: _____

MEDICARE NO: _____

PRIVATE HEALTH FUND: _____ HEALTH FUND NUMBER: _____

PERSONS AUTHORISED TO COLLECT THE CHILD

Under no circumstances will the child be permitted to leave Harmony Centre with any other person, without the written or verbal permission of the parent/guardian. Photo identification must be provided to staff.

1.

FAMILY NAME: _____ FIRST NAME: _____

RELATIONSHIP TO THE CHILD: _____

ADDRESS: _____

TELEPHONE: Home: _____ Work: _____ Mbl: _____

2.

FAMILY NAME: _____ FIRST NAME: _____

RELATIONSHIP TO THE CHILD: _____

ADDRESS: _____

TELEPHONE: Home: _____ Work: _____ Mbl: _____

3.

FAMILY NAME: _____ FIRST NAME: _____

RELATIONSHIP TO THE CHILD: _____

ADDRESS: _____

TELEPHONE: Home: _____ Work: _____ Mbl: _____

4.

FAMILY NAME: _____ FIRST NAME: _____

RELATIONSHIP TO THE CHILD: _____

ADDRESS: _____

TELEPHONE: Home: _____ Work: _____ Mbl: _____

Child's Details (Health & Medical)

SPECIAL FOOD REQUIREMENTS: _____

FOOD ALLERGIES: _____

ALLERGY SYMPTOMS: _____

PRESENT MEDICAL CONDITIONS:

Regular medical attention or medication	Yes / No	Reason: _____
Asthma or recurrent chest infections	Yes / No	Usual medication: _____
Seizures	Yes / No	Procedure: _____
Skin conditions	Yes / No	Description: _____
Eyesight problem	Yes / No	Description: _____
Hearing problem	Yes / No	Description: _____
Allergies other than food (e.g. bee stings)	Yes / No	Description: _____
Other chronic health condition	Yes / No	Description: _____

If yes, please give further details:

PREVIOUS ILLNESS OR OPERATIONS: _____

NON-IMMUNISATION DUE TO CONSCIENTIOUS OBJECTION: YES / NO

PLEASE BRING IN CHILD'S HEALTH & IMMUNISATION RECORD, for photocopying

IMMUNISATION	DATE(S)	STAFF SIGNATURE
Triple Antigen (DTP)		
Polio (OPV)		
Measles, Mumps, Rubella (MMR)		
5 year Booster (DTP & OPV)		
Hib (HibTITER/ Pedvax/ ProHIBIT/ Act-HIB)		
Hepatitis		

Child's Details (Other)

COUNTRY OF BIRTH: _____ CULTURAL BACKGROUND: _____

MAIN LANGUAGE SPOKEN AT HOME: _____

DETAILS OF GUARDIANSHIP, CUSTODY, RESTRAINING ORDER, AND TERMS OF ANY SPECIFIC CUSTODY OR ACCESS PROVISION: _____

CULTURAL / RELIGIOUS INFORMATION RELEVANT TO THE CHILD: _____

SPECIAL NEEDS OF YOUR CHILD: _____

OTHERS LIVING AT HOME (e.g. sibling, relatives, friends) & RELATIONSHIP TO CHILD: _____

Child's Profile

Usual time for going to bed at night: _____ Usual time of awakening in a.m.: _____

Afternoon sleep/rest: Yes / No If Yes, time and length): _____ Nappy for sleep: Yes / No

Does your child have a security item(s): _____

What item(s) does your child take to bed: _____

Fears/dislikes (e.g. dogs, loud noises): _____

Toilet trained: Yes / No Potty: Yes / No Child can toilet by self, wipe bottom, etc: Yes / No

What words does your child use for toileting? _____

Does your child drink from a cup: Yes / No

Any other information relating to your child? _____

Excursion Authorisation

I agree that my child may be taken to the places specified below. I understand that I will be asked for my written authority for any outing outside those listed below.

- Newborough Primary School playground, Newborough & Hancock Streets: Yes / No
- Sackville Terrace shops opposite the Harmony Centre: Yes / No
- Hancock Street park, approx. 250m south of the Harmony Centre: Yes / No

Parent Signature: _____ Date: ____/____/____

Parent / Guardian's Enrolment Agreement

1. I have viewed the Harmony Child Learning Centre's Enrolment Form and consent to the enrolment of my child.
2. I acknowledge having read the Centre's Handbook in the Harmony foyer, and I understand that any changes to such will be displayed on the Centre's noticeboard.
3. I agree to comply with all Government requirements in relation to the Centre and its service.
4. I agree, in the case of an accident or injury, medical care may be sought and given to my child in the event that I cannot be contacted, and I agree to meet any costs involved.
5. I consent / do not consent (please cross out either one and initial) for a qualified staff member to administer Paracetamol in the event that the parent/guardian cannot be contacted.
6. I agree to pay the weekly fee by cash, cheque, internet, direct debit, or Eftpos during the week of my child's attendance, or as agreed by both parent and Centre.
7. I understand that fees are payable for public holidays and any days when my child is absent from the Centre for any reason such as sickness or personal convenience.
8. I understand that if fees are not paid, my child's continued enrolment at the Centre cannot be guaranteed. A penalty of 5% is payable on overdue accounts, in addition to the normal weekly fee.

9. I am aware that fourteen (14) days' notice in writing of cancellation of enrolled days must be given; otherwise fees will continue to be charged.
10. I understand that in the event of any outstanding fees not paid by the undersigned, the matter will be put in the hands of the Centre's Debt Collection Agency, and all costs incurred through this process are payable by both or either enrolling parent/guardian.
11. I understand that to avoid lost clothing and staff leaving the supervision of children to search for lost items, Harmony will subsidise and invoice parents \$13.50 for 25 high quality iron-on labels.
12. I am aware that it is my responsibility to maintain a current Centrelink Income Assessment for Child Care Benefit (CCB) purposes.
13. I am aware that I am required to satisfy Centrelink requirements for confirming work status for claiming more than 20 hours of Child Care Benefit per week, and requirements for claiming more than 50 hours of Child Care Benefit per week.
14. I understand that I will have until 28 days after my application for Child Care Benefit to meet immunisation requirements or to obtain an exemption. Failure to meet these requirements will result in cancellation of Child Care Benefit after the 28-day period.
15. I understand that my child cannot be accepted into care at the Harmony Centre if he/she has symptoms of any communicable disease or condition, which may prejudice the health of others.
16. I agree that if my child is picked up after closing time, I will be charged overtime fee of \$10 per 15 minutes or part thereof.
17. I understand that the person dropping off or collecting my child must sign him/her in and out every day of attendance.
18. I give permission for photos to be taken of my child for use within the Centre.
19. I agree to update enrolment details with the Harmony Centre when changes occur.
20. I have read this contract, and received relevant information about the service offered by the Harmony Child Learning Centre for the care and education of my child, and agree to abide by the conditions of use of the Centre and this contract.

Enrolling Parent / Guardian Signature: _____

Name Printed: _____

Date: _____ / _____ / _____