



# Avalon Beach House Preschool

50 Old Barrenjoey Road, Avalon NSW 2107.

[abhps@bigpond.net.au](mailto:abhps@bigpond.net.au)

[www.avalonbhpreschool.com](http://www.avalonbhpreschool.com)

Tel: 9918 2558

## ENROLMENT FORM

### Child Details

Given Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Other name/s: \_\_\_\_\_

Former name child known by: \_\_\_\_\_

Child's CRN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Primary contact number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male / Female Primary Language: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Copy of verification taken: Y / N

**Birth Certificate** It is a legal requirement that we have a copy of your child's birth certificate. You can bring us the original to sight and photocopy; alternatively, you can bring us a photocopy that has been certified by a Justice of the Peace.

Days required      Mon              Tue              Wed              Thu              Fri

Hours of care required: \_\_\_\_\_ Start Date \_\_\_\_\_

### Parent #1 Details

Given Name: \_\_\_\_\_ F a m i l y

Family Name \_\_\_\_\_

Previous Names/Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent #1 CRN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer' Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

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**Parent #2 Details**

Given Name: \_\_\_\_\_

FamilyName: \_\_\_\_\_

Previous Names/Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent #2 CRN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer' Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

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Legal Guardian: \_\_\_\_\_ Court Orders: N/A Yes No

Copies taken: Yes No

**Is there anyone prohibited from having contact or collecting your child?**

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**Family Background**

**Country of Birth:** *Child* \_\_\_\_\_ *Parent 1* \_\_\_\_\_ *Parent 2*  
\_\_\_\_\_

**Language spoken at home:** \_\_\_\_\_

**Other children in the family (name and ages):**  
\_\_\_\_\_

**Cultural Background:**  
\_\_\_\_\_

**Please give details of any special living arrangements (e.g. living with grandparents, stepfamily, shared home etc):**  
\_\_\_\_\_  
\_\_\_\_\_

**Is there any information concerning your family history, religious ceremonies, festivities, celebrations etc. which may be useful for staff to know when planning a program for your child?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note: this question is optional.

Is your child currently receiving support or assistance from any external agencies (such as occupational therapy, speech pathology, etc)? If so, please provide details so we can incorporate this into the program we provide for your child.

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**Medical Details**

**Is your child on regular medication or have any disabilities, food sensitivities or allergies we should know about?** Yes No

**If yes please give details**

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**Religious/Cultural Requirements**

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<b>Is your child on regular medication:</b>	Yes	No
<b>Does/has your child have/had Asthma:</b>	Yes	No
<b>Have you completed an Asthma medication form:</b>	N/A Yes	No
<b>Does/has your child have/had Epilepsy:</b>	Yes	No
<b>Has your child been Immunised:</b>	Yes	No
<b>Copies Taken:</b>	Yes	No

\* Please provide a copy of your child's Australian Childhood Immunisation Records (ACIR) Statement. (You can get a copy by calling 1800 653 809, by email on [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au) , from a Medicare or Centrelink office or online at [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online) ).

If your child's immunisations are not up to date, please attach one of the following documents:

€ A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule

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

**Private Health Insurer & No:** \_\_\_\_\_

**Emergency Details**

Name of Family Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Name of Family Dentist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Religious requirements in case of accident:  
\_\_\_\_\_

Please list at least two people who are authorised to collect your child and at least two people, (person 1 and person 2), who have ongoing permission to collect your child without parental authorization communications with the centre. Persons 3 and 4 that we may call if we cannot contact you in an emergency. These may be the same people. In the interest of safety, please ensure that those authorised to pick up your child bring photo identification until staff become familiar with them.

Person 1 Name: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Person 2 Name: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Person 3 Name: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Person 4 Name: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Person 5 Name: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

**AGREEMENT POLICY**

**AUTHORISATION AND PERMISSION FOR MEDICAL, DENTAL HOSPITAL AND  
AMBULANCE TREATMENT**

In the event of an emergency, illness or accident concerning my child I consent to the Centre seeking & carrying out on my behalf medical, dental, hospital & ambulance attention including ambulance transport for my child and I accept liability for medical, dental, hospital & ambulance as may be incurred.

I, \_\_\_\_\_ being parent/guardian of

\_\_\_\_\_

authorise the Director and staff of Avalon Beach House Preschool to have my child, named above, treated by a qualified medical practitioner should the need arise. Also, if every reasonable effort to contact me has failed and the doctor contacted considers immediate medication, anesthetic medication, anesthetic or minor/major surgery necessary she/he has my permission to administer same.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission for Topical Application**

I give permission for the staff at Avalon Beach House Preschool to assess the need for and administer the following:

Nappy change lotions/creams:	Yes	No
Antiseptic creams:	Yes	No
Teething gels:	Yes	No
Insect Repellent:	Yes	No
SPF 30+ Sun Block:	Yes	No

Parent/Guardian Signature \_\_\_\_\_

Date\_\_\_\_\_

**Nurofen/Panadol**

I authorise staff members of Avalon beach house preschool to give my child one (1) age and weight appropriate dose of Nurofen/Panadol should their temperature reach or exceed 38°C. No emergency medication will be administered to a child without prior verbal authorisation from a parent and/or guardian.

Avalon Beach House Preschool will ensure one staff member administers a single dose Nurofen/Panadol and one staff member cross-checks the medication, dosage and administration.

I authorise staff of Avalon beach house preschool to administer one (1) age and weight appropriate dose of Nurofen/Panadol to my child named on this enrolment form. I agree to immediately come and collect my child, if requested.

Parent/Guardian Signature \_\_\_\_\_ Date\_\_\_\_\_

I do not authorise the administration of Nurofen/Panadol, but I agree to immediately come and collect my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*If any prescription medication is required (e.g. antibiotics) the appropriate medication form must be signed or medication cannot be administered.*

**Rules and Conditions of Enrolment**

I certify that all information given on the enrolment form is correct. I undertake to inform the Director immediately of any changes to this information. I have read and agree to abide by the rules and conditions outlined in the Avalon Beach House Preschool Parent Handbook.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Enrolment Period**

I understand that Avalon Beach House Preschool charges fees up until their last day open in December. Should my child not attend some of these days due to sibling school holidays, family holidays, etc. I understand that I am still required to pay my entire December invoice regardless. Similarly, I understand that when the centre re-opens in January, fees will be charged from this date. Should my child not attend some of these days due to sibling school holidays, family holidays, etc. I understand that I am still required to pay my entire January invoice regardless.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Observations**

At Avalon Beach House Preschool, we constantly observe your child’s progress. These observation records are available for parents to view with prior arrangements with your child’s teacher. Periodically, your child may be observed by training staff; however a trained staff member employed by Avalon Beach House Preschool will oversee the trainee at all times during the observations.

Observations of your child are used to recognise their strengths and areas of development which need improving and are therefore used in assisting teaching staff with developing an educational program for your child.



I agree/disagree to allow my child to be observed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Photography/Filming**

Sometimes photographs of the children are taken for use in displays in our Centre. They are not for distribution or sale. Photography and filming are allowed at our Christmas Concert.

I agree to allow filming or photos to be taken.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I disagree to allow filming or photos to be taken. I understand that this means my child/ren cannot perform in the Christmas Concert.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **Food Preparation Experiences**

As part of our educational program, we frequently plan and carry out various food preparation and/or cooking experiences. These experiences are closely supervised, and teachers ensure that proper hygiene and safety measures are followed. In order for your child to participate in these experiences, we require your permission.

I give permission for my child to participate in food preparation/cooking experiences.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please state any food allergies or intolerances, dietary or cultural requirements we will need to adhere to when planning food preparation/cooking experiences with your child:

I do not give permission for my child to participate in food preparation/cooking experiences.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Administration Fee**

A non-refundable administration fee of \$120 is required from you at the time of acceptance of your child's position in the Centre.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Bond**

A refundable bond is requested upon commencement at the Centre. This comprises of 2 (two) weeks fees without Child Care Subsidy. This will be refunded to you when your child leaves the Centre, providing all other terms in this enrolment form have been met.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Fees**

I hereby agree to pay child care fees four (4) weeks in advance. Failure to do so will incur a 5% per day penalty charge on all outstanding fees and will result in my child/children's placement at the centre being forfeited. If the debt is not paid and the account is forwarded to a collection agency all additional costs for collection will be met by the undersigned. Fees must be paid for everyday your child is enrolled, regardless of illness, holidays or public holidays.

Enrolments and fees are calculated from the date the centre re-opens in January from its annual break and up to and including the date of closure in December for the Christmas/New Year shutdown period. All fees for the

month of December are payable irrespective of your child's last day of care. All fees for the month of January are payable irrespective of your child's first day of care.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Non-Commencement of Enrolment**

In the event that I enroll my child but then wish to cancel his/her enrolment before the enrolment commencement date stated on the first page of this form, I understand that

- a) I am still required to give four weeks' written notice (Christmas closure dates are not included in these 4 weeks), and
- b) my deposit (consisting of my Bond and Administration Fee) is non-refundable and will not be returned to me.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Decreasing & Varying Attendance**

I hereby to agree to give four (4) weeks written notice when I wish to decrease my child's enrolment (i.e. "drop" a day). I hereby agree to give four (4) weeks written notice when I wish to vary my child's enrolment ((i.e. "swap" days). I understand that Christmas closure dates are not included in these 4 weeks.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Resignation from the Centre**

I hereby agree to give four (4) weeks' written notice when I wish to terminate my child's enrolment. I understand that I will continue to pay fees until those four (4) weeks have concluded. I understand that Christmas closure dates are not included in these 4 weeks.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Enrolment Condition**

Fees must be paid for everyday your child is enrolled, regardless of illness, holidays or public holidays.

Enrolments and fees are calculated from the date the centre re-opens in January from its annual break and up to and including the date of closure in December for the Christmas/New year shutdown period. All fees for the month of December are payable irrespective of your child's last day of care. All fees for the month of January are payable irrespective of your child's first day of care.

**Late Collection Fees**

I hereby agree to pay Late Collection fees for late collection of my child/ren. Hours of operation for Avalon Beach House Preschool are from 8am - 6pm Monday to Friday. I understand that the Late Collection fees are \$15.00/min for the first 5 minutes, and \$20/min thereafter.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Babysitting & Nannyng**

I hereby agree not to engage, or attempt to engage, any of the Avalon Beach House Preschool staff in any babysitting or nannyng employment outside of the centre. Should I require a babysitter or nanny, I understand that Avalon Beach House Preschool can only refer me to professional agencies and will not recommend any individuals from the community.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Priority of Access Guidelines

Avalon Beach House Preschool is an approved child care centre and must abide by Priority of Access guidelines set down by the Government. **These guidelines are used when there is a waiting list for our child care service or when current parents are applying for a limited number of vacant places.** We are legally obliged to abide by these regulations and inform you of these regulations when you enroll your child.

### **Priority of Access is as follows:**

- **Priority 1:** a child at risk of serious abuse or neglect.
- **Priority 2:** a child of a parent (or both parents if you have a partner) who satisfies the Government's work, training, study test.
- **Priority 3:** any other child.

### **Within these main categories priority should also be given to:**

- children in Aboriginal and Torres Strait Islander families
- children in families which include a disabled person
- children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold, or who or whose partner is on income support
- children in families from a non-English speaking background
- children in socially isolated families
- children of single parents.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Commencement Date _____		Termination Date _____			
Administration Fee Paid	Yes/No	Amount \$	_____		
Enrolment Bond Paid	Yes/No	Amount \$	_____	Date	_____
Bond Returned	Yes/No	Amount \$	_____	Date	_____
Developmental file	Yes/No				
Pigeon hole given	Yes/No				
Art file given	Yes/No				
Hours of Eligibility	_____	CCS%	_____		
CRN (child)	_____		CRN (parent)	_____	
Immunisation details sighted	Yes/No	Copies taken	Yes/No		
Evidence of Birth Date	Yes/No	Court Order Sighted	N/A	Yes	No