



Where the fun begins

PH: 02 9709 4111

ABN: 33 656 877 994

66 Conway Road, Bankstown, NSW 2200

www.sunshinekiddies.com.au

Office Use Only

Administration Fee (non-refundable) \$

Holding Deposit (refundable) \$

TOTAL AMOUNT RECEIVED: \$

Method Direct Debit Credit card (Ezi-Pay)

Child's Details

Requested Starting Date: / /

Gender: (Please circle) M F

Child's Surname:

Child's First Name:

DOB:

Age: years Months

Address:

Country of birth:

Cultural background:

Language/s Spoken at home:

Special Requirements:

Traits and Characteristics

Shy	Bubbly	Happy	Energetic	Curious	Outgoing	Motivated
Inquisitive	Adventurous	Reserved	Egocentric	Independent	Relaxed	Sad

Requested Day /s of attendance: (Please circle) **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Hours Required: am To Pm

Parent's Details

Parent 1

Full Name: Gender: M F DOB: / /

Address:

Name of Work place: Home No: ()

Work address: Mobile No:

Occupation: Work No:

Driver's Licence No: Email:

Parent 2

Full Name: Gender: M F DOB: / /

Address:

Name of Work place: Home No: ()

Work address: Mobile No:

Occupation: Work No:

Driver's Licence No: Email:

Marital Status: (Optional) Married Divorced De Facto Separated Single Parent

Names of Other Children in the family: Age: Gender: M F

Authority to collect/Emergency Contacts

(Other than Parents)

Please list below, who you wish us to call if you cannot be contacted in an emergency and who you authorise to collect your child from Sunshine Kiddies Early Learning Centre in the event that mother or father is unavailable to do so (note: must be over 18 years of age). Please ensure that these emergency contact persons are willing and able to collect your child in the event of an emergency. Please

Note: Photo ID MUST be shown prior to the child being released.

Contact No. 1 Full Name: Is this person authorised to collect? **Y / N**

Relationship to Child: **Address:**

Home No: () **Work No:** **Mobile:**

Contact No. 2 Full Name: Is this person authorised to collect? **Y / N**

Relationship to Child: **Address:**

Home No: () **Work No:** **Mobile:**

Contact No. 3 Full Name: Is this person authorised to collect? **Y / N**

Relationship to Child: **Address:**

Home No: () **Work No:** **Mobile:**

Contact No. 4 Full Name: Is this person authorised to collect? **Y / N**

Relationship to Child: **Address:**

Home No: () **Work No:** **Mobile:**

Health

Child's Doctor: **Phone No:** ()

Address:

Family Dentist: **Phone No:** ()

Address:

Has your child been immunised? (If yes, please provide relevant documents) **YES** **NO**

Does your child have any allergies? (If yes, please specify)

Has your child experienced any language or speech difficulties, physical problems or other related difficulties? (If yes, please specify)

.....

Is your child currently under medication? (If yes, please specify)

.....

Has your child suffered from any medical condition that we should know about? (If yes, please specify)

.....

Does your child suffer from asthma? (Please circle) If Yes attached details **YES** **NO**

Medical Management Plan/Risk Minimisation Plan/Anaphylaxis Management Plan attached? Yes or No

Does your child suffer from Epilepsy? (Please circle) **YES** **NO**

Is your child allergic to paracetamol? (Please circle) **YES** **NO**

If No, I give permission for the staff of Sunshine Kiddies to administer Paracetamol to my child if they feel it is necessary.

Parent Signature

In Excursions and multimedia *(Please sign if yes to the following)*

I give permission for my child to attend excursions.

Parent Signature

I give permission for my child to have his/her photograph taken and displayed on the Sunshine Kiddies Website.

Parent Signature

I give permission for my child to have contact with animals and insects that may take place on excursions.

Parent Signature

Is your child allergic to the application of band aids or sunscreen? *(Please circle)*

YES

NO

If No, I give permission for the staff of Sunshine Kiddies to administer this to my child if they feel it is necessary.

Parent Signature

Are there any court orders affecting the custody of your child? *(If yes, please attach copy)*

YES

NO

In the case of custody arrangements and restraining orders, staff are unable to follow personal requests unless legal documents are provided.

Parent Signature

As we are following the interest of your child and implementing an emerging curriculum as an education base, we are required to photograph your child along with many other mediums that are combined to complete your child's individual portfolio. In order for us to do this at a high level of standard we require your permission to photograph him/her. I consent to my child being photographed.

Parent Signature

I am aware that the staff at Sunshine Kiddies will require me to keep an updated record of my child's information summary and progress to ensure it assists with the quality care provided to my child.

Parent Signature

General Needs

Is there any further information, which you may feel will assist us in providing the service best suited to your needs and the needs of your child, e.g. religious beliefs, family situation, recent significant events?

What would you most want for your child at the centre?

Is there any particular area, which you are concerned about of which we need to be aware of?

What guidance strategies do you follow at home and what strategies do you recommend we follow for your child?

What resources or/and experiences do you use for your child during their physical play and what suggestion do you have that may improve the resources /experience at the centre for your child?

What are your views regarding the safety of the service's maintenance of buildings and equipments?

What hygiene and dental care practices would you like the centre to establish with your child which will continue practices in your home?

Fees/Withdrawal/Change of Days

I agree to abide by the centre’s policy of maintaining fees of a minimum of two (2) weeks in advance. I also understand that the fees are to be paid for all days my child is absent, on public holydays or sick, and that if fees fall behind my child’s place at the centre may be in jeopardy.

I also understand that there is a four (4) week notice period which applies, if I decide to withdraw my child from care. This must be written and forwarded to the office. This four (4) week notice period also applies to the reduction of my child’s days. I also understand the four week notice cannot be effective within the first six (6) weeks of my child’s enrolment and the first and last six (6) weeks of the year.

Date / / **Parent’s Signature**

Permission for staff to act in case of emergency

In the event of any accident or illness requiring emergency medical treatment, every effort will be made to contact the parents before such treatment is sought. However, should this prove to be impossible, it will be necessary for authority to be given for the treatment to be undertaken?

I consent to Sunshine Kiddies Early Learning Centre seeking on my behalf **DOCTOR, DENTAL, AMBULANCE** or **HOSPITAL** attention for my child and I accept liability medical expense as may be incurred.

Medicare Number: Private Health Fund:

Private Health Number:

Parent Signature

I **Have read, understood, agree and will abide with the Sunshine Kiddies Policies.**

Date / / **Parent’s Signature**

Thank You and Welcome to the Sunshine Kiddies Early Learning Centre Family*

If you have downloaded this form from our website, then please ensure that **ALL** fields are filled correctly and accurately.

Please return the form to Sunshine Kiddies Early Learning Centre in person.

*Positions are based on availability, for more information regarding placement please contact the centre. Thank you.

Evaluation

Please circle answers below to help us to evaluate and improve our service.

1. Do you feel that you have a good understanding of the general running of the Centre? *(Please circle)*

Unsatisfactory Satisfactory Good Excellent

2. Where did you hear about Sunshine Kiddies Early Learning Centre? : *(Please circle)*

Web	Newspaper	Yellow Pages	Flyer	NCAC
Driving Past	Local Government	Local Schools	Existing Families	Other

OFFICE USE ONLY

Copies Retained	Information for Parents	Follow Up
Y/N Birth Certificate	Y/N Parent Handouts	Y/N Informed Room Leader of Child’s Details
Y/N Immunisation Records		Y/N Orientation Evaluation Given/Received

Staff’s Signature

(Please read)

TERMS AND CONDITIONS OF ENROLMENT

1. The child's enrolment period would not end unless a written notice is given. This would also cover periods during Christmas and New Year except for any periods the Centre advises the parent to be closed.
2. Allocated days are permanent and not flexible or transferable however, transfers may be negotiated depending on vacancies or ability to move other children of non-working parent.
3. Fees have to be paid even if my child is absent on a particular day or days including periods of illness and parents annual leave. Fees have to be paid for Public Holidays. I will notify the Centre when my child will be absent.
4. **A refundable bond** needs to be paid on acceptance of a position. The bond is **\$200** per child for children attending the centre. The bond will be returned to parents' accounts once the child leaves the centre. **The bond becomes non-refundable if parents subsequently forfeit the acceptance to enrol.** Parent understands that if my fees fall in arrears by more than two weeks my position may be declared vacant. The centre may charge a late payment fee of up to 10% of the outstanding amount if fees are more than four weeks in arrears. Once the position is declared vacant fee recovery action may be sought.
5. **A non-refundable** Administration fee of \$50.00 to is payable for families wishing to place their child on the waiting list.
6. Fees must be paid by direct debit or credit card ONLY.
7. I understand that the centre has a priority of access that is adhered to and the centre may need to change my days to accommodate a higher priority, this is a requirement of Child Care Benefit Payments Scheme. I understand that the Centre has the right to ask for proof of my work or study (e.g. payslips, proof of course etc.) to establish my priority.
8. A late fee of **\$15.00** will be charged if my child is left after the Centre's closing time. This fee will be charged **per child** if there is more than one child from the family left after closing time the **\$15.00** late fee will be charged for **each child**, up until 15 minutes after closing time and then \$5.00 for every 5 minutes thereafter.
9. I will notify the Centre of any change to my child's details (e.g. address, phone number, emergency contacts etc.)
10. A record of the child's immunisation is required for the child's records. You will be required to keep this information up to date.
11. Sick children with infectious disease shall not attend the centre. NO over the counter medications will be given without a letter from your Doctor and all prescription medicine will be only administered as per instructions and ONLY with your written permission.
12. I understand that access to children cannot be denied to a natural parent unless there is a Court Order. A copy of the court order must be provided to the Centre.
13. I will give **two weeks written notice** (four weeks' notice period if including Christmas and New Year Holiday period or when your child first starting to attend the Centre) of my intention to withdraw my child from the centre even if I choose to reduce the number of days.

I agree to abide by the above-mentioned Terms and Conditions and declare that all information given in this form to be correct to the best of my ability.

Parent / Guardian Signature: _____ Date: _____