

Enrolment Form

About your child:

First name: _____ Middle name: _____ Surname: _____
 Address: _____ City: _____ P/C: _____
 Gender: _____ Date of birth: _____
 Religion: _____ Country of birth: _____
 Medicare: _____ Cultural background: _____
 Child's CRN: _____ Languages spoken: _____
 (Please attach Centerlink CRN letter)

Parent/Guardian 1: (Account holder, registered or likely to be registered for child care subsidy/CCS)

Title: _____ Name: _____ Surname: _____
 Relationship to child: _____ Date of birth: _____ CRN #: _____
 Driver's license number: _____ Mobile: _____
 Home phone: _____ Email: _____
 Address: _____ City: _____ P/C: _____
 Occupation: _____ Organisation: _____
 Work phone: _____ Work email: _____
 Address: _____ City: _____ P/C: _____
 Can you contribute any time/skills to our centre's program, e.g. sewing, typing, maintenance, etc?

Parent/Guardian 2:

Title: _____ Name: _____ Surname: _____
 Relationship to child: _____ Date of birth: _____ CRN #: _____
 Driver's license number: _____ Mobile: _____
 Home phone: _____ Email: _____
 Address: _____ City: _____ P/C: _____
 Occupation: _____ Organisation: _____
 Work phone: _____ Work email: _____
 Address: _____ City: _____ P/C: _____
 Can you contribute any time/skills to our centre's program, e.g. sewing, typing, maintenance, etc?

NOTE: Please notify the centre of any changes to your personal details or child's information. It is important for the centre to maintain up-to-date contact details at all times.

Enrolment Form

Enrolment details:

Start date at MLT: _____ Primary school start date: _____

Days and drop-off/pick-up times required:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| Arrival time | | | | | |
| Departure | | | | | |

Before/after school care:

Currans Hill Primary student? _____ Class/teacher: _____

Before school care:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| Arrival time | | | | | |
| Departure | | | | | |

After school care:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| Arrival time | | | | | |
| Departure | | | | | |

Vacation care:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| Arrival time | | | | | |
| Departure | | | | | |

Sibling details:

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Enrolment Form

Health & medical:

Does your child:

Have any behaviour difficulties we should know about? _____

Regularly visit a therapist? (e.g. speech therapist) _____

Have any special needs or medical conditions? _____

Take any regular medication? _____

Have any special dietary needs (e.g. vegetarian, religious beliefs?) _____

Have any food likes/dislikes? _____

Doctor name: _____ Doctor phone: _____

Doctor address: _____

Dentist name: _____ Dentist phone: _____

Dentist address: _____

Medical disclosure:

In the case of an accident/emergency, every effort will be made to contact you immediately.

In the event my child requires medical attention I authorise the approved provider, nominated supervisor or an educator to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service; and transportation of my child via an ambulance service. I consent and agree to pay any medical/transport costs incurred (including ambulance).

In the event my child develops a high temperature and centre staff are unable to contact me, I authorise centre staff to administer the recommended dose or paracetamol (e.g. Panadol).

Name: _____ Signature: _____ Date: _____

Enrolment Form

Allergies:

Please list any allergies that your child has (e.g. food, grass, bees, medications):

Severity: Severe Moderate Mild

What side effects will occur if your child comes in to contact with the items listed above?

What medical action should be taken if needed?

Immunisations:

As per Government regulations, Montessori Learning Tree Kindergarten must insist that all children are fully immunised in accordance with the Australian Standard Vaccination Schedule. Please provide a 'Proof of Immunisation' from Centrelink on enrolment, and each time your immunisation history updates.

Where there is a genuine reason why children are not, cannot or will not be immunised, please provide a Centrelink provided letter confirming your child's non-immunised status.

In the event that there is a suspected or identified vaccine preventable disease, unimmunised children will be excluded from the centre for the recommended minimum exclusion periods. Children for whom the centre does not have a complete and current immunisation record will be considered unimmunised.

Please provide your child's immunisation records for the Centre Director to copy and keep on file.

Centre Director Declarations:

Immunisation Declaration:

I have sighted the original immunisation records and placed a copy in the child's enrolment file.

Name: _____ Signature: _____ Date: _____

Birth Certificate Declaration:

I have sighted the original birth certificate and placed a copy in the child's enrolment file.

Name: _____ Signature: _____ Date: _____

Enrolment Form

Parent input/planning partnership:

Does your child:

Have a special comforter? _____

Have any fears? (loud noises, clowns, etc?) _____

Have any other special needs? _____

Observe any religious/cultural traditions? _____

What are your child's interests? What do they enjoy doing?

What are you hoping for your child to learn/improve at Montessori Learning Tree?

(E.g. develop relationships with other children, develop an enjoyment of music, curiosity about the environment, develop confidence, language skills, school readiness, social skills).

Permissions:

I give the management/personnel (including students) at Montessori Learning Tree the authority to:

Use the name and/or photo of my child for developmental profiles Yes No

Use the name and/or photo of my child for the centre's displays, promotions and media Yes No

Apply sunscreen to my child for outdoor play Yes No

Apply parent provided insect repellent to my child for outdoor play Yes No

Observe my child to assist in developing education programs (including TAFE/uni students) Yes No

Transport my child on foot or by vehicle to primary school for before/after school care Yes No

Privacy information:

Montessori Learning Tree only collects information that is relevant to the protection, development and wellbeing of children attending the centre. The centre collects information directly from this enrolment booklet; however sometimes we need to collect information from others, such as medical professionals, family members or friends. Montessori Learning Tree will not disclose personal information to any party not relevant to the protection, development or wellbeing of your child without your consent, unless there is a legal requirement to do so. **If you believe that our record of information about you or your child is incorrect, please let staff know so that the information can be updated.**

Details about the centre's Privacy Policy can be found in the centre's Policy Document. If you have any questions or concerns regarding our Privacy Policy, please speak with the Director/Nominated Supervisor.

Enrolment Form

Legal:

Are there any custody or parenting orders? _____
(Please attach a copy of the current order)

Is there anyone who must not have access to your child?

Name: _____ Relationship to child: _____

In the event of an emergency please nominate the people you would like us to contact:

By completing this section, you authorise the staff at this centre to give the following emergency contact names access to your child/ren. NOTE: The centre will only allow children to leave the centre with adults nominated on this form.

Emergency contact 1:

Name: _____ Surname: _____
 Relationship to child: _____ Mobile: _____
 Home phone: _____ Work phone: _____
 Address: _____ City: _____ P/C: _____

I authorise the person named above as an authorised person to collect my child from the centre.
 This person is authorised to give permission for medical treatment, and to authorise the administration of medication.

I authorise this person to authorise an educator to take the child outside the education and care service (i.e. excursions).

Name: _____ Signature: _____ Date: _____

Emergency contact 2:

Name: _____ Surname: _____
 Relationship to child: _____ Mobile: _____
 Home phone: _____ Work phone: _____
 Address: _____ City: _____ P/C: _____

I authorise the person named above as an authorised person to collect my child from the centre.
 This person is authorised to give permission for medical treatment, and to authorise the administration of medication.

I authorise this person to authorise an educator to take the child outside the education and care service (i.e. excursions).

Name: _____ Signature: _____ Date: _____

Enrolment Form

Emergency contact 3:

Name: _____ Surname: _____

Relationship to child: _____ Mobile: _____

Home phone: _____ Work phone: _____

Address: _____ City: _____ P/C: _____

I authorise the person named above as an authorised person to collect my child from the centre.

This person is authorised to give permission for medical treatment, and to authorise the administration of medication.

I authorise this person to authorise an educator to take the child outside the education and care service (i.e. excursions).

Name: _____ Signature: _____ Date: _____

Enrolment Form

Fees:

- A \$100 enrolment fee is charged to set up your account. This payment is only charged once and includes a hat and enrolment process for your child.
- For Vacation, Before and After school care, an enrolment fee of \$40 is charged.
- Fees will apply to booked days that your child does not attend due to illness, holidays or public holidays.
- A late fee of \$25 and \$1 per minute per child will be charged to any family who does not collect their child's children from the centre by closing time.

Consent form:

1. I agree to pay:

- All childcare fees as charged by the centre
- Childcare fees as per direct debit terms
- All outstanding fees prior to withdrawing my/our child from the centre

2. I agree that:

- The Centre reserves the right to cancel my child's place if fees are in arrears for more than two weeks
- I have the right to cancel my child's place with four weeks' notice

3. I agree to provide the centre with:

- Four weeks written notice of intention to withdraw my child from the centre
- To submit payment in full within 3 days of my direct debit failure/rejection

I consent to the above payment agreement, medical emergency and permission clauses. I have received a copy of the parent handbook, and acknowledge the information provided.

Parent/guardian 1:

Name: _____ Signature: _____ Date: _____

Parent/guardian 2:

Name: _____ Signature: _____ Date: _____