



# Enrolment Form

Yogies Playhouse  
6-8 Blackbutt Street  
Stanhope Gardens, NSW 2768  
Ph: 8824 4711

Email: [admin@yogiesplayhouse.com.au](mailto:admin@yogiesplayhouse.com.au)  
Website: [www.yogiesplayhouse.com.au](http://www.yogiesplayhouse.com.au)

<b>OFFICE USE ONLY:</b>										
Bond Paid: <input type="checkbox"/>	Date: _____ Amount: _____									
Admin Fee Paid: <input type="checkbox"/>	Date: _____									
Bond Returned: <input type="checkbox"/>	Date: _____ Amount: _____									
Commencement Date: _____										
<table border="1"> <tr> <td colspan="3"><b>Room Allocation</b></td> </tr> <tr> <td>BB</td> <td><input type="checkbox"/></td> <td>R <input type="checkbox"/></td> </tr> <tr> <td>Y</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>		<b>Room Allocation</b>			BB	<input type="checkbox"/>	R <input type="checkbox"/>	Y	<input type="checkbox"/>	
<b>Room Allocation</b>										
BB	<input type="checkbox"/>	R <input type="checkbox"/>								
Y	<input type="checkbox"/>									

## Child's Details

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ CRN: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Birth certificate provided:  Original Sighted:

Ethnic Origin: \_\_\_\_\_ Primary Language spoken at home: \_\_\_\_\_

Child care previously attended: \_\_\_\_\_

## Days of attendance (Please tick the appropriate Boxes and specify hours of attendance).

	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hours of attendance:</b>					

## Parent/Guardian 1 Details

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ CRN: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Work Start: \_\_\_\_\_ Work Finish: \_\_\_\_\_

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

Preferred Method of Contact:

Home Phone     Mobile     Email

**Parent/ Guardian 2 Details**

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ CRN: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Work Start: \_\_\_\_\_ Work Finish: \_\_\_\_\_

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

Preferred Method of Contact:

- Home Phone       Mobile       Email

**Family Status**

- Both Parents at home       Sole Parent  
 Shared Custody      Other (Please Specify): \_\_\_\_\_

**Custody Arrangements**

In such a case where parents of the child are separated or divorced who has legal custody of the child?

- Parent 1       Parent 2       Both

Parent 1 access arrangement details:

- Full Time  
 Limited      Details: \_\_\_\_\_

Parent 2 access details:

- Full Time  
 Limited      Details: \_\_\_\_\_

Are there any court orders relating to the powers and responsibilities of the parent/s in relation to the child or access to the child?

Yes

No

If yes please specify: \_\_\_\_\_

**Siblings**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Family Celebrations and involvements:**

Does your child/family celebrate:

Christmas-  Yes  No

Easter-  Yes  No

Other Special Occasions your family Celebrates:

\_\_\_\_\_

Are there aspects of your child's cultural, ethnic and/or religious background that you would like us to be aware of? \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact/ Persons Authorised to Collect the Child**

If we cannot contact you in the case of an emergency who do you wish us to call? Please supply at least two names other than the child’s parents/guardians.

<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>Mobile Phone</u>	<u>Relationship to child</u>

***Please be advised that an emergency contact will only be contacted in the case of an emergency when neither of the parents/guardians can be contacted. It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency at the centre, and asked to collect your child when you cannot be contacted. Photo identification will be requested for the authorised emergency contacts/ authorised persons for collection of the child until staff become familiar with them.***

This person has authority to:

- Collect or deliver my child to and from the service
- Consent Medical treatment
- Permit transportation by ambulance service
- Request or Permit Medication to be given
- If parents/guardians can’t be contacted this person should be notified of any accident/injury/trauma/illness involving my child.

Parent’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Persons other than those specified above will not be permitted to collect your child. In the event of an emergency and the above persons are not available to collect your child, you are required to contact the centre by phone and provide details of the person who will collect the child and fax or email a written authorisation. This person will need to provide identification. ***Please note that all emergency contacts must be over the age of 18 years old.***

**Health and Medical Information**

Medicare Number: \_\_\_\_\_ Medical Centre Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Private Health Insurer: \_\_\_\_\_ Ambulance Subscription:  Yes  No

Religious requirements in the case of an accident? \_\_\_\_\_

Does your child have any allergies?

Yes  No If Yes, please Specify: \_\_\_\_\_

Does your child have any special dietary requirements/restrictions Eg; Vegetarian, religious beliefs etc?

Yes  No If Yes, please Specify: \_\_\_\_\_

**Special needs or requirements**

Has your child been assessed/or do you wish to have your child assessed for additional needs? (NB if your child has been assessed in the following areas please provide documentation in relation to the assessment) Eg;

- Asthma
- Gifted/Talented
- Anaphylaxis/or other food allergies
- ADD/ADHA
- Speech
- Behavioural conditions

***Knowledge of children's additional needs assist our centre to ensure that our program meets your child's individual needs!***

Medical Management plan provided  Copy received

Any food likes: \_\_\_\_\_

Any food dislikes: \_\_\_\_\_

Special words your child uses when wanting to:

Use the toilet: \_\_\_\_\_ Drink Water: \_\_\_\_\_

Sleep: \_\_\_\_\_

Does your child have any problems with hearing, sight or speech?

Yes  No If Yes, please Specify: \_\_\_\_\_

Does your child have any health problems, operations or disabilities? (This may require an action plan bought in from your doctor. If so please provide before you commence at our service).

Yes  No If Yes, please Specify: \_\_\_\_\_

Does your child take regular medication?

Yes  No If Yes, please Specify: \_\_\_\_\_

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?

Yes  No If Yes, please Specify: \_\_\_\_\_

Does either parent have a disability?

Yes  No If Yes, please Specify: \_\_\_\_\_

Is the family a single parent family?

Yes  No If Yes, please Specify: \_\_\_\_\_

***Please provide the service with a copy of your child's immunisations and/or Medical Management plan***

***For Yogies Playhouse to have an accurate notification of your child's immunisations we require the Australian Childhood Immunisation Register- Immunisation History Statement. You can obtain a copy of your child's Immunisation History Statement online at:***

[www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

**(OFFICE USE ONLY)**

Copy of immunisations History Statement provided

Medical Management plan required

Copy received

**Routines**

Toileting

Independent in Toileting  Currently Toilet Training  Needs reminding  In Nappies

Sleep

Yes  No If yes, What times and what is his/her sleeping ritual?

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Is your child used to being with other children?  Yes  No

Is your child used to being with other adults?  Yes  No

Is this the first time your child has been cared for by someone other than a family member?

Yes     No

**Behaviours**

Please provide any details you can in the following areas:

Settling: \_\_\_\_\_

Social Skills: \_\_\_\_\_

Fears: \_\_\_\_\_

Response to new situations: \_\_\_\_\_

Security Items: \_\_\_\_\_

Parents view of child's behaviour: \_\_\_\_\_

\_\_\_\_\_

**Play Interests:**

Indoors: \_\_\_\_\_

Outdoors: \_\_\_\_\_

Toys/equipment: \_\_\_\_\_

Pets at home: \_\_\_\_\_

Are there any other persons (Other than siblings) residing in your home? \_\_\_\_\_

\_\_\_\_\_

**Authorisations appropriate to your child at Yogies Playhouse**

I give consent to the centre staff to administer one dose of paracetamol according to the manufacturer's instructions if my child has a temperature above **38 Degrees Celsius** and I have given verbal permission over the phone for the administration of paracetamol in this instance.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

I give consent to the centre to administer one dose of paracetamol according to the manufacturer's instructions if my child has a dangerous temperature (**Persistently above 38 degrees Celsius**) and parent/s or emergency contacts cannot be contacted.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for staff/students of Yogies Playhouse to take photographs/audio and videos of my child involved in play experiences for the purpose of documenting developmental records or promoting the service as a high quality centre.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for photographs of my child (that are approved by me) to be used for the services advertising. This will include the services website and other advertising documents.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for the staff/students of Yogies Playhouse to display on a wall poster my child's name, birthday, food allergy, cultural food restrictions, sleeping routines for babies and nappy changes through the day (This makes it easier for relief staff to know the child's routine and restrictions etc) No child will be made to feel inferior to any other child).

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission to the centre staff to apply sunscreen (with minimum protection factor of SPF30+) to all unprotected areas of your child's skin as required. I also give permission to the centre staff to administer First Aid to your to your child where necessary, using contents of the First Aid Kit including, antiseptic liquid, Savlon cream, plastic adhesive, gauze, spray bandage.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Do you understand and accept that in the event that our staff consider your child too ill, or too contagious, to attend/remain at the centre that you will be required to collect your child promptly?

Yes       No

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Do you agree that if your child is suffering a contagious illness that you will not return your child to the centre until cleared by a registered Medical Practitioner, supplying a medical certificate to confirm this?

Yes       No

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Do you understand and accept that if there is an outbreak of a vaccine preventable disease at the centre, AND if your child is not immunised against this disease, that your child may be excluded from attending the centre by the order of the NSW Department of Health?

Yes       No

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_



Do you understand and accept that the fees for our centre are to be maintained fortnightly in advance? This is in accordance with the services Fee Policy. (Appendix A).

Yes       No

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Do you acknowledge that in the event that you withdraw your child from the centre that you are required to give us at least 4 weeks written notice, and that the fees relating to these last four weeks are payable regardless of whether your child attends?

Yes       No

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Do you understand and accept the fee policy relating to the late collection of your child and the policy relating to late payment of fees?

Yes       No

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Do you understand that if you travel abroad, you are required to attend a medical GP and present a medical clearance prior to attendance at Yogies Playhouse Child Care Centre?

Yes       No

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Authority is given to pass on your personal details to a collection agency if you fail to pay your fees.

Yes       No

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Every 3 months the children participate in practice of our emergency evacuation and lockdown drill. These drills sometimes require us to vacate the centre and evacuate to the centre carpark. Do you give permission for your child to join in the evacuations drills?

Yes       No

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorisation for Emergency Medical Treatment

I give authority to the staff of Yogies Playhouse to seek urgent medical, dental or hospital treatment or ambulance service or assistance in the event of injury or accident. If after every reasonable effort to contact me has failed and if doctor considers immediate medication, anaesthetic or surgery necessary, he/she has my permission to administer whatever medical treatment deemed necessary, and I agree to pay all costs incurred.

I also accept liability for any medical and/or ambulance expenses which may occur while my child is at the centre:

Yes       No

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**Children Under 18 Months old Routine**

If your child is under 18months old, could you please fill out this routine for the Yogies Staff to be able to adapt your families routine into our service as best as we can. Eg; Feeding Routines, foods introduced, sleeping routines, ritual, any comfort items etc.

**Routine**

7am	
8am	
9am	
10am	
11am	
12pm	
1pm	
2pm	
3pm	
4pm	
5pm	
6pm	

## **Privacy Disclaimer**

Yogies Playhouse acknowledges and respects the privacy of its clients. The environment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by Yogies Playhouse, its educators and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

## **Please attach any additional information**

Please ensure that you attach each of the items listed below before returning this enrolment form to us- Please note that your child's enrolment at the centre can only be secured when we have received a properly completed enrolment form and each of these items listed below: (Please note that original documentation must be sighted).

- Copy of Immunisation History Statement
- Copy of child's birth certificate (Original Sighted By Service)
- Initial payment (Bond & administration fee ).

If applicable to your child, please also attach copies of:

- Medical Management Plan (Asthma, chronic illness, allergies etc)
- Certified copy of restricted access documents

# Fees Policy

## NQF

QA7	7.3.2	Administrative systems are established and maintained to ensure the effective operation of the service.
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### Aim

For parents to pay their child care fees on time.

### Related Policies

Orientation for Children Policy  
 Privacy and Confidentiality Policy

### Who is affected by this policy?

Parents  
 Management

### Implementation

The following outlines the how fees can be paid. Fees must be paid on the first morning you child attends the service for the week.

- Upon enrolment, families must pay a security deposit/ bond of \$100 per day (Eg: Enrolling your child for 4 days would entail you paying a \$400 bond).
- Fees must be paid two weeks in advance.
- Fees can be paid weekly or fortnightly in advance preferably by direct deposits.
- Fees are payable in advance for every day that your child is enrolled at the service. This includes pupil free days, sick days and family holidays but excludes periods when the service is closed.
- Child Care Benefit (CCB) is available to all families who are Australian Residents. To find out their eligibility, families must contact the Family Assistance Office.
- Child Care Benefits can be received as:
  - A reduction of fees through the service.
  - A lump sum payment to families at the end of the financial year that the Service is used in.

A receipt will be issued for all fees. This will include the child/children's full name/s, date of care, date of payment, amount, etc. If the incorrect amount is paid, change will not be given but will be credited to the families account.

An admin fee of \$60 is required when lodging an enrolment form. This is non-refundable if your child does not take a place at our service. This admin fee will be taken as part of your security deposit once your child takes a place at our Service.

Should you wish to end your child's place at the service or should management make the decision to terminate your child's place, 4 weeks written notice is required from the ending/terminating party unless otherwise directed by management. If this does not occur, 4 weeks fees will be billed to you.

### **Overdue Fees**

Any family who is one or more weeks late with their fees will received a **Friendly Fee Reminder**. Families can make appointments to speak with the approved provider or nominated supervisor regarding payments if there is a need to do so. Continually not paying fees will put your child/ren's place/s in the Service in jeopardy.

### **Cancellation of enrolments**

If you wish to cancel your child's enrolment at Yogies Playhouse, 4 weeks notice is required after commencement at the service. Cancellation prior to commencement of care requires notification to be a minimum of half of the time the position is being held E.g. If your position is being held for 6 months, your are required to give the service 3 months notice. Cancellation with less notification results in forfeiting of the bond being held. Once the bond has been paid, commencement dates can be bought forward subject to availability, but cannot be postponed. Start dates must be confirmed at enrolment.

## **Sources**

**Bryant, L. (2009). *Managing a Child Care Service : A Hands-On Guide for Service Providers*. Sydney: Community Child Care Co-Operative.**

**Education and Care Services National Regulations 2011**

**Family Assistance Legislation Amendment (Child Care) Act 2009**

## **Review**

The policy will be reviewed annually.

Review will be conducted by:

- Management,
- Employees,
- Family Members
- Interested parties.

I have read, understood and accept this fee policy, and agree to comply with it.

Parent/guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_