



**LILLY PILLY SOUTH
EARLY LEARNING CENTRE**
ABN 42 107 425 383

42 Amaroo Cres
Toormina 2452
Ph/Fax: 66531038
Email:
lilypillysouth@gmail.com

APPLICATION FOR ENROLMENT FORM

PLEASE:-

- Complete the enrolment form
- Ensure that you are registered for Child Care Benefit
- Ensure you have your child's birth certificate
- Ensure you have your child's immunisation statement
- Ensure you have your medicare card
- Return to Lilly Pilly South Early Learning Centre

Child's Name: _____

D.O.B.: _____

Child's CRN: _____

Mother's Name: _____

Signature: _____

Mother's CRN: _____

Father's Name: _____

Signature: _____

Date child to start: _____

Days child attending (circle)

Monday Tuesday Wednesday Thursday Friday

How many hours of care has your family been allocated by the Family Assistance Office ? (Please circle) 24hrs 50 hrs 50+hrs

Does your child attend another Child Care Service or Family Day Care? YES / NO

If yes, please state how many hours _____

Lilly Pilly South will receive _____ hrs of your Child Care Benefit Allowance Hours.



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Child's First Name: _____ Date of birth: _____
 Other/former names child is known by _____
 Child's Surname: _____ Male or Female (please circle)
 Address: _____
 Nationality: _____ Religion: _____
 Position of child in family: _____

Parent One

Parent Two

Name: _____ Name _____
 Other/Former names of parent one Other/Former names of parent two

D.O.B.: _____
 Address: _____

D.O.B.: _____
 Address: _____

Phone(h): _____
 Mobile: _____
 Email: _____

Phone(h): _____
 Mobile: _____
 Email: _____

Religion: _____
 Nationality: _____
 Occupation or Course of Study

Religion: _____
 Nationality: _____
 Occupation or Course of Study

Employer or Place of Education

Employer or Place of Education

Business Address: _____

Business Address: _____

Phone (w): _____

Phone (w): _____

Holidays you celebrate, customs/practices of which you wish us to be aware

Marital Status of Parents: _____



LILLY PILLY SOUTH EARLY LEARNING CENTRE

ENROLMENT FORM

COURT ORDERS-

Are there any court orders affecting the custody of your child?

(A photocopy must be attached and the Nominated Supervisor needs to be notified if circumstances change).

If there are NO Parenting Plans (Court Registered) - both parents are entitled to access to child/ren during the hours the child/ren attend this service.

EMERGENCY CONTACTS

Using the boxes below, list at least three other people, apart from the child's parents, authorised to collect your child and at least two people staff can call if you cannot be contacted in case of an emergency. You may list the same people for both purposes if you wish.

Person's Name	Relationship to child	Phone No. (Home)	Phone No (Work)	Phone (Mobile)	Emergency Contact	Authorised to collect child
					Yes No	Yes No
Home Address -						
Work Address -						

Person's Name	Relationship to child	Phone No. (Home)	Phone No (Work)	Phone (Mobile)	Emergency Contact	Authorised to collect child
					Yes No	Yes No
Home Address -						
Work Address -						

Person's Name	Relationship to child	Phone No. (Home)	Phone No (Work)	Phone (Mobile)	Emergency Contact	Authorised to collect child
					Yes No	Yes No
Home Address -						
Work Address -						



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ENROLMENT FORM**

OTHER CHILDREN IN FAMILY

Name	Sex	Date of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION ABOUT YOUR CHILD

Has your child attended or currently attending (please circle):

Playgroup _____

Family Day Care _____ If Yes, how many hours? _____

Child Care Centre _____ If yes, how many hours? _____

Other _____

MEDICAL INFORMATION

Child's Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Child's Dentist's Name: _____

Dentist's Address: _____

Dentist's Phone: _____

Medicare Number: _____ Child's position on card _____

Name of Health Fund: _____ Membership Number: _____

Does your child currently have any serious illness – YES / NO. If yes, give details

Has your child had any serious illness in the past – YES / NO. If yes, give details

Does your child have any allergies – (including, for example allergies to suncreams, antiseptics, food etc) – YES / NO



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Does your child have any special dietary restrictions – YES / NO

Does your child have any Additional Needs (e.g. defective hearing or vision, language or speech difficulties) – YES / NO

Is your child asthmatic- YES / NO If yes, does your child need any ongoing medication such as Ventolin puffers etc – YES / NO

IMMUNISATION RECORD

Please tick the appropriate box and sign accordingly:

My child has been immunised in accordance with the NSW Health Department routine child immunisation schedule as shown on my child's actual immunisation history record. I have an original copy of my child's immunisation history to show staff. I understand that Lilly Pilly will take a photocopy of my child's immunisation record.

I agree to provide up-to-date records of my child's immunisation status to Lilly Pilly. I understand that if I fail to provide the documentation my child will be treated as unimmunised during an outbreak of a vaccine-preventable illness at the centre – my child will be excluded for the prescribed period.

Parent signed: - _____ Date: _____

My child is not immunised. I have chosen not to have my child immunised and understand that my child will be excluded for the prescribed period during any outbreak of a vaccine-preventable illness at the centre.

Parent Signed:- _____ Date: _____

IMMUNISATION HISTORY STATEMENT SIGHTED BY STAFF MEMBER (Photocopy to be retained by the centre) _____

Birth Certificate on file

Sighted by _____
Date _____



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ENROLMENT FORM

SLEEPING

Does your child need a sleep or rest during the day? _____

If yes, for how long _____

TOILETING

Is your child toilet trained? Being toilet trained? Yes/No

Needs reminding? Yes/No Independent in toileting? Yes/No

Any problems? Yes/No _____

GENERAL NEEDS

How do you expect your child to react when starting?

Are there any aspects of your child's behaviour you would like us to watch?

Is there any further information which you feel may assist us in providing the best service for you and your child this year (e.g. recent significant events, religious beliefs, family situation)?

Child's likes _____

Child's dislikes _____

- We take this information into account when programming.

Do you have any skills you would like to contribute to the Centre's programme?

We look forward to caring for your child and welcome your family to the centre. If you have any suggestions you would like us to put forward, please talk to the staff or put a note in our Suggestion Box next to the office. We also hope that you will approach us with any concerns about the service we provide.



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ENROLMENT FORM

AGREEMENTS

A) PANADOL CONSENT

I hereby authorise the Nominated Supervisor or Primary Contact staff of the centre to administer a single dose of the recommended dosage of PANADOL should my child have a temperature of 38.C whilst at Lilly Pilly. Please note that an attempt to contact you before paracetamol is administered will be made.

Signed: _____ (Parent/Guardian)

B) EMERGENCY ACTION

In the event of an accident or illness requiring medical treatment staff will ring 000 for an ambulance and then contact parents. Any cost involved will be the parent's responsibility.

I authorise the staff of Lilly Pilly South Early Learning Centre to seek emergency medical, hospital, ambulance or Dental treatment for my child

Signed: _____ (Parent/Guardian)

C) PHOTO CONSENT

I give permission for my child to be photographed for use within the centre, for advertising or news items.

Signed: _____ (Parent/Guardian)

D) FACEBOOK

I give permission for my child's picture to be included in centre updates on the Lilly Pilly South Facebook page.

Signed: _____ (Parent/Guardian)

E) OBSERVATIONS

I give permission for an Assessment and Compliance Officer from the Early Childhood Education and Care Directorate to view my Child's records. I also give permission for my child's development to be observed for student purposes and understand that his/her full name will not be used in any reports.

Signed _____ (Parent/Guardian)



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F) SUNSCREEN CONSENT

I give permission for the staff at Lilly Pilly Early Learning Centre to apply True Guard Sunscreen 50+ New Generation Broad Spectrum (active ingredient in this product is homosalate) to my child _____, and I acknowledge that Lilly Pilly Early Learning Centre accepts no responsibility if my child should present with an allergic reaction to this product.

Signed _____ (Parent/Guardian)

F) FEES

I understand that fees are to be paid on a weekly basis and that fees will be payable for personal holidays and absences due to illness. A late fee of \$3 per day will apply to outstanding fees. I understand that 2 weeks of non payment results in my child's position being reallocated. I also understand that in the case of non payment of any outstanding fees, a collection agency will be given my details to recover debts.

Parent/Carer 1

Print Name: _____

Signature: _____

Date: _____

Parent/Carer 2

Print Name: _____

Signature: _____

Date: _____



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G) 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 access 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 providing the service account to me. This includes, but is not limited to;
- 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 amounts owed by me have been paid or discharged.
- Exchange personal information with service providers in a credit report issued by credit reporting agency. This is for purposes including but not limited to:
 - * Assessing credit worthiness;
 - * Notifying other service providers of a default by me;
 - * Exchanging information about my account where I am 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.

H) SIGNATURE

I, the parent/guardian hereby agree to abide by the arrangements and conditions of enrolment as laid down on this form and the centre information sheet.

Signed.....

Enrolment Fee (Non refundable)

received.....Date.....