

Enrolment Form

Child's details

Given Name _____ Surname _____

Please tick box Male Female Date of birth _____ / _____ / _____

CRN _____

Address _____ Postcode _____

Suburb _____

School Year (Please tick box) K 1 2 3 4 5 6

Start date at The Nanyima Centre _____

Are there any siblings in other care? If so, how many? _____

Days required (Please tick box)

Before School Mon Tues Wed Thu Fri

After School Mon Tues Wed Thu Fri

Parents details

Parent/Guardian 1 (Must be CCB claimant)

Relationship to child _____

Given name _____

Surname _____

D.O.B _____ / _____ / _____

CRN _____

Address _____

Suburb _____

Postcode _____

Home tel _____

Occupation _____

Work address _____

Work tel _____

Mobile _____

E-mail _____

Parent/Guardian 2

Relationship to child _____

Given name _____

Surname _____

D.O.B _____ / _____ / _____

CRN _____

Address _____

Suburb _____

Postcode _____

Home tel _____

Occupation _____

Work address _____

Work tel _____

Mobile _____

E-mail _____

Access

Our centre must abide by the Federal Government's priority of access guidelines, which states that priority must be given based on a set of criteria. Please specify if any of the following relate to your current family situation.

Working or studying

- Both parents working
- One parent working, one parent studying
- Both parents studying
- Maternity leave
- Currently looking for employment

Family

- Family which includes a disabled person
- Culturally and linguistically diverse background
- Socially isolated
- Single parent
- Refugee background

Custodial Order

This section is only applicable if court orders are in place.

Date of issue _____ Certificate sighted by _____

Custodian name _____

Address _____

Suburb _____ Postcode _____

Work tel _____ Home tel _____ Mobile _____

Person(s) denied access

Given Name _____

Address _____

Suburb _____

Nominated contact persons

The following persons may be contacted in the event that Nanyima staff are not able to contact child's parents; Please select by ticking the appropriate box which areas of authorisation you permit for each contact person.

Contact 1

(Must be different to parents)

Relationship to child _____

Given name _____ Surname _____

Address _____ Postcode _____

Home tel _____ Work tel _____ Mobile _____

Authorised to: collect child approve administration of medication approve seeking of medical treatment
 be contacted in emergency.

Contact 2

(Must be different to parents)

Relationship to child _____

Given name _____ Surname _____

Address _____ Postcode _____

Home tel _____ Work tel _____ Mobile _____

Authorised to: collect child approve administration of medication approve seeking of medical treatment
 be contacted in emergency.

Contact 3

(Must be different to parents)

Relationship to child _____

Given name _____ Surname _____

Address _____ Postcode _____

Home tel _____ Work tel _____ Mobile _____

Authorised to: collect child approve administration of medication approve seeking of medical treatment
 be contacted in emergency.

Medical details

Doctors name _____

Address _____ Postcode _____

Telephone _____

Has your child received the necessary immunisations for their age? Yes No

Please provide proof of your child's immunisation status or supporting documentation of an approved exemption in the case of a non-immunised child.

Is your child on regular medication, suffer asthma, food sensitivities or allergies? Yes No

Note: If you have indicated that your child suffers from an allergy and/or asthma please complete our separate **Allergy Treatment Plan Form** and/or **Asthma Management Form**.

If Yes, give details _____

Does your child suffer from Anaphylaxis? Yes No If **YES**, please submit an Action Plan for Anaphylaxis.

Does your child have a diagnosed disability we should know about? Yes No

If Yes, give details _____

Is there any other information you wish us to know about your child?

Medicare No _____ Private Health details _____

Cultural background

The Nanyima Centre is committed to creating an environment in which each child's cultural background is respected and each child's individual identity can be nurtured. To assist us in achieving this aim, please answer the following questions. This includes children from Aboriginal and/or Torres Strait Islander background and children from other culturally and linguistically diverse backgrounds.

Child's country of birth _____

Country of Mother's birth _____

Country of Father's birth _____

Primary language _____

Child's cultural identity _____

List family customs or religious or cultural practices to be respected by The Nanyima Centre:

Is your child of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

Security of enrolment

Should your child no longer attend Cammeray Public School you may be asked to relinquish your place with us with two weeks' notice. We reserve the right to assess this on a case by case basis.

Accounts

How would you like to receive your statement of account? (Please tick box)

E-mail Hard copy

Signature

- I, the undersigned, certify that the information given herein is correct
- I undertake to inform the Management immediately, should there be any change to this information
- I agree to abide by the policies of The Nanyima Centre.

Name _____

Signature _____ Date _____ / _____ / _____

The personal details requested on this form will only be used in connection with requirements of The Nanyima Centre. No information will be given out without your prior consent.

Enrolment Agreement/Authorisation

This form is compulsory and must be returned and completed with your Enrolment Form. The information provided will be used only in connection with the requirements of The Nanyima Centre and will not be disclosed without your consent.

Your signature(s) is required at the end of this form and is evidence that you have read and accept the conditions of this agreement.

In regard to the following, I understand and agree that:

Fees

- I am responsible for the payment of all fees incurred by my child whilst enrolled in The Nanyima Centre and accept that they must be paid and kept five weeks in advance.
- Fees must be paid for the days my child is enrolled even though my child may be absent due to illness or school camps.
- I must provide two weeks advance notice in writing of any changes to my child's enrolment days.
- I must pay any charges made to The Nanyima Centre incurred by my cheque being dishonoured.
- I must pay late fees, as stated in the After School Care Parent Handbook, if I collect my child after 6.00pm.
- I expressly agree that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by The Nanyima Centre as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment specified this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

Security of Enrolment

- The Nanyima Centre shall have absolute discretion in terminating my child's enrolment should there be failure to pay fees on time.
- I will contact The Nanyima Centre as soon as possible if my child is absent. In the case of an extended absence I will notify the centre in writing
- The Nanyima Centre is required, under the funding arrangement with the Australian Government in respect to the Childcare Assistance Package or NSW State Government, to give priority access to persons in accordance with our Enrolment Policy.

Exclusion of Child

- Should the Management of The Nanyima Centre consider my child contagious or too ill to attend the Program, that this decision be regarded as final and that my child will be collected promptly from The Nanyima Centre.
- That should my child have a contagious illness, I will not return my child to The Nanyima Centre until the duration of the clearance period or until a medical certificate is issued by a qualified and registered medical practitioner.
- That should my child not be immunised and there is an outbreak in The Nanyima Centre of a vaccine preventable disease, that he/she may be excluded from attendance by order of the NSW Department of Health.
- That if my child is on a behaviour contract he/she will abide by conditions as specified in the contract.

Physical Wellbeing

Every attempt will be made to contact you as soon as possible if your child becomes ill or injured. In the interests of my child's physical well being, I/we hereby authorise and agree to:

- First aid being administered by a staff member of The Nanyima Centre who is the holder of a current First Aid Certificate.
- Medication only being administered to my child when it has been authorized by me and/or a qualified and registered medical practitioner.
- Staff at The Nanyima Centre seeking treatment for my child from a registered medical practitioner, hospital or ambulance service and the transportation of my child by an ambulance service.
- Staff at The Nanyima Centre applying a SPF15+ Broad Spectrum sunscreen to all unprotected areas of skin on my child as they feel necessary.
- My child only leaving The Nanyima Centre on an excursion with my written permission.

Observations

- I consent to my child being the subject of observations by staff and for training purposes on the understanding that my permission will be sought before any questioning or testing of the child is undertaken.

Photographs

- I consent to my child being photographed for publicity purposes for The Nanyima Centre.

Parent Handbook

All other policies, terms and conditions are outlined in the Parent Handbook. In the interest of your child's welfare and ease of communication with The Nanyima Centre and the staff, please ensure you make yourself familiar with its contents.

Name _____

Signature _____ Date _____ / _____ / _____