

PUTNEY PLAYGROUNDS KINDERGARTEN

6 Frances Road Putney NSW 2112

Phone :(02) 9808-2540 Fax

Enrolment Form

Child Details

Family Name: _____

Given Name(s): _____

Gender: Male/Female DOB: _____

Address: _____

Religion: _____ Culture: _____

Language/s Spoken _____

Bill fees to: Mother / Father / Other

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

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Child celebrates Christmas? Yes / No

Child celebrates Easter? Yes / No

Where did you hear about us?

Newspaper / Recommendation / Advertising / Web Page

*** Please provide a copy of your child's Birth Certificate***

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Parent /Guardian Details

Mother/Guardian Details

Family Name: _____
Given Name(s): _____
Address: _____
Suburb: _____ Postcode: _____
Phone: _____ Mobile: _____
Email: _____
Primary Language: _____ Other Languages: _____
Religion: _____ Country of Birth: _____
Culture: _____ DOB: _____
Employer: _____ Occupation: _____
Casual / Full-time / Part Time Employer Phone: _____
Employer Address: _____

Father/Guardian Details

Family Name: _____
Given Name(s): _____
Address: _____
Suburb: _____ Postcode: _____
Phone: _____ Mobile: _____
Email: _____
Primary Language: _____ Other Languages: _____
Religion: _____ Country of Birth: _____
Culture: _____ DOB: _____
Employer: _____ Occupation: _____
Casual / Full-time / Part Time Employer Phone: _____
Employer Address: _____

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Emergency/Protective Care Details

If we cannot contact you in the case of an emergency, who do you wish us to call?

Name: _____ Relationship: _____

Phone: _____

I authorise the staff of the centre to give the following staff access to my child. The Centre will not allow children to go home with adults unless their names are written on this form. You can add or delete names at any time. NOTE: - Only persons over the age of 16 years are permitted to collect children from the centre.

(1) Name: _____ Relationship: _____

Phone: _____ Work Phone: _____

Mobile: _____

Address: _____

Emergency Release: Yes / No

Daily Pick Up: Yes / No

(2) Name: _____ Relationship: _____

Phone: _____ Work Phone: _____

Mobile: _____

Address: _____

Emergency Release: Yes / No

Daily Pick Up: Yes / No

Prohibited Persons

Name and details of anyone who is prohibited from having contact with your child

Court order sighted by Supervisor

Yes / No**Please provide a photograph of the above-mentioned** Copy of court order will be held on child's file.

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Child's Health Information

Known medical conditions: _____

Has your child been assessed in the following areas?

If YES please provide a Doctor's Certificate outlining your child's condition together with a suggested action plan in the case of an event or attack.

Asthma Anaphylaxis/or other allergies Behavioural Conditions

Is your child on regular medication Yes / No

If yes please give details: _____

Has your child had?

Mumps Measles German measles Chicken Pox

Has your child been immunised against the following:

Triple Antigen (2, 4,6,18 months) Sabin (2, 4,6,18 months)

Measles/Mumps/Rubella (12 months) Sabin/CDT (5 years)

****Please provide a photocopy of your child's immunisation records****

Family Doctor: _____ Phone: _____

Address: _____

Medicare Number: _____

Private Health Insurer: _____ Membership No: _____

Do you give the Centre authority to call an ambulance? Yes / No

Religious requirements in the case of an emergency:

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Booking Information

Two weeks bond is paid and held at the centre until your child finishes at the centre. A one off non refundable administration fee is also payable. You are required to give at least two weeks written notice if your child is leaving the centre. If after enrolment you cancel the place before your child has commenced then you will not receive your two week bond back. In addition there is no refund on the administration fee.

Staff will be allocated for this child's attendance in advance. As such you will be billed for this attendance even if your child fails to attend.

Please select the date from when this booking will commence

Date: _____

Please select the days that you would like your child to attend:

Monday Tuesday Wednesday Thursday Friday

(Operating Times: 8.00am 5.00pm)

Will you be claiming the Child Care Benefit? Yes / No

Will you be claiming the Child Care Tax Rebate? Yes / No

If you wish to receive the CCB and/or CCTR please provide your Centre link Customer Reference Number and date of Births for Yourself and your child:

Your Reference number: _____ Child's Reference number: _____

Child's Interests

We invite you to tell us a little "story" about your child's background; his/her likes and dislikes:

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Individual Health Plan

Child's Name: _____

DOB: _____

Medical History:

Medical Conditions:

Health Management:

Contact Details

Doctor's Name: _____ Doctor's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Health Practitioner's Name _____ Practitioner's Phone: _____

Parent's Name: _____ Parent Phone: _____

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Grievance Procedure

Informal

Talk to the centre Supervisor. 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 Representative of the Management Committee.

Formal

Explain your concerns in a "Grievance Report" addressed to the Director. You should include enough information for us to assess your grievance, and determine the most appropriate response. If you feel the need to take the complaint further, write to the Management Committee.

Letters can be forwarded to the Management Committee through the centre's office.

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Emergency Paracetamol Policy

Policy Statement

Children can become sick over a very short period of time

Staff must be alert to and aware of common signs of illness

Staff must implement the required protocols

Aims

To provide the optimum level of "first-aid" care for sick children

To liaise effectively with parents when children become ill

To follow recommended protocols for the management of children with infectious or non-infectious illnesses

Procedure:

When a child displays symptoms of an illness, staff informs the Supervisor

Staff records all symptoms and actions on the "Illness Register"

The Supervisor determines whether or not parents of carers need to be contacted

Staff separates the child from the other children

If a child has a temperature of 37.5 C and is rising:

Parents/ carers are contacted immediately to collect the child. If the parents/carers are unavailable the emergency contacts will be contacted.

Outer layers of clothing are removed

A wet, lukewarm face washer is used to sponge the child

Should the child's temperature reach 38 degrees C without indication of it reducing, steps to administer Paracetamol commence

Parental consent by phone or email is required despite any previous general agreement by the parent(s)

Failing such contact, a decision to administer Paracetamol can be made by the Nominated Supervisor or in her absence the Certified Supervisor provided that it has not been contra-indicated on the child's enrolment form or subsequent records

When parents arrive, a visit to the doctor is advised

The dosage, time, date is recorded on the "Illness Form" and a signature is required from the parent/carer, or person collecting the child.

Managing a child with a febrile convulsion

If a child has had a convulsion, even if it stops, the Centre immediately dials 000 for an ambulance and notifies the parent/guardian/emergency contact.

If a child is having a convulsion, administer first aid or treatment in accordance with the child's First Aid Emergency Management Plan, doctor's instructions or First Aid as instructed by St John Ambulance (or equivalent) during the course undertaken by staff.

The incident is recorded on an Illness Form. Staff and parents/guardians are required to sign

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1. The centre will only administer paracetamol to a child for a fever (38 degrees or above)
2. Paracetamol is not administered as a sedative
3. The paracetamol must be within its "use-by-date" before administration
4. The dose is administered in accordance to the child's age
5. Only one dose of paracetamol is given in any situation
6. If a child accidentally swallows paracetamol or inadvertently is given an excessive dose, medical advice is sought immediately by calling the

Poison's Information Line on 131126 or an **ambulance (Dial 000)**

Add other medication and first aid information as per our sheets

I have read and fully understand the conditions of enrolment:

Parent/Guardian to sign _____ Date _____

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Conditions of Enrolment

- ≡ Socially acceptable behaviour by children is a condition of their enrolment, and is a condition of their on-going participation at the centre. Centre staff will make each child familiar with the Centre's basic rules which the children are included in setting.
- ≡ If your child's behaviour is or becomes unacceptable, and it cannot be managed by Centre Staff informally, you will be invited to meet with the Centre Director to discuss your child. In some cases the Centre Director may request that you obtain a referral to an outside agency for assistance as a condition of your child remaining enrolled.
- ≡ All fees must be kept up to date; otherwise you may be charged a late fee.
- ≡ Please ensure that your child is collected on later than 5pm, otherwise a late fee may apply

Parent/Guardian to sign _____ Date _____

Privacy Statement

Our Centre maintains records of children's attendance, health, family financial matters, such as fees, payment and 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 and ACECQU or if requested by the courts.

Special requirement records will be kept, if notified by a parent, these may relate to a child's culture, or religion, or if a child has a disability or other special need. The specific needs of all children will be recorded.

Parental Agreement

I give permission for the staff at the 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 The National Framework and Displays within the same.

Signature: _____ Relationship: _____ Date: _____

I give permission for the staff at this Centre to display my child's date of birth on a Birthday Chart

Signature: _____ Relationship: _____ Date: _____

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Failure to agree to the following will result in Termination of Enrolment

1. I understand that in the case of an emergency, illness or accident concerning my child, and the teacher being unable to contact me or the other persons so authorised by me, I consent to the Centre seeking on my behalf medical, dental or hospital attention for my child and I accept liability for medical expenses that may be incurred.

Signature: _____ Relationship: _____ Date: _____

2. Also if after every reasonable effort to contact me has failed and the Doctor contacted considers it necessary for medication, anaesthetic or minor surgery he/she has my permission to administer same.

Signature: _____ Relationship: _____ Date: _____

3. I understand that no food containing nuts or eggs is to be brought into the Centre

Signature: _____ Relationship: _____ Date: _____

4. I understand that sick days and any other days my child is absent must be paid for, and that I must sign my child both in and out of the centre.

Signature: _____ Relationship: _____ Date: _____

Amended November 2012