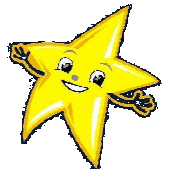


BRIGHT STARS EARLY LEARNING CENTRES
ENROLMENT FORM
44 SAYWELL ROAD MACQUARIE FIELDS 2564
PH: 98293343 FAX: 98293831
 macquariefields@bsele.com.au



Child's Full Name:.....	D.O.B.:.....
Address.....	Gender: Male / Female
..... Postcode	Country of Birth:.....
Nationality	Language/s Spoken:
Does your child attend another centre? Yes / No	
Your Child's CRN: _ _ _ _ _	
If yes: We will receive the following allowable hours:.....	

Parent/Guardian 1

Parent/Guardian 2

Name: .....	.....
Family CRN: .....	.....
D.O.B: .....	.....
Address: .....	.....
.....
Phone (H): .....	.....
Phone (Mbl): .....	.....
Place of work/study: .....	.....
Work/study days: .....	.....
Phone (W): .....	.....
Previous Names: .....	.....
Nationality: .....	.....
Languages spoken: .....	.....

Child Lives in Family with (Please tick Appropriate Box)

- Two Natural Parents
 Mother Only
 Father Only
 Mother & a Father Figure
 Father & a Mother Figure
 Other

Are you or your child of Aboriginal or Torres Strait Islander descent? Yes / No

Do both parents have legal custody of the child? Yes/ No If No, who has legal custody?

Have you supplied a copy of the custody papers to the centre ? Yes/ No

Other Children in the Family:

Name: D.O.B.	Name: D.O.B.
Name: D.O.B.	Name: D.O.B.

Emergency & Alternate Contacts: Other than parents

These **Adults** are authorised to collect my child and may be contacted in an emergency (**Must be over 18 yrs.**)

1. Name:	Relationship:	Phone:
Address:		
2. Name:	Relationship:	Phone:
Address:		
3. Name:	Relationship:	Phone:
Address:		
4. Name:	Relationship:	Phone:
Address:		

**** Staff are required to sight ID before allowing the authorised adult to collect your child.**

I Will notify the centre immediately of any changes to the list . (Parents signature.).....

I / We the undersigned, do hereby agree that :

1. I have discussed my child's enrolment at the Centre and have been informed of how the Centre functions and have received an information pack. I agree to abide by the particulars set out in this form.
2. I understand the importance of family co-operation and participation within the centre.
3. I understand that all fees must be paid fortnightly in advance at all times, that fees will be payable for public and personal holidays and absences due to sickness and that a two week deposit is payable before attendance. I agree to keep my account up to date in accord with these terms. I agree to give two weeks notice before my child is withdrawn from the centre or pay two weeks fees in lieu.
4. A fee of \$1.00 will be charged for every 1minutes or part thereof that your child is left at the centre after the Centre's closing time. This is not a child minding fee but a fine as our licensing laws only permit us to be open until 6:00 pm. Legislation may also require us to notify the Department of Community Services, depending on the lateness of the hour. See rates schedule for the current amount of the fine.
5. I am aware that the Centre may close at Christmas time for approximately two to three weeks and that I am not liable for fees during this closure.
6. I agree to notify the Centre promptly regarding any absence and the reasons for the absence.
7. I will ensure that my child is brought to and taken from the centre by a responsible adult. I am aware that my child needs to be picked up by someone over the age of 18. I am aware that my child will not be permitted to leave the Centre with anyone other than those specified previously by me in writing. I understand the importance of signing the attendance register and agree to do so on each day of my child's attendance.
8. I give permission for my child to be photographed for use within the centre. YES / NO.
9. I give permission for my child's photo to be included in other children's observation books. YES / NO.
10. I give my permission for my child to be photographed for advertising or news items. YES / NO.
11. I give permission for my child's development to be observed for student purposes and understand that his / her name will not be used in any such reports. YES / NO.
12. I give permission for my child to celebrate
Birthdays YES / NO
Easter YES / NO
Christmas YES / NO
13. I will ensure that my child always has a hat with a brim or neck flap for outdoor activities to protect against UV.
14. If there is any information regarding my child's religion, cultural background or special practice that I consider should be observed by the service then I will attach a separate sheet outlining my requirements. Attached YES / NO

15. The centre reserves the right to require a child to withdraw from our program when:
- The Parent repeatedly fails to comply with the policies of the program or their agreements on the enrolment form
 - The Child's behaviour continually poses a threat to him/her self &/or other children &/or Staff.
 - The family account is in arrears by more than 3 weeks
16. In completing the Centre's enrolment form for my child I agree that all the information contained herein is correct as at the date of signing. I will ensure that the Centre is advised immediately of any changes in our personal details contained herein.

17. Medication & Ointments.

I authorise staff to administer Panadol to my child in cases of emergency when neither parent can be contacted (only used in the case of high temperature of the child.); If I want Ibuprofen to be administered to my child I will authorise this separately in writing. In addition I authorise the administering of the following general first aid items :

Bandage strips, e.g. Bandaid

18. I authorise staff to apply a sunscreen rated SPF30+ to my child to protect against UV rays.
19. Is your child being treated for Asthma YES / NO.
If YES please complete & return an Asthma Record Card so we can correctly care for your child.
20. I am aware of the Centre Policy which states that I will apply sunscreen to my child for the morning outdoor play.
21. I also agree that, in the event of an emergency illness or accident concerning my child where neither guardian or parent can be contacted, I consent to the Centre organising, on my behalf, the necessary Medical, Hospital, Dental or Ambulance treatment for my child and that I accept Liability for any expenses that may be incurred as a result of such treatment.
22. The following people are **NOT** allowed access to my child :-

NAME _____.

REASON: _____.

Photograph

if

available

NAME _____.

REASON _____.

Photograph

if

available

**** Please note that unless the centre has been provided with a copy of custody papers, under Australian Family Law, neither parent can be denied access to their child whilst at the centre.**

Where applicable BOTH guardians are to sign below.

Parent/ Guardian Number 1

Parent / Guardian Number 2

Signed.:

Signed :

Name :

Name :

Date.

Date :

Medical Information

To help us in caring for your child please complete the following questions regarding your child's health, and medical contacts.

Child's Name: _____ **D.O.B.** _____

Former Names child was known by: _____

Any other names child is known by: _____

Child's Doctor/Medical Centre: _____

Address _____

Phone: _____

Medicare no: _____

Health Fund Name: _____ Member Number: _____

Child's Dentist Name: _____

Address: _____

Phone: _____

Is your child's immunisation up to date, in accordance with the NSW Health Department immunisation schedule? **Yes/ No**

I understand that if my child is not immunised, or if I do not provide documentation to show up-to-date immunisation, my child will be treated as unimmunised during an outbreak of a vaccine-preventable disease at the centre. That is, - my child will be excluded for the prescribed period.

(A copy of the Immunisation record, Medicare Card and Birth Certificate must be attached to the enrolment forms for our files.)

Verified by: _____ (staff Signature)

_____ (Staff Name)

Date: _____

Has your child ever had any of the following illnesses?

Measles	Yes/No	Mumps	Yes/No
Tetanus	Yes/No	Diphtheria	Yes/No
German Measles	Yes/No	Chicken Pox	Yes/No
Scarlet Fever	Yes/No	Whooping Cough	Yes/No
Hepatitis A	Yes/No	Hepatitis B	Yes/No
Hepatitis C	Yes/No	HIV/AIDS	Yes/No

Does your child have any known allergies? Yes/No

If Yes please give details: _____

Symptoms: _____

Treatment: _____

Is your child on any ongoing medication (excluding asthma medication) that may need to be administered at the centre?
If Yes, please give details. **A Long Term Medication form will need to be completed.**

Does your child suffer from Asthma? _____ Yes/No
If yes, an Asthma Information Sheet will need to be completed.

Are there any pregnancy or birth related factors that may have an effect on the development of your child? If so please list :

Does your child have any current or previous medical/health issues that we need to be aware of?

Do any members of the child's immediate family have any medical/health issues that you feel we should know of?

Does your child have any ongoing disability? - Yes/ No.
If Yes, please give a copy of referral or assessment by an appropriate professional.

Name of referring agency/ Doctor _____ Phone: _____

Disability details: _____

Does your child require any regular medical procedures: Yes/ No
Is your child receiving regular medication _____ : Yes/ No
If yes please provide details, including any side effects on a separate sheet or medical information form.

Is there anything else that you would like us to know about the health of your child? _____

1. I am aware of the Centre's policy regarding absences for contagious and infectious diseases and have received a copy of the Health Dept guidelines. I agree to keep my child away from the Centre when s/he is suffering from any infectious condition. e.g Commenced Antibiotics in last 24 hrs., Vomited in last 24 hrs., Had Diarrhoea or yellow/green discharge from Nose, Ear or Cough in last 24 hrs.
2. I understand that in case of an accident, emergency or sudden illness and parents cannot be contacted, that the Centre will organise Medical/Dental/Hospital or Ambulance treatment including administration of local or general anaesthetic (if deemed necessary by a qualified medical personnel) for my child. I agree that the cost of any services will be my responsibility.
3. I understand that if I wish staff to administer medication to my child, I must complete a **Permission to Administer Medication** form. I understand that medication will only be administered to my child if it is in the original container, has the child's name on the label, has not exceeded its expiry date and has been prescribed by a Medical Practitioner for my child by name.
4. I understand that if there is a case of Head Lice at the centre, Staff will be obliged to check my child's hair. If lice are noticed Centre Staff will inform me and I must take appropriate measures to treat my child's hair. I understand that my child will be excluded from the centre while there are live lice in their hair. I understand that I can take my child back to care as soon as her hair has been treated for the removal of live head lice.

Parent/Guardian 1

Parent/Guardian 2

Date

Date

Privacy Disclosure

In this section, 'personal information' means information about me, including about my financial circumstances, my credit worthiness, credit history, credit standing and conduct of my account with you. I agree that, subject to the Privacy Act, you and your agents may do the following and this agreement continues until such future outstanding amounts owed by me are repaid:

- Obtain credit reports about me from credit reporting agencies to assess this application or to collect overdue payments from me, and obtain personal information from a business that provides credit worthiness information.
- Disclose personal information to credit reporting agencies before, during or after providing the service account to me. This includes, but is not limited to:
 - The fact that I have applied for an account;
 - Advice about payments at least 60 days overdue and which are in collection (and advice that payments are no longer due);
 - Advice that cheque(s) drawn by me, or Direct Debit requests to my financial institution account which I have authorised you to make, which are more than \$100 have been dishonoured more than once;
 - Your opinion that I do not intend to meet my account obligations or that I have committed some serious credit infringement;
 - That the amount owed by me has been paid or discharged.
- Exchange personal information with service providers in a credit report issued by a credit reporting agency. This is for purposes including but not limited to:
 - Assessing credit worthiness, this application;
 - Notifying other service providers of a default by me;
 - Exchanging information about my account where I am in default with other service providers;
 - Your administration of my account.
- If I am in default under my account, notify and exchange personal information with collection agent.

Parent/Guardian 1

Parent/Guardian 2

Print Name: _____

Print Name : _____

Sign: _____

Sign: _____

Date: _____

Date: _____

Severe Allergy Policy

In this policy we aim to ensure a safe, healthy environment where the risk to an allergy sufferer of a dangerous reaction is minimised.

We are aware that the incidence of children's allergic reaction is growing in the community and that the main danger at the present time (September 2007) appears to be reaction to peanut products. In some cases the reaction is anaphylactic and may result in death if not rapidly treated.

In order to increase the safety factor for children at this Centre we have adopted a Peanut Exclusion Policy.

It is a condition of enrolment at Bright Stars Early Learning Centres that parents do not send any food item containing peanuts or any nut products to the Centre.

Parent/Guardian Declaration:

I have been given a copy of this policy **and** I have read this policy **and** I agree to the terms and conditions of this policy.

Signed parent/guardian 2: _____

Signed parent/guardian 1: _____

Date: _____

Date: _____