



# Farran Street Quality Child Care Centre

*“We Introduce Children to Themselves”*

11 Farran St. Lane Cove NSW 2066 Tel: (02) 9427 5632. Fax. (02) 9427 9404

## Enrolment Form

Date of Commencement: .....

## Child’s Details

Child’s Name:.....

Date Of Birth:..... Years:..... Months:.....

Sex: Male / Female

Address:.....

| Parent One | Parent Two |
|------------|------------|
|------------|------------|

Name: ..... Name: .....

Address: ..... Address: .....

.....

Work Phone: ..... Work Phone: .....

Home Phone: ..... Home Phone: .....

Mobile: ..... Mobile: .....

Email: ..... Email: .....

Nationality: ..... Nationality: .....

Occupation: ..... Occupation: .....

Languages spoken: ..... Languages spoken.....:

Cultural Background: ..... Cultural Background: .....

Name of siblings: .....

Ages: .....

**Enrolment Details**

Days Attending (please circle)

Monday      Tuesday      Wednesday      Thursday      Friday

Approximate Daily Hours Of Attendance: .....

**Emergency Contact Details (in case you cannot be contacted)**

The following information is very important. Please think carefully before completing. These are persons other than the Child’s parents or guardians. The people listed below must be over 18.

**Person 1**

Name:.....  
 Tel: (Work)..... (Home).....  
 Mobile.....  
 Relationship to Child:.....

**Person 2**

Name:.....  
 Tel: (Work)..... (Home).....  
 Mobile.....  
 Relationship to Child:.....

Are there any other people with whom the child has close regular contact whom it would be important for us to know?

Name:.....

Name and Details of anyone who is prohibited from having contact with or collecting the child?

.....

Court order sighted and copied by director. A photograph of any unauthorized persons is required to aid staff in prompt identification of improper persons.

**Office Use Only:**

| Form  | Received Date | Staff Member |
|---|---------------|--------------|
| Waiting List Form completed                     |               |              |
| Supplementary Form for Under 2’s completed;     |               |              |
| Deposit Fee / 4 Weeks Fees in advance obtained, |               |              |
| Certified copy Birth Certificate obtained etc.  |               |              |
| Other Documents                                 |               |              |

## Health Details

Family Doctor:.....

Telephone:.....

Address: .....

Has your child ever been in Hospital? - Yes / No

If yes please give details - .....

Has your child had any known medical conditions? .....

I give the centre authority to call an ambulance. ....

Religious requirements in case of accident? .....

Has your child been immunized? .....

Does your child have any allergies? .....

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

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

\* The following information about additional needs and health should also appear on the Application for Waiting List form.

Has your child been assessed for any additional needs? N.B. If your child has been assessed in the following areas please provide documentation in relation to the assessment

Asthma

Gifted/Talented

Anaphylaxis / or other food allergies

ADD or ADHD

Speech

Behavioural Conditions

Does your child have any Current medical conditions?.....

Does your child have any proven allergies? .....

Food Products not allowed? .....

Has your child ever had; .....

Measles

Mumps

German Measles

Chicken Pox

Ear Infection

Throat Infection

Hepatitis

Medicare Number.....

Does your child have any great fears? .....

Please state any religious or cultural requirements we need to abide by whilst caring for your child  
.....

## Routines

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

.....

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

.....

Approximately what time of the day?

.....

Does your child have a nappy / dummy / bottle at sleep time?

.....

Any special toy or objects?

.....

Does your child have special routines on being put to bed?

.....

Any important language to use at this time?

.....

Does your child have any special dietary requirement eg. Vegetarian?

.....

Is there any food your child particularly likes or dislikes?

.....

Are there any particular requirements at meal time?

.....

Does your child feed him / herself at home?

.....

## General Needs

Does your child have any deep fears about anything in particular e.g. noise?

.....

Are there any words that we need to know that have special meaning for your child?

.....

Please translate if appropriate..

.....

Has your child attended other children's services (playgroup etc) or been cared for outside the home?

.....

Does your child get upset when left with other people?

.....

What do you love about your child that you would like us to know about?

.....

How may we help your child this year? What would you most want for your child at the centre?

.....

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)

.....

What information do you consider important to know each day and what is the best means of communication for you?

.....

Have you any skills that you would like to contribute to the centre's program?

.....

We are looking forward to caring for your child and welcome your family into the centre. If you have any suggestions that you would like to put forward please feel free to approach the staff. We also hope that you will approach us if you have any concerns or comments about the service we are providing.

We welcome parent participation on many levels of the centre's operations, and hope we can develop a warm and trusting relationship with you and your child.

**Privacy Statement**

Our centre maintains records of children’s attendance, health, family financial matters, such as fee payments, and the developmental records of each child as required by regulations. All information is confidential and is only available to Parents / Guardians of the children concerned and by the request of DoCS, NCAC and FAO. Special requirements records will be kept, if notified by a parent, which may relate to a child’s culture or religion or if the child has a disability or other special need. The specific needs of all children will be recorded.

**Parental Agreement**

In the event of any emergency, illness or accident concerning my child, I hereby give my permission for the staff at this centre to seek medical or hospital attention for my child. Also, if every reasonable effort to contact me has failed and the Doctor contacted considers it necessary for medication, anesthetic or minor surgery he/she has my permission to administer same.

I accept liability for any medical and/or ambulance expenses which may occur while my child is at the centre.

**Parent Name:**..... **Signature:** ..... **Date:**.....

I hereby give permission for my child to be given the age appropriate dosage of Panadol (as specified on the packaging) in case of illness, once all attempts have been made to contact me for verbal permission.

**Parent Name:** ..... **Signature:** ..... **Date:** .....

I understand that allocated parking is the only acceptable form of arrival/departure at this centre. I understand that I must hold my child’s hand whilst moving to and from the parking area.

**Parent Name:** ..... **Signature:** ..... **Date:** .....

I give permission for the staff at this centre to take photographs and videos of my child involved in play experiences for the purposes of promoting the service as a high quality centre. This involves Accreditation and Displays within the centre.

**Parent Name:** ..... **Signature:** ..... **Date:** .....

I give permission for the staff at this centre to display my child’s date of birth on the Birthday Chart and name on the locker chart.

**Parent Name:** ..... **Signature:** ..... **Date:** .....

**Stating Grievances**

Talk to your child’s teacher. By talking, staff will acknowledge your feelings and action can then be taken. If you feel that you have not been heard, make an appointment to see the authorized supervisor and explain your concerns. At any time should you wish to discuss any matter regarding your child please feel free to call the director.

**Terms and Conditions**

I have read and understood the following conditions:

- Waiting List Application Fee

All new enrolments are required to pay \$50 holding fee. This fee is non refundable.

- Enrolment

Upon completion of this enrolment form 4 weeks fees in advance must be paid to secure this position. These fees are non refundable.

- Fees in Advance

Fees must be paid 4 weeks in advance at all times. If fees fall into arrears my child may lose his/her position . This must be paid by cheque or cash prior to commencement and thereafter monthly in advance.

- Fees

All fees must be paid by cash or cheque.

- Late Fees

There is a late fee of \$5 per minute. This is to be paid as an “on the spot fee”

- Absent Days

Public holidays, sick days and any other days your child is absent must be paid for. Please note that the FAO will only allocate 30 allowable absences per calendar year before your Child Care Benefit is revoked.

- Change of Days

Two weeks written notice must be given if you require additional days or are reducing the days your child currently attends. Extra days are subject to availability and Priority of Access.

- Termination Notice

Two weeks written notice must be given if your child is leaving the centre.

- Media Display

Videos and photographs of your child are authorized by you to be taken whilst your child is in our care for marketing and display purposes.

- Sun Cream

Sun Cream is to be applied to your child by you upon arrival at our centre and given a stamp on their hand as an indicator to our staff of your adherence to this principle.

- Hand washing

All staff, children, parents and visitors to our centre are to wash their hands upon arrival to minimize the spread of infections throughout the service.

- Parking

All cars are to be parked in our allocated car spaces.

**Parent Name:**..... **Signature:**..... **Date:**.....