

Christopher Robin Preschool Kindergarten



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www.christopherrobinpreschool.com.au

ENROLMENT APPLICATION

Start Date: _____

Child's First	Any other/former names ()		
Family Name	CRN #		
Address			
Suburb	Post code:		
Sex	Please Tick box	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	Place of Birth:		
Cultural Group			
Religion:	Any information of the child's religion and cultural background to be practiced.		
Primary language spoken by child			
Number of children in Family	Child's position in family		

Please submit copies of birth certificate and immunization.

Mother's Name	Any other name:		
Date of Birth:	CRN #		
Occupation	Language		
Home Address	Home		
Business	Business		
Mobile			
Email Address			

Father's Name	Any other name:		
Date of Birth:	CRN #		
Occupation	Language		
Home Address	Home		
Business	Business		
Mobile			
Email Address			

ENROLMENT DETAILS

Please tick the day's your child will attend the center:

Monday Tuesday Wednesday Thursday Friday

Have you applied for fee assistance? Yes No

If answer is YES which parent applied? Mother Father

SIBILINGS

Name	Date of Birth	Sex	Age

PICK UP DETAILS other than parents

I authorize the staff at the center to give the following people access to my child:

Name	Relationship	Phone	Address

The center staff will not allow any children to go with any person unless named on this form. You can add or delete names at any time provided such notification is in writing and signed. If it is necessary for an underage person to escort a child home written permission from the parent & Department of Community Services must be pre-arranged and provided to the center. Christopher Robin Kindergarten assumes no responsibility where the parent/guardian has given written authorization for a person who is under the age of eighteen (18) years to pick up a child.

Emergency Requirements:

If we cannot contact you in emergencies, which do you wish us to call other than a parent.

Name:	Relationship:	Phone Number:	Address:

Name:		Address:	
Relationship:		Phone Number:	

Doctor's Name:	
Doctor's Phone No.:	

Dental Doctor's Name:	
Dental Phone No.:	

Medicare No.:	
Health Fund No.:	

COURT ORDERS

Give brief details of any Court orders affecting custody of or contact with your child: -
Please provide a photocopy of the sealed Court Orders at Enrolment interview.

MEDICAL INFORMATION

Has your child been immunized against the following Vaccination?

Hepatitis B, Diphtheria, Tetanus,	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Haemophilus influenza type B	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inactivated poliomyelitis (IPV)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pneumococcal (Prevenar)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rotavirus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measles, Mumps & Rubella (MMR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meningococcal C	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Varicella (VZV)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 years (Diphtheria, Tetanus, MMR, Polio)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please submit copies of immunization and birth certificate

Is your child on regular medication or does he/she have any disabilities or allergies we should know about? Any Allergies: YES / NO (if yes describe) _____

Note: The centre will give medication provided that the dosage does not exceed the recommended package recommended dosage and the child's name and prescribed dosage instructions are clearly noted on the original packaged product.

Approval for Medical, Illness, Accident & Emergency Treatment

In the event of an emergency, medical, illness, dental or accident concerns my child and the teacher being unable to contact the emergency contact person or me.

I _____ consent to the centre seeking on my behalf medical, dental, hospital treatment or ambulance for my child and I accept liability for medical or related expenses be incurred. Also, carrying out medical, dental or hospital treatment.

Yes No PARENT'S SIGNATURE

EXCURSIONS / WALKS

As part of the education programmed of the center, I consent to my child being taken by the staff to visit local places of interest and on excursions within walking distance of the center. In case of Fire Brigade or Police excursion, the children will be going outside the building for demonstration.

PARENT'S SIGNATURE.....

SPECIAL REQUIREMENTS

Are there any Special Requirements that will allow us to better look after your child?

ACCEPTANCE OF ENROLMENT CONDITIONS

Please read carefully the conditions printed on this form are the terms upon which we agree to accept your child & by signing this form, you are bound by these conditions:

- 1) Fees are payable in advance of each week, whether or not the child/children are in attendance, i.e. Sick, Holidays until the booking is cancelled.
- 2) An amount of Fifty Dollars (\$50.00) is to be paid at the time of enrolment.
- 3) Holding deposit of two weeks multiplied by the number of days is to be paid as a bond and will be returned at the end of the year.
- 4) Four full weeks' notice of cancellation must be given or the two weeks holding deposit fees will not be returned.
- 5) A late pick up fee for collection will apply, for \$1.00 per minutes, if you are late more than 5 minutes.
- 6) My child to be photographed or video recorded for display in or out of the service or publication, but my child's name will not be used without prior knowledge & consent.
- 7) Not to send my child when he/she is suffering from a cold, flu, diarrhea, tonsillitis and all other infectious and contagious illness.

I (print name) agree to the terms and conditions expressed in the ENROLMENT APPLICATION and declare that the information provided by me on the Enrolment Application is true & complete to the best of my information and belief. I hereby agree to pay the relevant applicable fees.

I acknowledge receipt of the center HANDBOOK.

Signed Date

YOU MUST NOTIFY US IMMEDIATELY OF ANY CHANGES TO THE INFORMATION SUPPLIED IN THIS DOCUMENT WHILST YOUR CHILD IS ENROLLED AT THIS SCHOOL.

email: christopherrobinpreschool@hotmail.com

www.christopherrobinpreschool.com.au

Internet Banking

ANZ Bank

Branch No.: 012 287

Account No.: 4981 83018

Account Name: A & M Hanna