



# Pagewood Kindergarten

Administration fee (non-refundable): \$...40.....

Holding Deposit per family

(refundable-conditions apply): \$....100.....

**TOTAL AMOUNT RECEIVED:** \$.....

**Method:** *Cash* *Cheque* *EFTPOS*

Please note: Any writing in italics on this form indicates "Off ice use only"

## Child's Detail

Gender: **M** **F** (please circle)

Family name \_\_\_\_\_ First given name: \_\_\_\_\_

Second given name \_\_\_\_\_ Preferred first name \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Address: \_\_\_\_\_ Post Code \_\_\_\_\_ Home No: (\_\_\_\_) \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Cultural background: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_ Special requirements: \_\_\_\_\_

Is the child of Aboriginal or Torres Strait Origin? Aboriginal Yes No Torres Strait Islander Yes No

Both Yes No (Please circle)

Has your child any known disability Yes/No Nature of disability \_\_\_\_\_

Has your child any Special Needs that we should be made aware of Yes /No Nature of Special Needs \_\_\_\_\_

### Personal Characteristics of my child

Shy Bubbly Happy Energetic Curious Outgoing Motivated  
Inquisitive Adventurous Reserved Egoentric Independent Relaxed

Other: \_\_\_\_\_

## Requested day/s of attendance: (please circle)

**PERMANENT BOOKING** Required Starting Date \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Monday Tuesday Wednesday Thursday Friday  
(Hours required \_\_\_\_\_ am to \_\_\_\_\_ pm)

**OCCASIONAL OR CASUAL BOOKINGS** Days/ Dates required if known \_\_\_\_\_

Monday Tuesday Wednesday Thursday Friday  
(Hours required \_\_\_\_\_ am to \_\_\_\_\_ pm)

## Parent/Carer's Details

**Parent/Carer 1** Family Name: \_\_\_\_\_ Given Names \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_

Home No: (\_\_\_\_) \_\_\_\_\_

Name of work place: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work address: \_\_\_\_\_

Work No: (\_\_\_\_) \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

**EMAIL ADDRESS IS PREFERRED USE FOR ALL COMMUNICATION. Please indicate if you do not wish this to happen.**

**Parent/Carer 2** Family Name: \_\_\_\_\_ Given Names \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Relationship to Child \_\_\_\_\_

Address: \_\_\_\_\_

Home No: (\_\_\_\_) \_\_\_\_\_

Name of work place: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work address: \_\_\_\_\_

Work No: (\_\_\_\_) \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

**CONTACT DETAILS FOR PARENT/CARER with whom the child normally lives**

Please indicate Parent Carer 1 / Parent Carer 2 / both / joint custody(details to be given to centre) \_\_\_\_\_

Names of other children in family: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**NO OF CHILDREN IN CARE EITHER PRESCHOOL/ LDC/ OR BEFORE AND AFTER SCHOOL CARE \_\_\_\_\_  
(THIS I TO ALLOW FOR MULTI CHILD COUNT FOR CCB)**

**Authority to Collect/Emergency Contacts**

(Other than Parents)

Please list below, who you wish us to call if you cannot be contacted in an emergency and who you authorise to collect your child from Pagewood Kindergarten in the event that mother or father is unavailable to do so (note: must be over 18 years of age). Please ensure that these emergency contact persons are willing and able to collect your child in the event of an emergency. Please Note: Photo ID MUST be shown prior to the child being released.

Contact No. 1 (Is this person also authorized to collect? Y/N)

Relationship to child: \_\_\_\_\_ Full name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home No: ( ) \_\_\_\_\_  
Work No: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Contact No. 2 (Is this person also authorized to collect? Y/N)

Relationship to child: \_\_\_\_\_ Full name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home No: ( ) \_\_\_\_\_  
Work No: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Contact No. 3 (Is this person also authorized to collect? Y/N)

Relationship to child: \_\_\_\_\_ Full name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home No: ( ) \_\_\_\_\_  
Work No: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Contact No. 4 (Is this person also authorized to collect? Y/N)

Relationship to child: \_\_\_\_\_ Full name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home No: ( ) \_\_\_\_\_  
Work No: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

**Health**

Child's Doctor: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_ **Private Health Fund :** \_\_\_\_\_  
**Private Health Number:** \_\_\_\_\_

Has your child been **immunised?** YES/NO (Please circle and provide proof of Immunisation)

Does your child have any **allergies?** (If yes, please specify – reactions, treatment required and triggers)

Has your child experienced any language or speech difficulties, physical problems or other related difficulties? (If yes, please specify)

Is your child currently under any **medication?** (If yes, please specify)

Has your child suffered from any **medical condition** that we should know about? (If yes, please specify)

Does your child suffer from **Asthma**? YES/NO (Please circle)  
(If yes, then an Asthma record card must be completed with this enrolment form)

Does your child suffer from **Epilepsy**? YES/NO (Please circle)

Is your child **allergic to Paracetamol**? YES/NO (Please circle)  
If No, **I GIVE PERMISSION** for the staff of Pagewood Kindergarten to administer **PARACETAMOL** to my child if they feel it is necessary. \_\_\_\_\_ (Parent signature)

### PERMISSION FOR STAFF TO ACT IN CASE OF EMERGENCY

In the event of any accident or illness requiring **emergency medical treatment**, every effort will be made to contact the parents before such treatment is sought. However, should this prove to be impossible, it will be necessary for authority to be given for the treatment to be undertaken.

I \_\_\_\_\_ consent to Pagewood Kindergarten seeking on my behalf **DOCTOR, DENTAL, AMBULANCE or HOSPITAL** attention for my child and I accept liability for medical expenses as may be incurred.  
\_\_\_\_\_ (parent signature)

### In/Excursions and Multimedia/**PHOTOS** (please sign if **YES** to the following)

I give permission for my child to attend excursions  
\_\_\_\_\_ (parent signature)

**I give permission for my child to have his/her photograph taken and displayed on the Pagewood Kindergarten Website Photo Gallery**

\_\_\_\_\_ (parent signature)

I give permission for my child to have **contact with Animals** and Insects that may take place on incursions.  
\_\_\_\_\_ (parent signature)

Is your child **allergic** to the application of **band aids or sunscreen**? YES/NO (Please circle)  
If No, **I give permission** to the staff of Pagewood Kindergarten to **administer** this if and when necessary  
\_\_\_\_\_ (parent signature)

Are there any **Court Orders** affecting the Custody of your child? YES/NO (If yes, please attach copy)  
In the case of **custody arrangements** and restraining orders, staff are unable to follow personal requests unless legal documents are provided.

As we are following the interest of your child and implementing Early Years Learning Framework as an education base, we are required **to photograph your child** along with many other mediums that are combined to complete your child's individual portfolio.

In order for us to do this at a high level of standard we require your permission to photograph your child. **I consent to my child being photographed.**

\_\_\_\_\_ (parent signature)

I am aware that the staff at Pagewood Kindergarten will require me to keep an updated record of my child's information summary and progress to ensure it assists with the quality care provided to my child.  
\_\_\_\_\_ (parent signature)

### General Needs

Is there any **further information**, which you may feel assist us in providing the service best suited to your needs and the needs of your child, e.g. religious beliefs, family situation, recent significant events?  
\_\_\_\_\_

What would you most want for your child at the centre? \_\_\_\_\_

Is there any particular area, which you are concerned about of which we need to be aware of?  
\_\_\_\_\_

What guidance strategies do you follow at home and what strategies do you recommend we follow for your child/ren?  
\_\_\_\_\_

What resources or/and experiences do you use for your child/ren during their physical play and what suggestions do you have that may improve the resources/experiences at the centre for your child/ren?

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What are your views regarding the safety of the service's maintenance of buildings and equipments?

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What hygiene and dental care practices would you like the centre to establish with your child/ren which will continue practices in your home?

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### **Skills**

Do you have any skills that you would like to contribute to the centre's program, e.g. guitar, yoga, sewing, carpentry, cooking?

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What ideas or skills for movement experiences that reflect your family's diverse backgrounds can you suggest?

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## **Fees/Withdrawal/Change of days**

I \_\_\_\_\_ agree to abide by the centre's policy of maintaining fees of a minimum of two (2) weeks in advance. I also understand that fees are to be paid for all days my child/ren is absent, public holidays or sick, and that if fees fall behind, my child/ren place at the centre may be in jeopardy.

### **Outstanding Accounts**

If accounts remain outstanding and need to be recovered by a Debt Collection Agency, I understand that I will be required to pay any fees of the debt recovery service.

I also understand that there is a four (4) week notice period which applies, if I decide to withdraw my child/ren from care. This must be written and forwarded to the office. This four (4) week notice period also applies to the reduction of my child's days. I also understand the four week notice can not be effective within the first (six) 6 weeks of my child's enrolment and the first and last (six) 6 weeks of the year. (For further information please refer to our Notice to Change Attendance Status Policy)

\_\_\_\_\_ (Parent Signature) \_\_\_\_\_ Date \_\_\_\_\_

### **The Child Care Rebate (CCR):**

The Child Care Tax Rebate helps families with the cost of child care. The Child Care Rebate covers 50 per cent of out-of-pocket child care expenses for approved child care, for eligible families. To assist families we print out annual financial statements, come tax time.

### **Child Care Benefit (CCB):**

We offer Child Care Benefits. Approved child care is care provided by the service that has been approved by the Australian Government to pass Child Care Benefit on to families as a reduction in their child care fees. We encourage all families to contact the Family Assistance Office on: **136 150** and register to receive your fee reduction.

As we report our usage weekly, we must sight

The **child's** Customer Reference Number (CRN): \_\_\_\_\_ and

**Parent's** (CRN): \_\_\_\_\_. (Name of Parent \_\_\_\_\_)

**What are the Priority of Access Guidelines?**

The guidelines only apply to approved child care. They are used when there is a waiting list for a child care service or when a number of parents are applying for a limited number of vacant places. Every approved child care service has to abide by the guidelines and tell you about them when you enroll your child into care.

**Priority 1** – a child at risk of serious abuse or neglect

**Priority 2** - a child of a parent (or both parents if you have a partner) who satisfies the Government’s work, training, study test.

**Priority 3** – any other child.

We may require a ‘Priority 3’ child to vacate a place to make room for a child with a higher priority. Notice of at least 14 days will be given.

**Relevant Legislation:** Section 196 of the *A New Tax System (Family Assistance) (Administration) Act 1999* (the Act) provides that it is a condition for continued approval of an approved child care service that the service complies with the eligibility rules from time to time applicable to the service set out in the *Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000* (the Eligibility Determination).

**I, \_\_\_\_\_, have read and understand Pagewood Kindergarten Policies. If NO, I agree to read them at my own leisure.**  
(Copy available in main foyer and in the classroom)

\_\_\_\_\_  
Parent signature  
\_\_\_\_\_

**Where did you hear about Pagewood Kindergarten? (Please circle) Web Newspaper Radio Cinema Driving Past Existing families Local Government Local schools Other: \_\_\_\_\_**

**EVALUATION OF THE ORIENTATION PROCESS**

Please circle answers below to help us in evaluating the orientation process

1. Do you feel that you have a good understanding of the general running of the centre?  
Unsatisfactory                      Satisfactory                      Good                      Excellent

2. How would you rate our orientation process?  
Unsatisfactory                      Satisfactory                      Good                      Excellent

3. Do you have any suggestions for improvement?  
Comments: \_\_\_\_\_

4. What suggestions or feedback can you provide regarding our behaviour management, reduced bias and inclusion policies which may benefit your child/ren or other children?  
Comments: \_\_\_\_\_

**\*Thank you and welcome to Pagewood Kindergarten**

*If you have downloaded this form from our website, then please ensure that ALL fields are filled correctly and accurately.*

*\*Positions are based on availability, for more information regarding placement, please contact Pagewood Kindergarten Ph: (02) 9666 4925 or call Sue on 0402 476 381 Thank you.*

Date \_\_\_\_\_

***OFFICE USE ONLY***

<b><i>Y/N</i></b>	<b><i>Copies retained</i></b>	<b><i>Y/N</i></b>	<b><i>Information for Parent</i></b>	<b><i>Y/N</i></b>	<b><i>Follow Up</i></b>
	<i>Birth Certificate</i>		<i>Parent Handbook</i>		<i>Informed room Leader of Child's details</i>
	<i>Immunisation Records</i>		<i>Child Summary</i>		<i>Orientation Evaluation given /received</i>
<i>Parent Sign:</i>			<i>Staff Sign:</i>		