

Funny Days Kindergarten

27 Earle St Doonside NSW 2767

Ph: 02- 8809 6884 / 0435816845

Email- kangaroochildcare@yahoo.com

PRIVATE AND CONFIDENTIAL

Child's Surname: _____ **Given Names:** _____

Sex: M / F: _____ **Date of Birth:** ____/____/____ **Place of Birth:** _____

Primary Language: _____ **Ethnic Group:** _____ **Religion:** _____

Address (if different to parents):

Court orders: (if any, need to provide court order copy):

Mother's Full Name: _____

Address (Home): _____

Home Ph No: _____ **Occupation (Optional):** _____

Employer Name: _____ **Mobile No:** _____

Employer Ph No: _____

Cultural Background: _____ **Celebrations:** _____

Language spoken: _____ **Marital status:** _____ **Date of Birth** __/__/__

Father's Full Name: _____

Address (Home): _____

Home No: _____ **Occupation (Optional):** _____

Employer Name: _____ **Mobile No:** _____

Employer Ph No: _____

Cultural Background: _____ **Celebrations:** _____

Language spoken: _____ **Marital status:** _____ **Date of Birth** __/__/__

Child's Medicare No.: _____ **Health Fund:** _____

Email Address: _____

Does/ Did your child attend another Centre? (Yes/No) _____

Other children living at home:

Attendance

Commencement Date: ____/____/____

Days Child will attend: Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐

Type of care (e.g. Casual or Regular long day care) : _____

Health

Has your child been immunised: Yes / No [e.g. Online Medicare statement]

Does your child have allergic reactions (food, medicine, faces paint, etc)? If yes please provide details

Is there any other information the Centre should know about?

Behaviour difficulties: _____

Regular visit to a specialist: _____

Special medical conditions: _____

Regular medication: _____

General Needs

Does your child have any special interest? _____

Fears e.g. thunder, mowers, plug holes, etc. _____

Other special needs: _____

Does your child participate in festivals/ celebrations? [Yes/ No] _____

if No please give details: _____

Are there any words in any language to help make your child's day smoother?

Eating- Special dietary needs e.g. vegetarian, religious beliefs etc.

Any food likes: _____

Dislikes: _____

Any food allergy _____

Other allergies (if any) _____

List other food restrictions (e.g. religious or for any other reason)

Date: ____/____/____ Signed: _____

Authority: Emergency Contacts to pick-up child [**Do not include Parent's Names**]

I authorise the staff of this centre to give the following people access to my child [Note: must be over 18 years and willing to collect the child in event of an emergency. At least 2 contact names must be completed before enrolment commences.]

1) Full Name: _____

Address: _____

Relationship with child/Parent: _____ Phone (Home): _____

(Mob.): _____

2) Full Name: _____

Address: _____

Relationship with child/Parent: _____ Phone (Home): _____

(Mob.): _____

Child's Doctor: _____ Phone No: _____

Address: _____ Suburb: _____

Child's Dentist: _____ Phone No: _____

Address: _____ Suburb: _____

The staff will not allow your child to go with adults unless their names are written on this form. If the parents or the emergency contact list cannot be reached,

I _____ authorise the staff to seek medical, dental or hospital treatment and /or an ambulance.

Signed: _____ Date: ____/____/____

I give my permission to the Centre's staff to administer paracetamol if my child's body temperature goes higher than 38 degrees Celsius and the authorised person (parent) is not contactable.

Signed: _____ Date: ____/____/____

I understand that the Centre's staff needs to apply sunscreen to my child before taking them outside (weather permitting) and will therefore give them my permission for this.

Signed: _____ Date: ____/____/____

I recognise that Centre staff may take photos of my child and use them to prepare documents, Portfolios and display on Funny Days childcare website.

Signed: _____ Date: ____/____/____

Declaration

I/We the undersigned _____ of _____
_____ (child's full name) declare that the information given in this enrolment form is accurate to the best of my/our knowledge. I give permission to provider to lodge the enrolment of our child with centrelink.

I/We also are aware that:

- Fees must be paid by the due date and always to be keep 2 weeks in advance.
- Fees are payable on holidays, public holidays, sick absence or any other kind of absence.
- If you no longer need a care, you are required to give one month notice before withdrawing your child from Funny Days Kindergarten. Failure to give one month notice will require payment of one month fees. (Please refer Payment & Fees Policy).
- Centre has constant video surveillance for safety of children, staff, parents and premise.

I/We understand the importance of signing the attendance register and agree to sign in and out every day of my child's attendance.

Parent/Guardian Name: _____ **Date** ____/____/____

Signature: _____

CRN (Centrelink Reference Number):

Parent 1: _____ (Mum)

Parent 2: _____ (Dad)

Child : _____

What to Bring to Funny Days Kindy:

- 1) Immunisation Statement (Medicare copy)
- 2) Birth certificate
- 3) Parents address proof
- 4) Nappies & innerwear's
- 5) Blanket
- 6) Water Bottle
- 7) Sun Hat
- 8) Spare clothes
- 9) Wipes & Nappy rash cream (if special wipes and cream needed)

Our current fees /day are as follows. Daily fees include the morning tea, lunch, afternoon tea and complementary late afternoon tea.

0-2 yrs - \$96

2-3 yrs - \$93

3+ yrs - \$87