



Lenah Valley Childcare & Early Learning Centre

**1 Wilks Road
Lenah Valley, TAS 7008
PH: 62280927**



Enrolment Form

Child's Name: _____

Centre Director – Dannielle Hayden

**Hours of Operation – 6.30am – 6.30pm
Monday-Friday**

Lenah Valley Childcare & Early Learning Centre.

Enrolment Form.

Child's Name.....

Date of BirthCRN.....

Child's Residential Address.....
.....

Gender Male / Female

Is your child of Aboriginal or Torres Strait Islander origin?
(Please circle)

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Does your child have a disability?

- No
- Yes

If yes,
.....

Parent / Guardian Details.

Parent/Guardian 1 Full Name.....

DOB.....CRN.....

Address.....
.....

Telephone (H).....

Mobile.....

Place of Employment.....

Telephone (W).....

Occupation.....

Would you like your account Emailed YES NO

If Yes please provide Email Address

Parent/Guardian 2 Full Name.....

DOB.....CRN.....

Address.....

Telephone (H).....

Mobile.....

Place of Employment.....

Telephone (W).....

Occupation.....

Days Required.....

Required Starting Date.....

Times That Your Child Will Be Dropped Off And Picked Up Each Day

.....

**Emergency Contacts &
Persons Authorised To Collect Your Child.**

Name

Address

Telephone Home..... Mobile.....

Relationship to child

Name

Address

Telephone Home..... Mobile.....

Relationship to child

Medical Information.

Family Doctor

Address

Telephone

Do you have Private Health Insurance? Yes No

Permission for centre staff to act in an emergency / accident.

In the event of an accident / illness requiring emergency treatment,

I/We..... give permission for centre staff to seek medical treatment for my child.....

I agree to pay any medical expenses incurred.

Parent/Guardian Signature..... Dated.....

Immunisation Records Sighted Yes No

Copy Attached Yes No

Staff Signature.....

Dated.....

If you have chosen not to have your child immunised, then you are required to complete a Statutory Declaration form. (Public Health Act February 1998). Your child will be excluded for the prescribed period during any outbreaks of an infectious disease within the centre.

Court Orders.

Are there any court orders in place in relation to your child?

Yes

No

If there is a court order in place, have you provided a copy to the centre?

Yes

No

Name of Parent/Guardian.....

Signature..... Dated

Sun Block Protection.

I give permission for the centre staff to apply sun block to my child while attending the centre. Yes No

Signed..... Dated.....

Head Lice Check.

I give permission for the centre staff to check my child's hair if the need arises in relation to head lice. Yes No

Signed..... Dated.....

Photography.

I give permission for my child to be photographed while attending the centre and agree for these photos to be displayed within the centre environment and in the centre newsletter. I acknowledge that my child's photo maybe taken during group experiences and these photos may be included in Learning Stories that may go home in other children's portfolios. Yes No

Signed..... Dated.....

Contract of Care at Lenah Valley Childcare & Early Learning Centre.

I have viewed the Lenah Valley Childcare & Early Learning Centre (here called the centre) and consent to the enrolment of my child/children. I acknowledge having access to the Handbook in the centre foyer and I agree to abide by the centre policies as they relate to my child's placement.

I agree to comply with all Government requirements in relation to the centre and its service. I agree to pay fees in advance. I am aware that fees will be charged if my child/ren is absent for any reason and that all absentees must be phoned in by 10.00am that day. I acknowledge that I pay for any Public Holidays throughout the year (excluding Christmas Day and Good Friday Day) that may fall on any of my child's booked days at the centre. I will also sign for the absentees and public holidays when I next enter the centre.

I agree that if the account is not paid by the due date the account may be lodged with a mercantile agent for recovery, and in such circumstances that the applicant will bear an account surcharge of 5% to cover the agent's commission. In addition the applicant agrees to bear all legal costs and disbursements incurred in the recovery of the debt.

I also understand that a "late fee" of \$20.00 will be charged for each 15 minutes for late collection of my child/children after 6.30pm. I understand that the staff can make the decision as to the fitness of my child/children to attend the service on any given day and this decision shall be binding. In the event of an accident/illness, staff will contact the Parent/Guardian to collect their child. If contact can not be established with the Parent/Guardian then an Emergency contact will be phoned.

The centre reserves the right to terminate this contract at its discretion with consideration that to do so would be in the best interest of the centre and all parties involved. The centre agrees to give the parent reasonable notice of its intention to exercise this right.

I have read this contract of care and have received the parent information pack about the service offered by the centre on my first visit for care.

Name of Child.

Parent Name.

Parent Signature.

Director's Signature.

Date Contract completed.....

Developed January 2007.
Updated April 2014.