CENTRAL AUSTRALIAN COMMUNITY
TOY LIBRARY KINDY
Shop 16 Diarama Village, Larapinta Drive, Alice Springs
Telephone (08) 89526720

ENROLMENT FORM

As we are responsible for your child whilst he/she is attending the kindy, we would like to know as much as possible to help us understand him/her. Please ensure that you notify us of any changes of address or phone number.

Commencement date :

CHILD'S PARTICULARS

CHILD'S NAME _____ SURNAME _____

Any nickname _____

Address _____ Gender : Male ☐ Female ☐

Telephone _____

Date of birth _____ Age : _____Years_____Months

Languages Spoken _____

Cultural Background _____ Email : _____

Names and ages of siblings _____

_____

HOURS OF ATTENDANCE AT KINDY

Please indicate which sessions you would like your child to attend

FULL DAY SESSION : This session operates 8.30 am – 2.30 pm

☐ Tuesday ☐ Wednesday ☐ Thursday

MORNING SESSION : This session operates 8:30 am – 11.00 am

☐ Tuesday ☐ Wednesday ☐ Thursday

AFTERNOON SESSION : This session operates 12.00 -2.30 pm

☐ Tuesday ☐ Wednesday ☐ Thursday

PARENT/ GUARDIAN

	Parent 1	Parent 2	Guardian
Full Name			
Home Address			
Phone – Home			
- Work			
- Mobile			
Occupation			
Work Address			

Are you a member of the Toy Library? ☐ Yes ☐ No

CUSTODY

If the parents are separated or divorced and custody is an issue, please answer the following. (A copy of the custody order is to be provided)

Does the child have contact with the other parent? ☐ Yes ☐ No

Is anyone legally denied access to the child? ☐ Yes ☐ No

EMERGENCY CONTACT – OTHER THAN PARENTS (Must be local)

Name _____

Phone – Work _____

Mobile _____

Address _____

Relationship to the child _____

I, _____ authorise the emergency contact to administer emergency medical treatment, administer medication or transportation for my child. Should this be considered necessary.

Signature _____ Date / /

GENERAL NEEDS

Has your child attended any other children's service (e.g. Playgroup) or been cared for outside your home? ☐ Yes ☐ No

Is your child fully toilet trained (this is a requirement of Kindy) ☐ Yes ☐ No

Does your child have deep fears about anything in particular (e.g. noise)? ☐ Yes ☐ No

Are there any words that have special meaning for your child? Please translate ☐ Yes ☐ No

Does your child get upset when left with other people? ☐ Yes ☐ No

Are there any special interests or anything you would like us to know about your child?

How may we help your child this year? What would you most want for your child at the kindy?

If there are any personal matters concerning your child please let the Director know. These matters may include religious beliefs, family situations or recent significant events.

PARENTAL INVOLVEMENT

The kindy welcomes parental involvement. Please indicate if you have any skills you wish to offer.

HEALTH

If a child is considered to be unwell during kindy time, the parent will be contacted and it is expected the child will be collected as soon as possible.

Family doctor _____ Phone _____

Address _____

Is your child undergoing long term treatment or medication?

☐ Yes ☐ No

Details :

Is your child a diagnosed Asthmatic? ☐ Yes ☐ No

Does the Kindy have a complete copy of your child's Asthma Plan?

☐ Yes ☐ No

Does your child have any allergies? ☐ Yes ☐ No

Details : _____

Reaction : _____

Does your child have a Medical Management Plan or Risk Minimisation Plan?

☐ Yes ☐ No

SPECIAL NEEDS

Does your child have any disabilities, physical limitations, behaviour concerns, medical conditions or special dietary restrictions?

☐ Yes ☐ No

What doctors, organizations or therapists are involved in the care of your child?

Any special instructions for the kindy staff?

BIRTHDAYS

Children may bring a cake to kindy to celebrate their birthday with their kindy friends. Please indicate if your child can eat cake.

☐ Yes ☐ No

IMMUNISATIONS

The Central Australian Community Toy Library Kindy supports the Department of Health and Community Services Immunisation Programme for Children.

Please provide a copy of your child's immunisation. Eg Baby Health Care Book
(a photocopy can be done by staff)

Children whose parents do not provide immunisation records will be regarded as 'not immunised' and be excluded from the Kindy during outbreaks, if recommended by the Health Department.

AUTHORISATION : COLLECTION & PERMISSION FOR MEDICATION

Please provide the name, address and phone number of people who have your permission to collect your child from Kindy, are authorised to give permission for an Educator to take the child out of the centre, and are authorised to give permission to administer medication.

Name Address Phone Number

I, _____ authorise the above named to administer emergency medical treatment, administer medication or transportation for my child. Should this be considered necessary.

Signature _____ Date / /

PHOTOGRAPHS / PUBLICITY

We like to photograph the children while they are at play and enjoying activities to display within the Kindy. At times, children's photos may be used for publicity purposes. Please indicate your approval.

I give permission for my child to be photographed and used within Kindy for educational purposes. ☐ Yes ☐ No

I give permission for my child's photo to be used for publicity, Facebook and pamphlets. ☐ Yes ☐ No

TRAINING AND OBSERVATIONS

The Kindy is used by Charles Darwin University and other organisations for student training and observation of children. Please indicate your approval.

I approve of my child/children being involved in student training/observations.

☐ Yes ☐ No

CONFIDENTIALITY

The right to confidentiality and privacy of the child and the family is outlined in Early Childhood Code of Ethics and National Education and Care Regulations. We will respect the privacy of children and their parents and educators, while ensuring that they access high quality early years care and education in our Service.

EMERGENCY PROCEDURES

In the event of an accident or illness resulting in emergency medical treatment, every effort will be made to contact the parents before such treatment is sought.

However, should this prove impossible, it will be necessary for authority to be given for the treatment to be undertaken.

Parents are asked to complete and sign the following:

I, _____ authorise the staff of Central Australian Community Toy Library Kindy to administer emergency medical treatment, administer medication or transportation for my child. Should this be considered necessary.

Signature _____ Date / /

AGREEMENT FORM

FEES
I agree to pay the following fees:

ENROLMENT FEE Once only fee upon commencement
Toy Library Members : $20.00 to cover ambulance, insurance and administration
Non Toy Library Members : $80.00 to cover ambulance, insurance and administration and 12 months membership of the Toy Library

MORNING SESSIONS : $50 per session

AFTERNOON SESSIONS : $50 per session

FULL DAY SESSIONS : $75 per session

Invoices are per term. Payment plans are available.

TIME PENALTITIES
A fee ($1 per minute) may apply if my child is left on the premises outside of Kindy operating times.

PARENT HANDBOOK
I have received the Parent Handbook and accept the terms and conditions within. I take responsibility of passing on information to anyone delivering/collecting my child/children.

Signature _____ Date / /

I UNDERSTAND THAT:

- The Kindy operating hours are
    - Morning sessions 8:30 – 11:00 am
    - Afternoon sessions 12:00 – 2:30pm
    - Full Day sessions 8.30am – 2.30pm
- Parents are requested to adhere to these times and a fee may be charged for any child left on the premises outside of these hours
- Parents are requested to adhere to our policies and procedures with in the centre. These are located at the sign in desk
- The Kindy will on no account accept sick children
- Any missed sessions whether missed through sickness, misfortune must be paid for in full
- Planned absences, with two weeks notice, will be charged at 50% of the fee
- Fees are required to be paid two weeks in advance or your child's position may be cancelled
- Two Kindy operating weeks notice must be given when cancelling your child's position or a payment of two weeks fees are required
- The Parent/Guardian agrees to pay outstanding fees and cancellation fees where applicable, together with all debt recovery expenses – agents fees, court costs and legal fees incurred by the CACTL Kindy
- The Staff and Committee take no responsibility for lost property. It is strongly recommended that all belongings be clearly labelled
- CACTL had the right to exclude any child from the Kindy program

Signature _____ Date / /