

# Muddy Boots Enrolment Form

**Please note:**

It is essential that prior to commencement the following information is complete and up to date.  
 This form must be completed by a parent or guardian who has lawful authority in relation to the child.  
 Please notify the centre of any change of address, phone number or care arrangements.  
 Thank you for your cooperation

**Days of Enrolment**

Monday  Tuesday  Wednesday  Thursday  Friday

**Childcare Benefit Details**

Parent CRN: \_\_\_\_\_ Mother / Father / Guardian  
 Child CRN: \_\_\_\_\_ Starting Date: \_\_\_\_\_

**Child Details**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ P/C: \_\_\_\_\_  
 Sex: M / F Date of Birth: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Is the child of Aboriginal and/or Torres Strait Islander descent Yes / No

**Mothers Details**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ P/C: \_\_\_\_\_  
 Telephones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_  
 Does the child live with the mother? Yes / No DOB: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
 Preferred Email: \_\_\_\_\_

### Fathers Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_ P/C: \_\_\_\_\_

Telephones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Does the child live with the father? Yes / No DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

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

### Court Orders Relating to the Child

Are there any court orders relating to the powers and responsibilities of the parent in relation to the child or access to the child?

No

Proceed

Yes

Please complete the following

1. Bring the court order/s for staff to see and a copy to attach to this enrolment form;
2. a) If these orders affect the powers of a parent or guardian of the child to:
  - Authorise the taking of the child outside the service by a staff member of the services'
  - Consent to the medical treatment of the child
  - Request or permit the administration of medication of the child;
  - Collect the child;
- b) Give these powers to someone else;

Please describe these changes and provide the contact details of any person given these powers

### Family Details

	Country of Birth	Time in Australia	Cultural Background	Language Spoken	Language Written
Mother					
Father					
Child					

Language Spoken Between Parents: \_\_\_\_\_

Language Spoken to Child: \_\_\_\_\_

Are there any other religious or cultural practices relating to your child's upbringing that we should honour in our care and education of your child?

\_\_\_\_\_

Have there been any changes to your family recently?    Y / N

Moved House       Parent ill       Birth of a Child       Parent Unemployed

Death of a person close to child       Separation of Parents

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

Has this affected your child in any way?    Y / N

**THE INFORMATION BELOW IS GUARDIAN INFORMATION – NOT EMERGENCY CONTACT INFORMATION**

Guardian's Full Name: (not emergency contact) \_\_\_\_\_

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

Telephones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Does the child live with the Guardian?                      Yes / No

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Emergency Contact Person other than parent**

There may be times when the child has an accident, injury, trauma or illness and the parent/s or guardian/s cannot be contacted. To deal with these situations we will notify the following person who is authorised to collect and care for the child. **Identification must be produced on request from staff.**

### Details of Other people who can collect your child

In the event that the child is not collected and the parent/s or guardian/s cannot be contacted, we will use this list to arrange someone to collect the child. This list may be added throughout the year. .

**Identification must be produced on request from staff.**

Full Name: \_\_\_\_\_

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

Emergency Release: Y / N                      Daily Pickup: Y / N

Telephones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Full Name: \_\_\_\_\_

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

Emergency Release: Y / N                      Daily Pickup: Y / N

Telephones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Full Name: \_\_\_\_\_

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

Emergency Release: Y / N                      Daily Pickup: Y / N

Telephones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Full Name: \_\_\_\_\_

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

Emergency Release: Y / N                      Daily Pickup: Y / N

Telephones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

### Medical and Health Information

Name of Doctor / Medical Services: \_\_\_\_\_

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

P/C: \_\_\_\_\_

Telephone: \_\_\_\_\_

Medicare No: \_\_\_\_\_

Ambulance Subscription? Yes / No

Private Health Cover: Yes / No

Does the child have any allergy or sensitivity? Yes / No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

\_\_\_\_\_

\_\_\_\_\_

Does the child have Asthma Yes / No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

\_\_\_\_\_

\_\_\_\_\_

Does the child have any other medical conditions and needs (eg. epilepsy, diabetes, etc), which are relevant to the children's service?

Yes / No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

\_\_\_\_\_

\_\_\_\_\_

Does the child have any dietary restrictions? Yes / No If yes the following restrictions apply:

\_\_\_\_\_

In the case of an emergency, do you consent to a blood transfusion? Yes / No

I, (name) \_\_\_\_\_ give consent for Muddy Boots Preschool to display relevant action

Plans for my child (name) \_\_\_\_\_ in the centre.

### Immunisation Record

Has the child been immunised? Yes / No

## Permission to Act in Case of an Emergency

Although every care will be taken of your child at preschool, the staff can in no way be held responsible for any accident which may occur.

In the event of an accident or illness requiring emergency medical or dental treatment (from either a doctor or dentist nominated by the parent or another doctor or dentist) or hospital treatment or ambulance service, every effort will be made to contact the parents before such treatment is sought.

However, should this prove impossible, it will be necessary for authority to be given for the treatment to be undertaken?

I, \_\_\_\_\_ **authorise the Director or second in charge of Muddy Boots Preschool to seek and authorise emergency treatment for my child**

Child's full name \_\_\_\_\_

Should this be considered necessary after all efforts to contact myself have been made?

Furthermore, I have read and agree to abide by conditions from the preschool and to accept such responsibility as enrolment at the preschool imposes.

Name

Signature

Date

Our current policy is that **each minor accident is recorded** and families are informed when collecting the child. At this time the minor accident register is signed by a parent as an indication that they have been informed of the minor accident. However, if you prefer to be notified earlier please indicate your preference:

By phone as soon as possible after the incident

On collection of Child

## Permission to Administer Medicines

Under the Child Care Services Welfare Regulation it is illegal to give medicine to the children at preschool without written permission of the parents.

A medicine book is available in the kitchen beside the microwave and this must be filled out completely and then shown to a staff member before your child can receive their medication.

Occasionally it occurs that a child becomes ill whilst at the preschool either developing an ear ache, the flu, a virus or a temperature of 37.5. In these circumstances with your permission as stated below, a staff member will be able to administer one (1) dose of Paracetamol according to the manufacturer's instructions for his/her age on one day whilst your child is at the centre

**I hereby give permission of my child** \_\_\_\_\_

**to be administered one dose of Paracetamol as directed by the manufacturer for his/her age should he/she become ill whilst at the centre.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SHOULD A SECOND DOSE BE REQUIRED THE PARENT SHALL BE CONTACTED FOR VERBAL AUTHORITY.**

## Toilet Routine

Can your child manage to go to the toilet without help? Y / N

Does your child wet the bed? Y / N If so, How often? \_\_\_\_\_

What word does your child use to go to the toilet? \_\_\_\_\_

### Sunscreen Protection

In line with the NSW Cancer Council, we recommend that all children are protected by SPF 30+ sunscreen when exposed to sunlight. In conjunction with Muddy Boots Preschool Sun Smart Policy, we ask that each parent apply SPF 30+ sunscreen to their child prior to their arrival here at Muddy Boots Preschool.

- Yes reapply SPF 30+ sunscreen to my child
- No do not reapply SPF 30+ sunscreen to my child

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Authority to use Photos/Videos

At different times during your child's day at preschool we may photograph them at play, for use with programming and planning, updates on our CLOSED Facebook page and also at times for advertising purposes. As part of the Privacy Act we need to have permission to be able to use your child's photographs for this purpose.

***I give permission for the staff at Muddy Boots Preschool to use photographs of my child***

Child's full name \_\_\_\_\_

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Children's Artwork

Children's artwork is regularly displayed throughout the centre. If you do not want your child's artwork displayed, please indicate below.

- I do not want my child's artwork to be displayed.



### Celebrates

Would you like your child to take part of the religious celebrate eg Christmas, Easter etc?

Yes / No

### Other information

If there is anything else that we should know about the child (excessive fears, favourite activities, development delay or disability etc) please provide details:

### To apply for enrolment, we ask you to:

1. Complete the Enrolment Application form and return it to us together with a **non-refundable** administration fee of **\$40.00**
2. When you accept a position you will need to pay a **\$200 bond per child.**  
Please note that **2 weeks written notice** must be given once you have intention of leaving the centre your bond will be refunded towards your fees as soon as the centre receives your child care benefit payment.
3. The first two weeks' fees are payable on enrolment and then on the first day of attendance each week thereafter.

### Proof of Priority Access

LONG DAY CARE:

- Priority Number 1:**  
Children at risk of abuse or neglect
- Priority Number 2:**  
A child of a single parent who satisfies, or if parents both satisfy the work/training/study test under section 14 of the Family Assistance Act
- Priority Number 3:**  
Any other child

What evidence have you provided as proof of priority? \_\_\_\_\_

## Declaration

I, \_\_\_\_\_

A person with lawful authority of the child referred to this enrolment form,

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform Muddy Boots Preschool in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at Muddy Boots Preschool
- Consent to the staff at Muddy Boots Preschool seeking, or where appropriate, administering medication if so requested by me.
- Consent to my child to being photographed during regular preschool sessions and I also consent to these photographs being used for publicity purpose by Muddy Boots Preschool, on website and Facebook Page
- Have read, understand and agree to follow the fee payment structure and policies.
- I am happy for my child to be involved in gardening activities where they will come in contact with soil and organic materials.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Office Use Only

#### Checklist

- Birth Certificate
- Immunisation Record
- Application Fee
- Bond
- Enrolment Form Completed



**Annangrove Preschool**  
 2B Colbran Ave Kenthurst NSW 2156  
 Phone/Fax: (02) 9654 1933



Get Paid On The Dot  
 ABN 67 096 902 813

New Customer Form

Direct Debit Request

Customer Reference: \_\_\_\_\_

ANN GEN 12133

Surname: \_\_\_\_\_ (Or Business Name) Given Name: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

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

**Debit Arrangement / Payment Details** / And/Or the total amount billed for the specified period for this and any other subsequent agreements or amendments.

1. **Once Only Debit** Date: \_\_\_\_\_ Debit \$ \_\_\_\_\_  
D D M M Y Y Y Y

2. **Regular Debits** Date: \_\_\_\_\_ Debit \$ \_\_\_\_\_  
D D M M Y Y Y Y

3. **Debit Frequency**  Weekly  Fortnightly  Monthly  4 Weekly  
(Default)

4. **Debit Duration**  Continue regular debits Until Further Notice (Min. \_\_\_\_\_ Payments)  
(Default)

Until I have Paid: \_\_\_\_\_ Regular Debits

Fees / Charges

Administration Fee:	\$2.20	Transaction Fee:	Paid by Business	Credit Card Fee:	2.2% (min \$0.88) N/A	Visa/Mastercard Amex/Diners	SMS Payment Reminder:	N/A
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**Debit from Bank, Building Society or Credit Union Account**

Direct Debit is not available on the full range of accounts  
 - if in doubt please refer to your financial institution

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
(9 Digits MAX)

Account Holder Name(s): \_\_\_\_\_

I / We authorise Ezi Debit Australia Pty Ltd User ID 165969 to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Details stated above and as per the Service Agreement provided.

**Debit from Credit Card**

VISA  MasterCard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

By signing this form, I / We authorise **Ezi Debit Australia Pty Ltd**, acting on behalf of the business to debit payments from my specified credit card above, and I / we acknowledge that **Ezi Debit Australia** will appear as the business name on my credit card statement.

**This Authorisation is to remain in force in accordance with the Terms and Conditions on this page, the provided Service Agreement, and I/we have read and understand the same.**

Signature(s) of Nominated Account \_\_\_\_\_

Date \_\_\_\_\_  
D D M M Y Y Y Y

Office Use Only: **S1**

Received Date: \_\_\_\_\_

Reference No: \_\_\_\_\_

Ver 1.0

**COMPLETE USING BLACK INK ONLY**