



Cairns Montessori
embracing potential

ENROLMENT FORM

This form must be completed by a parent or a guardian who has lawful authority in relation to the child. Please answer all questions to assist for providing Government Funding and for planning purposes.

Preferred Commencement Date: _____ **School Starting Date:** _____

Days required (please circle): **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

If your child has attended another care facility, state the absent days they have had this financial year
_____.

<p>Family Name:Date of Birth:.....Sex: Male / Female</p> <p>Childs Given Names:Preferred Name:</p> <p>Home Address:</p> <p>Telephone Number/s:</p> <p>Language(s) spoken at home:</p> <p>Religion:Country of Birth:</p> <p>Child Reference Number:</p>
<p>Does the child have any siblings? Yes / No. If Yes are they in care elsewhere? Yes / No</p> <p>Name:.....Age:.....Sex:.....</p> <p>Name:.....Age:.....Sex:.....</p> <p>Name:.....Age:.....Sex:.....</p>

Information about the child’s parents or guardians

<p>Parent/ Guardian: Name: Relationship to child.....DOB:</p> <p>Address: – If different from child’s address </p> <p>Guardian CRN: </p> <p>Drivers License No.....</p> <p>Occupation: </p> <p>Workplace Name and Address: </p> <p>Country of Birth: </p> <p>Telephone/s: – Home.....</p> <p>Mobile.....Work.....</p> <p>Email address </p> <p>Does the child live with this parent? Yes / No</p>	<p>Parent/ Guardian: Name: Relationship to child.....DOB:</p> <p>Address: – If different from child’s address </p> <p>Guardian CRN: </p> <p>Drivers License No.....</p> <p>Occupation: </p> <p>Workplace Name and Address: </p> <p>Country of Birth: </p> <p>Telephone/s: – Home.....</p> <p>Mobile.....Work.....</p> <p>Email address </p> <p>Does the child live with this parent? Yes / No</p>
<p>Guardian (If applicable): Name:</p> <p>Address:</p> <p>Driver’s License No</p> <p>Occupation.....</p> <p>Workplace Name and Address:</p> <p>.....</p> <p>Country of Birth:</p> <p>Telephone/s: –Home.....</p>	<p>Guardian (If applicable): Name:</p> <p>Address:</p> <p>Driver’s License No</p> <p>Occupation:</p> <p>Workplace Name and Address:</p> <p>.....</p> <p>Country of Birth:</p> <p>Telephone/s: –Home.....</p>

Mobile.....Work..... Does the child live with the guardian? Yes / No	Mobile.....Work..... Does the child live with the guardian? Yes / No
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Court Orders relating to the child

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

No – go to next section

Yes – please attach a copy of the court orders to this enrolment form:

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

.....

Signature

Other Persons to be notified – Over 18 Years of Age

There may be times when the child has had an accident, injury, illness or trauma and the parents or guardians can't be contacted. In this case the Director/staff should contact one of the following people who are authorised to collect and care for the child. Signatures are required on this form for all persons authorised to collect your child.

Name.....	Name.....
Address.....	Address.....
Telephone/s – Home.....	Telephone/s – Home.....
Mobile.....Work.....	Mobile.....Work.....
Drivers License No.....	Drivers License No.....
Relationship with child.....	Relationship with child.....
Signature	Signature

Collecting the child from the centre – children will only be released into the care of a person over the age of 18.

Your permission is required for other people to collect the child from the centre on your behalf. Please list the details of the people that are permitted to collect your child from the centre. In the event that you cannot be contacted, this list will be used automatically to arrange someone to collect your child.

Details of people who can collect the child – You may add or change this list at any time throughout the year. Signatures are required for all nominated persons.

Name..... Address..... Telephone/s – Home..... Mobile..... Work..... Relationship with child..... Signature	Name..... Address..... Telephone/s – Home..... Mobile..... Work..... Relationship with child..... Signature
Name..... Address..... Home Ph:..... Mobile..... Work..... Relationship with child..... Signature	Name..... Address..... Home Ph:..... Mobile..... Work..... Relationship with child..... Signature

Child's Medical and Health Information

Child's Doctor / Medical Service
.....Telephone.....

Address of Doctor / Medical
Service.....

Maternal and Child Health
Centre.....

Has your child had the 3 ½ year old assessment? Yes / No
If yes please attach a copy to this enrolment form.

Medicare No Expiry
Date.....

Continue Child's Medical and Health Information

Health Card No..... Expiry
Date.....

Does your child have any allergy or intolerances? Yes / No

.....
(If so please attach a management plan to this enrolment form.)

Does your child have any medical conditions and or special needs, which are relevant to the centre? Yes / No

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(If so please attach a management plan to this enrolment form.)

Does your child have any dietary preferences or restrictions? Yes / No

If Yes please comment on reasons:

.....
.....

Do you have Private Health Insurance: Yes / No – If Yes give details:

.....

Child’s Immunisation Details

Has the child been immunised? Please circle Yes / No – If Yes please provide the details by:

- Attach a copy of the Immunisation Record from the Child Health Record book or
- Attach a copy of the Immunisation Record printout from local government and

Recommended Australian Immunisation Schedule

Age

Disease Immunised Against

Birth

Hepatitis B

2 months

Hepatitis B Diphtheria Tetanus Pertussis/Whooping Cough (DTPa/HepB), Haemophilis Influenzae type B (Hib), Polio, Pneumococcal

4 months

DTPa/HepB, Hib, Polio, Pneumococcal

6 months

DTPa/HepB, Hib, Polio, Pneumococcal

12 months

Hib, Measles Mumps Rubella (MMR), Meningococcal C,

18 months

Chicken pox (varicella)

4 years

DTPa, Polio, MMR

12 years

Chicken pox (for those not vaccinated as children and who have not had the disease), Hepatitis B (for those not vaccinated as children)

15 years

Adult Diphtheria/Tetanus/Pertussis (DTPa)

Hepatitis A immunisations – If so please provide the date.....

Hepatitis B immunisations – If so please provide the date.....

Chicken Pox immunisations – If so please provide the date.....

If there is an outbreak of Head Lice, I give permission for the staff to check my child’s hair –Please circle

Yes/No

Signature:

.....

FEE POLICY:

It is a requirement of enrolling into the centre that all families pay two weeks of full fees in advance. Accounts must be maintained in advance at all times. Failure to do so will result in reduction or cancellation of care for your child/ren. Please be aware that all families need to give the Director three weeks notice in writing when changing or terminating care details.

Other Information

Is there any other information that the centre should know about the child (eg – Security items, sleep preferences fears, favourite activities or interests, etc) Please comment:
Has your child previously attended : Please circle Long Day Care Occasional Care Pre-school Play Group Family Day Care
Do you or any of your family members have any special interests skills or talents that you would like to share with the centre the centre – Please circle Yes / No - If Yes please comment:
Please indicate any festivals, celebrations or traditions your family celebrate and or list any cultural / religious events that centre staff need to be aware of: - Please circle Easter Christmas Birthdays Mother’s Day Father’s Day Luna New Year Other:.....
I have time that I would be able to donate to the centre to help in events such as fundraising, meetings or extra circular activities such as incursions and excursions. -Please circle Yes / No
Are you willing to have your child photographed to appear in displays within the centre– Please circle Yes / No Signature:
Are you willing to have your child photographed to appear in videos, newspapers, promotional activities and other publications? – Please circle Yes / No Signature:
I give permission for my child’s name to be displayed within the centre. (This can include on the attendance book, artwork, birthday lists and allergy lists.) – Please circle Yes / No Signature:

I give permission for my child's photo and name to appear in the daily photo journals of my child's room and individual learning

Portfolios of other children. Yes/No

Signature.....

I give permission for my child's photograph to be used on the centre website – Please circle

Yes/No

Signature.....

I give permission for my child's artwork to be used on the centre website. No surnames will be used – Please circle

Yes/No

Signature.....

I have read and understand the Centres Policies and Procedures and agree to abide by them at all times. I understand that these will be constantly reviewed and updated and still agree to abide by them:
NB: Cairns Montessori takes any omissions of Yes/No answers on this form to mean Yes and the associated signature to be an oversight in good faith.

Signature.....

Date.....

Where did you hear about us?

(Please circle where applicable and add comments underneath)

- Family
- Friends
- Flyer
- Advertisement in the newspaper (please specify below)
- Editorial in the newspaper (please specify below)
- Open Day
- Yellow Pages
- White Pages
- Driving/Walking past
- Website
- Other (please specify)

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Priority for allocating places in child care services

The Priority of Access Guidelines are primarily referred to when a service has a large waiting list and a number of parents competing for a limited number of vacant places.

All parents should be made aware of the guidelines at the time of enrolling their child or children in a child care service.

Definitions

- **Family (for a child)** – means the child, the individual in whose care the child is, that individual's partner (if any), and any other individual with whom the child lives.
- **Parents** – means the individual in whose care the child is and that individual's partner.
- **Single parent** – means an individual in whose care a child is, and who has no partner.

Priorities

First Priority	A child at risk of serious abuse or neglect.
Second Priority	A child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the Family Assistance Act.
Third Priority	Any other child.

Priorities within each category of priority

Within each priority mentioned above, the following children are to be given priority:

- children in Aboriginal and Torres Strait Islander families;
- children in families which include a person with a disability;
- children in families which include an individual whose taxable income percentage under Clause 7 of Schedule 2 to the Family Assistance Act is 100%;
- children in families with a non-English speaking background;
- children in socially isolated families; and
- children of single parents.

Where a child care service is funded by an employer in order to provide child care solely or primarily for the children of the employer's employees, the service may give priority to those children.

Declaration and Consent to emergency medical treatment

I.....(Print Full Name)

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

- Declare that the information is correct and true and will update any changes to this information immediately with the service.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment from should he/she become unwell while at the service.
- Consent to the staff of the centre seeking or where appropriate administering, such emergency medical, hospital, dental or ambulance services or treatment as is necessary and that I will reimburse any necessary expenses incurred by the service.
- Understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the centre premises under the direction and supervision of staff.
- Have read and understood the centre’s fee policies.

Signature.....
Date.....

References

NCAC
Dept of Communities
DHS
FAO
DFACSA

Effective Date *April 2009*
Review Date *June 2009*