

**Childs' name** \_\_\_\_\_

**Contact Details for the Child's Parents or Guardians**

**Contact Details -**

**Contact Details -**

Miss Ms Mrs Mr Other \_\_\_\_\_ Miss Ms Mrs Mr Other \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_

Telephone(H) \_\_\_\_\_

Telephone (M) \_\_\_\_\_

Telephone (M) \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

Country of birth \_\_\_\_\_

Country of birth \_\_\_\_\_

Authorised to Collect the Child? Yes No

Authorised to Collect the Child? Yes No

**Employment; Child's Parents or Guardians**

Primary Guardian \_\_\_\_\_ Secondary Guardian \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone (W) \_\_\_\_\_ Telephone (W) \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

## Other Persons Authorised to Collect your child or notified in an Emergency

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions when the child has an accident, injury or illness and the parents or guardians cannot be contacted. If this situation should arise, a staff member will need to contact an alternate person who is authorised to collect and care for the child. Personal identification will be required from these people in order to collect your child on your behalf. This list can be added to or changed throughout your child's enrolment. Any one not detailed below will not be permitted to collect your child without prior permission.

### After parents

1<sup>st</sup> contact

2nd contact

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_

Telephone (H) \_\_\_\_\_

Telephone (M) \_\_\_\_\_

Telephone (M) \_\_\_\_\_

Telephone (W) \_\_\_\_\_

Telephone (W) \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Relationship to the child \_\_\_\_\_

### 3<sup>rd</sup> contact

### 4<sup>th</sup> contact

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_

Telephone (H) \_\_\_\_\_

Telephone (M) \_\_\_\_\_

Telephone (M) \_\_\_\_\_

Telephone (W) \_\_\_\_\_

Telephone (W) \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Relationship to the child \_\_\_\_\_

## Family Details

Please provide details of any siblings or other family members that live in your household.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

# Agreement & Consent to Terms

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## 1. Emergency or Accidents

In the event of an emergency, illness or accident (when the Centre is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the staff at the centre consent to provide Medical or Hospital attention for our child. I / We agree to pay any expenses incurred for Medical treatment and Transport.

## 2. Administering of Paracetamol

I / We are aware that staff cannot administer panadol in the event of an elevated temperature without written doctors orders.

## 3. Permission for Publication

I / We hereby give consent for our child's photograph, name and age to be used for the room programming, Centre displays and/or publications (e.g. Newsletters). Where this information may be utilized outside of the Centre, further permission will be sought.

## 4. Permission for Observation

I / We give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers. If questioning or testing is to be carried out I / we will be asked for further permission.

## 5. Payment of Fees

I / We agree to maintain our fees as per the centre's fee policy. We will ensure our fees are kept up to date by making payments on the required day via Ezi Debit or as agreed with the Centre. I / We are aware that failure to pay due fees within 14 days may result in the cancellation of care at the Centre's option. Where an Ezi Debit (direct debit) arrangement has been entered into, I/we authorise the centre to make withdrawals from my/our nominated account as specified in the Direct Debit Request Form, as determined the centre in accordance with the terms and conditions herein and in any subsequent agreement with the centre. I/we acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us. I / We understand that any costs incurred by the centre in collecting any arrears owed may be charged to my/our account.

## 6. Permission for Evacuations

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their caregivers and centre staff to a safety zone for evacuation purposes. (Please refer to the Centres Evacuation Plans and Procedures for information.)

## 7. Sunscreen Application

I / We agree for the Centre Staff to apply sunscreen regularly to our child for outdoor play purposes. I / We understand that the Centre may use a variety of sunscreen brands from time to time, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special sunscreen I/we agree to supply this product to the centre.

## 8. Child Care Benefit (Lump Sum Claims)

I / We understand that it is our responsibility to notify the Centre of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Benefit as reduced fees on a weekly basis.

## 9. Parent Handbook

I / We acknowledge that we have received and read the Centre's Parent Handbook. I / We understand any changes to this Handbook will be displayed on the Parent Communication Boards in the Centre foyer and rooms.

## 10. Centre Policies

I / We acknowledge that the Centre Policies are available in the Centre's foyer at all times to view. I / We understand that any changes to these policies will be carried out where appropriate in consultation with us as Parents / Guardians

## 11. Cancellation of Care

I / We understand that two week's written notification is required in advance when cancelling care.

## 12. Fees for Public Holidays

I / We understand that Public Holidays are charged at the normal daily fee rate and that complimentary make-up days will be available.

### 13. Late Fees

I / We understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Benefit can be claimed for this fee. Late fees charged are as follows:

1-5 minutes late= \$15.00

6-10 minutes late= \$25.00

11-15 minutes late=\$35.00

16-30 minutes late=\$45.00 + \$5.00 per minute thereafter 30 minutes

### 14. Infectious Diseases / Clearance Certificates

I / We understand that our child will be excluded from the Centre if they contract a contagious disease or condition. I / We understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to our Centre Policies for further information.

### 15. Non - Immunisation

I / We understand that if our child is NOT immunised in accordance to the Government requirements (refer to our immunisation details page) our child will be excluded from the centre until the infectious period of the disease or condition has passed. (Please refer to our Centre Policies for further information).

### 16. Presence of Visitors and Volunteers

I / We understand that occasionally the Centre may have visitors and/or volunteers assisting in the Centre. I / We consent to our child being in the presence of visitors and/or volunteers under the Centre Staff supervision.

### 17. Confidentiality of Enrolment Records

I/We understand that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children' Services.

18 I / We will not attempt to befriend a staff member on social media.

By signing this form I/we declare and confirm:

- I / We are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 19 above, and any other policies and procedures advised by the centre either directly or by making them available for perusal at the Centre.

Signature of Primary Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Secondary Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

## **Make-up session policy**

### **Fees for Public Holidays**

Public Holidays are charged at the normal daily fee rate and that complimentary make-up days will be available.

### **Holidays**

Make up days will be offered for one holiday period per year.

### **Sick leave**

The first day of each period of sick leave is non refundable. For periods of sick leave longer than one day make-up days are offered.( If the child is off sick for 3 days you can have 2 make-up days)

### **Make-up days are to be used within two weeks of missed session**

Booking replacement session is the responsibility of the carer not the centre. Due to shortage of available sessions replacement days are non-replaceable.

I/We are aware of Montessori Manors policy for missed sessions and make up days.

Name \_\_\_\_\_

Sign \_\_\_\_\_

We use a closed facebook site as a means of communication between home and school, to fill you all in on what we have been up to. Being a closed site would means no one but current parents and staff will be able to access the information.

We also would like to include a photo or two each day, but will need consent for that.

We would ask that you do not reproduce in any way photos of other children.

You do not have to consent to all or indeed any.

I consent to my childs \_\_\_\_\_ photo being used for

- |                                   |                              |                             |           |
|-----------------------------------|------------------------------|-----------------------------|-----------|
| Closed facebook site              | <input type="checkbox"/> yes | <input type="checkbox"/> No | sign_____ |
| Classroom display                 | <input type="checkbox"/> yes | <input type="checkbox"/> No | sign_____ |
| Outside centre display (eg promo) | <input type="checkbox"/> yes | <input type="checkbox"/> No | sign_____ |
| Pamphlets(promotional)            | <input type="checkbox"/> yes | <input type="checkbox"/> No | sign_____ |
| Other children's portfolios       | <input type="checkbox"/> yes | <input type="checkbox"/> No | sign_____ |
| Newsletters(for parents only)     | <input type="checkbox"/> yes | <input type="checkbox"/> No | sign_____ |
| Webpage                           | <input type="checkbox"/> yes | <input type="checkbox"/> No | sign_____ |

Parent guardian print name\_\_\_\_\_ Sign \_\_\_\_\_  
date\_\_\_\_\_