

# Tewantin Early Learning Centre

TEWANTIN  
EARLY  
LEARNING  
CENTRE



## Child Enrolment Application Booklet

3-7 Doonella Street  
Tewantin, QLD 4556  
**PHONE: 07 54741988**

Email: [info@tewantinchildcare.com.au](mailto:info@tewantinchildcare.com.au)



## CHILD'S DETAILS

Intended Start Date: \_\_\_\_\_

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

Gender:      Male      Female                      Date of Birth: \_\_\_\_\_

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

Phone: 07 \_\_\_\_\_ Email \_\_\_\_\_

CRN No.: \_\_\_\_\_ (Phone DHS for details 136150)

Is your Child Aboriginal or Torres Strait Islander?              YES              NO

## PARENT'S DETAILS

**Mother's Name:** \_\_\_\_\_

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

Phone: 07 \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Marital Status (*please circle*):      Married      Separated      Divorced      Defacto      Single      Other

Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Driver's Licence No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CRN: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address (*write "as above" if same*): \_\_\_\_\_

Phone: 07 \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Martial Status (*please circle*):      Married      Separated      Divorced      Defacto      Single      Other

Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Driver's Licence No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CRN: \_\_\_\_\_

## CULTURAL NEEDS/REQUESTS & ANY IMPORTANT INFO

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Do you require an additional enrolment form in another language? YES NO

## EMERGENCY CONTACTS

I hereby give permission for the following people to collect my child when I am unable to do so or to be contacted in the case of an emergency if parents cannot be contacted.

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Address: _____	Address: _____
Suburb: _____	Suburb: _____
Phone: _____	Phone: _____
Work Phone: _____	Work Phone: _____
Mobile: _____	Mobile: _____

## HEALTH INFORMATION

Family Doctor: _____	Medicare No: _____
Address: _____	Phone: _____
_____	Member No: _____

Private Medical Fund: YES NO

Has your child been immunised? (please circle) YES NO

Does your Child have any allergies? YES NO (if yes, a management plan must be provided prior to child's first day)

**Please note:** Your child's enrolment will not be confirmed until we receive a copy of their immunisation records or objection letter if not immunised.

Has your child had any childhood illnesses/diseases?

German Measles	YES / NO	Chicken Pox	YES / NO	Measles	YES / NO
Whooping Cough	YES / NO	Mumps	YES / NO	Asthma	YES / NO

Any other allergies: \_\_\_\_\_

Has your child had any injuries important enough for us to know about? YES NO

Details: \_\_\_\_\_

Does your child have long term medication? YES NO

Details: \_\_\_\_\_

## PREVIOUS HISTORY

Has your child attended other early childhood services or been cared for outside your home?      YES      NO

Setting: \_\_\_\_\_

Do both parents have custody of your child?      YES      NO

Are there any court orders relating to your child?      YES      NO

Are there any persons you do not wish to collect your child?      YES      NO

Details: \_\_\_\_\_

Is there any further information which you feel may assist us in providing the service best suited to the needs to your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERMISSION *(please circle)*

**OBSERVATION:** Do you give the educators/students/volunteers permission to take written observations on your child for the purpose of programming and monitoring their development?      YES      NO

**PHOTOS:** Do you give permission for your child to be photographed by our educators/students/volunteers while at play during their attendance (for display signs etc)?      YES      NO

**SUNSCREEN:** Do you give permission for educators to reapply sunscreen to your child during the day?      YES      NO

**EXCURSIONS:** Do you give permission for your child to be taken on excursions outside of the centre, with notification prior to the event?      YES      NO

**CHILD'S RECORDS:** Do you give permission for Tewantin Early Learning Centre to provide a copy of your child's records to the school that your child will be attending in Prep or Grade 1?      YES      NO

**UNDER TWO'S ONLY** *(please circle)*

Does your child use a dummy? YES NO When: \_\_\_\_\_

Does your child have a security toy/blanket? YES NO

Type of formula/milk used \_\_\_\_\_ mls per feed \_\_\_\_\_

Has your child been introduced to solids? YES NO

Please state usual preferred types of food or food dislikes: \_\_\_\_\_

Does your child have cows milk? YES NO

Does your child have his/her bottle warmed? YES NO

Usual method of bottle warming: Jug of hot water

Do you sterilise your bottles? How / Solution \_\_\_\_\_

Usual sleeping position: \_\_\_\_\_

Preferred method to settle your child to sleep: \_\_\_\_\_

Inform us of your methods of settling your child when upset: \_\_\_\_\_

**ALL CHILDREN**

Any allergies/special diet details: YES NO

Overall likes/dislikes/interests: \_\_\_\_\_

Any other routine requirements we should know about? YES NO

Any cultural circumstances we should know about e.g. religions, languages, beliefs etc: \_\_\_\_\_

Any other information that may assist us? \_\_\_\_\_

Children are offered multicultural cooking experiences and celebrations throughout the year, is your child able to participate in these? YES NO

*If there is any cultural food requirements for your child please see Director.*

## ENROLMENT AGREEMENT

I wish to apply for the enrolment of my child at the Tewanin Early Learning Centre and I agree to indemnify and to keep always indemnified the Tewanin Early Learning Centre Licensee body and employees (including volunteer helpers, students and others retained whether in an official or unofficial capacity) from and against all liability, damages and expenses whatsoever for in respect to any injury, accident or illness (which my child may suffer) relating to my child while attending or traveling to and from the Centre.

## I UNDERSTAND AND AGREE

### PLEASE READ AND TICK AS YOU AGREE

- I agree that ALL DAYS ARE TO BE PAID FOR, WHICH INCLUDES SICK DAYS, PUBLIC HOLIDAYS, LEAVE AND ANY GENERAL ABSENCES.
- I agree that my fees are to be paid for two weeks in advance. Two weeks notice and fees paid for those weeks prior to cancellation of enrolment.
- I will agree to pay the late fee incurred if my child is left at the Centre after 6.30pm of which is \$5.00 per minute.
- I agree and understand that my children are not permitted in the building prior to 6.30am.
- I agree to sign my child in and out on arrival and departure daily.
- I agree to attend an orientation morning at 9.30am.
- I agree to keep my child home when suffering from and infectious or contagious illness.
- Vomiting/Diarrhoea are contagious and children will require a clearance letter from their doctor before returning to the Centre, along with any other contagious illness.
- In the event of a sudden illness or accident and the parent cannot be contacted, I will agree that the Nominated Supervisor or educator, as agent for the parents, shall have discretionary powers to seek immediate medical attention but shall be under no obligation to do so and all expenses incurred EG: Ambulance costs etc shall be the responsibility of the parents.
- I agree to contact the Centre before 8.00am if my child is going to be absent.
- I agree to contact the Centre before 8.00am if my child is going to be late.
- NO SMOKING is allowed in or around the Centre. Within a 5 metre radius
- I agree to notify educators, in writing if anyone else will be collecting my child. Photo identification will be required by that person before collecting my child.
- I am aware that it is my responsibility to inform the Director if I have other children in care in order to alter Child Care Benefit.
- The Director has discretionary power to cancel the enrolment of families who do not abide by the Centre's policies or place at risk the safety or well being of other children and staff.
- I agree that all debt collection fees incurred by Tewanin Early Learning Centre administration or a debt collection agency will be charged to the parent.

I HAVE READ AND I AGREE TO ABIDE BY THE ENROLMENT CONDITIONS OUTLINED IN THIS ENROLMENT FORM AND THE POLICIES CONTAINED IN THE PARENT HANDBOOK AND THE CENTRE POLICY BOOK.

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

DIRECTOR SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_ 20 \_\_\_\_

## PREFERRED DAYS OF ENROLMENT

MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY

*(Please circle)*

Are you receiving Centrelink Childcare benefit for any other children, if so where is the child attending:

Is your child attending elsewhere as well as Tewanin Early Learning Centre? \_\_\_\_\_

## ALLOCATED ROOM *(please circle)*

Room 1 Nursery	6 weeks - 2 years	Room 3 Pre Kindy	3 years - 4 years
Room 2 Junior Kindy	2 years – 3 years	Room 4 Kindy	4 years – 5 years

\* Estimated hours my child will attend the Centre \_\_\_\_\_ to \_\_\_\_\_

## PAYMENT METHOD

All fees are payable weekly in advance (current week plus the following week) either weekly or fortnightly payments on a Thursday by Ezidebit. Payments will commence on your nominated date and continue at the selected frequency. Accounts are to be kept at a zero balance.

Ezidebit deducts payments directly from an authorised credit card, debit card or bank account. Credit cards will incur a surcharge. Please complete the attached Ezidebit Direct Debit request form.



The staff at Tewanin Early Learning Centre hope your stay with us is an enjoyable and a fulfilling one. I am sure your child will make plenty of new friends and pass through many milestones throughout your time with us. If you have any questions relating to any of the information in this enrolment form please do not hesitate to speak to the Director at any time. Our policy folder is located in the foyer please refer to them at any time at your leisure. These are important and must be adhered to at all times.

<b>OFFICE USE ONLY</b>	ENROLMENT DATE:	STARTING DATE:	AGE ON FIRST DAY:
CCB % RECEIVED:		MAX HOURS:    24    50	BOND PAID: \$                      LEARNING JOURNAL LEVY:
DIRECTOR SIGN:			
CONFIRMATION OF ENROLMENT FORM HAS BEEN COMPLETED:    YES    NO			

## DEAR FAMILIES

*This is a letter regarding other families in the centre taking photos of your child. I am sure you can all understand that families like to capture special moments of their child in the form of a photo for e.g. Graduations, Christmas parties, birthdays etc while attending Gumnuts. Often your child will appear in a photo with a group of children. It is possible that some families will send these to family members or friends via face book with the best intentions. Some group photos will be taken by staff and placed into your child's learning journal, which means group photos which include your child will appear in their friends learning journals as well.*

*It is now **compulsory** that all families complete the attached permission slip regarding photos.*

*If you have any questions please see Amie*

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I \_\_\_\_\_ (parent name) give permission for my child  
\_\_\_\_\_ (child's name) to have photos  
taken by staff at Tewanin Early Learning Centre and by families while  
under staff supervision.

I understand that at the end of each year photos of my child may  
appear in learning journals of other children and may be viewed by  
people outside of Tewanin Early Learning Centre.

Parent Sign \_\_\_\_\_ Date \_\_\_\_\_.