

Days of Care, Hours and Fee Payment

This centre operates from 8.15am to 5.00pm

Please indicate the hours and days of care required:

Days	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

FAMILY CRN..... **CHILD CRN**.....

EMAIL:

Will your child be attending another centre? (if yes provide details)

Our preferred method of payment is direct debit. This can be made weekly / fortnightly (please indicate).

Payment can be made to:
 Mount St Thomas Preschool P/L
 BSB: 112 - 879
 Account No: 104 939 127

Emergency Contacts & Authorised Collectors of Children

It is understood that these contacts are authorised to collect your child if neither parent can be contacted or if neither parent is able to collect the child. Please list in order of priority for emergency contact, this list will be used if neither parent can be contacted.

1st Person	2nd Person
Name:	Name:
Address:	Address:
Phone No:	Phone No:
Relationship to child:	Relationship to child:
3rd Person	4th Person
Name:	Name:
Address:	Address:
Phone No:	Phone No:
Relationship to child:	Relationship to child:
5th Person	6th Person
Name:	Name:
Address:	Address:
Phone No:	Phone No:
Relationship to child:	Relationship to child:

<p>Please supply details of any Court Order custody of, or access to the child, (a copy of the court order must be provided to the centre). The parent is aware that all centres cannot deny access to children without a current court order</p> <p>Parent Signature.....</p>	<p>Are there any religious customs or cultural taboos relating to your child's upbringing that we should honour in our work with your child?</p>
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Medical Information	
Doctor's Name:	Phone No:
Address:	
Dentist's Name:	Phone No:
Address:	
Medicare No: No:	Child's reference
Private Health Fund:	Membership No:
Child's previous illness/accidents/operations (please provide details and dates):	
Does your child require regular medication? If yes, please provide details:	
Does your child require any medical procedures to be performed on a regular basis? If yes please provide details:	
<p>On occasions we use our car park area for activities such as caring for our vegetable garden, worm farm, chalk tracings etc (the area is fully fenced). I give my child permission to participate.</p> <p>Sign.....</p>	
Does your child have any Additional Needs e.g. allergies to food, sun cream, panadol or any physical/learning needs? If yes please provide details.	
Please list any religious/ cultural requirements in case of accident:	
Immunisation Record (Staff must sight records and a copy must be attached to this enrolment form)	
I hereby state that I have seen evidence of the immunisation records as presented	
By.....on.....Employee.....Date.....	
...	

I have chosen NOT to have my child immunised and understand that my child will be excluded for the prescribed period of recommended by the NSW Children's Services Health and Safety Committee, during an outbreak of a vaccine preventable disease within the centre.

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

Agreement Form

A) **Medical Consent.** In case of an accident or other emergencies resulting in the need for immediate medical attention every effort will be made to contact parents before such treatment is sought. However should this prove impossible, it will be necessary for authority to be given for the treatment to be undertaken. I hereby give permission for the centre staff to arrange for my child to be seen by a doctor or dentist, or transported by ambulance to hospital. I accept responsibility for all expenses incurred.

Signed..... Witness..... Date

B) **Panadol Consent.** I hereby authorise the Director or staff of the centre to administer the recommended dose of PANADOL should my child have a high temperature and myself or the emergency contact person cannot be immediately located. I understand that the advice of a medical practitioner will be sought when necessary.

Signed.....

C) **Authorisation for Collection of Child.** I hereby authorise the following people to collect my child from the centre. The details for these people are listed on this enrolment form and prior notice will be given to staff if people other than those listed will be collecting my child.

1..... 2..... 3.....
4..... 5..... 6.....

Signed.....

D) **Photo Consent.** I give permission for my child to be photographed for the use within the centre, for programming, portfolios, observations and daily evaluations.

Signed.....

E) **Observations.** I give permission for my child's development to be observed for student purposes and understand that his/her name will not be used in any such reports.

Signed.....

F) **Centre Fees and Operation.** I understand fees are payable for public and personal holidays and absences due to illness. I am also aware that the centre operates 49 weeks per year and only closes for three weeks over Christmas. I am aware that I am not liable for fees during the Christmas closure.

Signed.....

G) **Accident and Public Risk Statement.** In such circumstances where public risk conditions do not apply, staff and the Director will in no way be deemed liable.

Signed.....

H) I, as the Parent/Guardian, hereby agree to abide by the arrangements and conditions of enrolment as laid down on this form and the centre information sheet.

Signed..... Date.....

Registration fee received..... Date.....