

BUTTERFLIES EARLY LEARNING CENTRE ENROLMENT FORM

	CHILD #1	CHILD #2	CHILD #3
Surname			
Given Names			
Any other name which known by or former names			
DOB			
CRN			
Place of Birth			
Sex	M/F	M/F	M/F
Ethnic Background			
Primary Language Spoken			
Childs's Address			
Birth Certificate and Copied	Y/N	Y/N	Y/N

Please provide any information regarding your family's cultural background or religious practices, which should be observed & adhered to by staff:

PARENT DETAILS	MOTHER	FATHER
Full Name		
Any other name which known by Or former names		
Date of Birth		
CRN		
Home address		
Home Phone		
Mobile		
Occupation		
Workplace		
Work Address		
Work Phone		
Email Address		
Primary Language Spoken		
Custodial Parent (please circle)	Mother	Father
		Both
Family circumstances. Access of other Parent: (A copy of the family court order or injunctive detailing access arrangements must be attached)		

Emergency Contact Person (s)/Guardian:

In the event of an emergency and neither parent is contactable, persons listed below will be called.

	PERSON 1	PERSON 2
Full Name		
Relation to the Child		
Home Address		
Home Phone		
Mobile		
Work		
Place of Employment		
Signatures		

Authorised Person (s)/Guardian to Collect:

I undertake to collect my child personally and, if I should be unable to do so, only those listed below (after parent has notified Director/staff) are allowed to collect my child. I understand that those nominated must have a photo I.D. to show staff when picking up my child.

If same as Emergency contact please tick here:

	PERSON 1	PERSON 2
Full Name		
Relation to the Child		
Home Address		
Home Phone		
Mobile		
Work		
Place of Employment		
Signatures		

DATE: _____

Medical Information:

In the event of an emergency and neither parent is contactable, persons listed below will be called.

Name, phone number and address of Doctor and/or Medical Centre	
Name, phone number and address of Dentist	
Medicare No.	
Private Health Name and Number	
Ambulance Cover Reference	

I hereby authorise the Director or his/her designated representative, in the event of an accident or illness to **obtain medical, ambulance, dentist and hospital assistance** if required. If I cannot be contacted, the emergency service will be at the nearest appropriate public hospital. I agree to meet any expenses incurred in respect to any medical emergency.

Signature: _____ Date: _____

To reduce fever or pain as appropriate, I hereby consent to the Director or his/her designated representative to **administer Panadol** in the dose and frequency recommended on the bottle should my child require this care.

Signature: _____ Date: _____

If my child becomes ill while in care, I, (or a designated person), will do everything possible to **return to the centre** to pick up my child.

Signature: _____ Date: _____

Medical History:

Does your child/ren suffer from, or has had any of the following illnesses/diseases? (please tick)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Constipation | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Gastroenteritis | <input type="checkbox"/> Vomiting/reflux |
| <input type="checkbox"/> High fevers | <input type="checkbox"/> Ear problems | <input type="checkbox"/> Diarrhoea |

Any other illnesses/infections/diseases which we should be aware of:

Does your child suffer from any allergies? _____

Is your child receiving regular medication? _____

(If so, please state the reason, name of medication, dosage & any side affects we should be aware of)

Immunisation:

Has your child been immunised? (please tick) Yes No

If no, please state the reason? _____

N.B. The centre's Health & Immunisation Policy states that any child not immunised when there is an outbreak of an infectious disease must be excluded from the centre for the required incubation period, which relates to that particular disease. Please present your child's immunisation details when you return this form or before commencement.

Immunisation Certificate sighted Yes No

Directors

Signature: _____ Date: _____

Dietary Requirements:

Does your child have any religious, cultural, medical or other dietary restrictions?

Yes No

If yes, please describe what is to be restricted?

Additional Information:

Please state any further information which you feel may assist us in providing the best care to your child.

Special Requirements:

Religion and Cultural Background:

Consent for Photographs:

I consent to photographs being taken of my child by:

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Religion & Cultural Background | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Staff: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Students: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Media: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Photographs may be used in the following contexts:

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| Butterflies Website: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fliers and other printed material: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Display within Butterflies Premises: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature: _____ Date: _____

Where did you find out about Butterflies?

To help us with future advertising, please tell us where you found out about our service.
(Please tick)

- Yellow Pages Baby Health Centre Word of Mouth Council
- Child care access hotline Internet Other _____

We look forward to caring for your child/ren and welcoming your family into the centre. If you have any suggestions that you would like to put forward please feel free to discuss them with any of our staff or the Director. We also hope that you will approach us if you have any concerns. We welcome parent participation and look forward to developing a warm and trusting relationship with your child/ren.

Days of Care Required:

Monday Tuesday Wednesday Thursday Friday

Commencement Date: _____

Fees:

*Bond is 2 weeks fees paid in advance

*Plus fees are due paid 2 weeks in advance

*Admin fee + deposit for swipe card - \$40 (includes \$30 refundable deposit for your security swipe card)

*The daily rates for our Centre are:

- 6 weeks to 2 years - \$98.00 (payable 2 weeks in advance)
- 2 years to 5 years - \$85.00 (payable 2 weeks in advance)

Payment for the above fees should be deposited to our account as follows:

Name of Institution: National Australia Bank

Name of Account: “Butterflies International Early Learning Centres Pty Limited”

BSB: 082 057

Account Number: 85969 1158

IMPORTANT NOTE:

To those parents who pay their daily rate 12 months in advance, a 4% discount will apply in respect to this payment.

Office Use Only

Enrolment Date: _____ Directors Signature: _____ Date: _____

Advance holding payment received. Yes No