



Administration fee (non-refundable): \$...50.....
 Swipe Card (refundable): \$...30.....
 Fees in Advance: \$.....
 Bond (refundable): \$.....

TOTAL AMOUNT: \$.....

Child's Details

Child's First name:	Any other names the child is known by:	Child's Surname:
DOB:	Gender: M F (please circle)	CRN:
Address:		Home No:
Country of Birth:	Cultural background:	Language/s spoken at home:
Birth Certificate (Copy Required)		

Days of Care Required:

Monday Tuesday Wednesday Thursday Friday

Commencement Date: _____

Parent's Details (Mother)

Parent's First name:	Any other names the parent is known by:	Parent's Surname:
DOB:	Gender: M F (please circle)	CRN:
Home address:		Home Phone:
Name of work place:		Occupation:
Work Address:		Work Phone:
Email:		Mobile:

Parent's Details (Father)

Parent's First name:	Any other names the parent is known by:	Parent's Surname:
DOB:	Gender: M F (please circle)	CRN:
Home address:		Home Phone:
Name of work place:		Occupation:
Work Address:		Work Phone:
Email:		Mobile:

Custodial Parent (Please circle) A copy of the family court order or injunctive detailing access by the other parent must be attached	Mother	Father	Both

Names of other children in family: _____ Age: _____ Gender: _____
 _____ Age: _____ Gender: _____
 _____ Age: _____ Gender: _____

Authority to Collect/Emergency Contacts:

(Other than Parents)

Please list below Contacts who you wish us to call if you cannot be contacted in an emergency and whom you authorize to collect your child from Butterflies in the event that mother or father is unavailable to do so (note: must be over 18 years of age). Please ensure that these emergency contact persons are willing and able to collect your child in the event of an emergency. **Please**

Note: Photo ID MUST be shown prior to the child being released to an authorized Contact

Contact No. 1 (Is this person also authorized to collect? Y/N)	
Relationship to child:	Full name:
Address:	Home No:
Work No:	Mobile:

Contact No. 2 (Is this person also authorized to collect? Y/N)	
Relationship to child:	Full name:
Address:	Home No:
Work No:	Mobile:

Contact No. 3 (Is this person also authorized to collect? Y/N)	
Relationship to child:	Full name:
Address:	Home No:
Work No:	Mobile:

Contact No. 4 (Is this person also authorized to collect? Y/N)	
Relationship to child:	Full name:
Address:	Home No:
Work No:	Mobile:

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, emergency care will be sought from 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: _____

Is your child allergic to the application of band aids or sunscreen? **YES/NO** (Please circle)
If No, I give permission to the staff of Butterflies to administer this if and when necessary

Signature: _____ Date: _____

Medical History:

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

(please tick)

Asthma

Constipation

Whooping Cough

Epilepsy

Gastroenteritis

Vomiting/reflux

High fevers

Ear problems

Diarrhea

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

Does your child have any allergies? (If yes, please specify and triggers of allergies)

Has your child experienced any language or speech difficulties, physical problems or other related difficulties? (If yes, please specify)

Is your child currently under any medication? (If so, please state the reason, name of medication, dosage & any side affects we should be aware of)

Has your child suffered from any medical condition that we should know about? (If yes, please specify)

Immunisation:

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

If no, please state the reason?

Please Note: 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?

In/Excursions and Multimedia (please sign if YES to the following)

I give permission for my child to attend in/excursions _____ (parent signature)

I give permission for my child to have contact with Animals and Insects that may take place on incursions. _____ (parent signature)

I give permission for my child to have his/her photograph taken and displayed on the Butterflies Website Photo Gallery _____ (parent signature)

As we are following the interest of your child and implementing an emerging curriculum as an education base, we are required to photograph your child along with many other mediums that are combined to complete your child's individual portfolio. In order for us to do this at a high standard we require your permission to photograph your child on a regular basis.

I consent to my child being photographed. _____ (parent signature)

General Needs

Is there any further information, which you feel will assist us in providing service best suited to your needs and the needs of your child, e.g. religious beliefs, family situation, recent significant events? _____

What would you most want for your child at the centre?

Is there any particular area which you are concerned about? which we need to be aware of?

What guidance strategies do you follow at home and what strategies do you recommend we follow for your child/ren?

What resources or/and experiences do you use for your child/ren during their physical play and what suggestions do you have that may improve the resources/experiences at the centre for your child/ren?

What is the preferred way, in which you would like us to communicate with you?

Skills

Do you have any skills that you would like to contribute to the centre's program, e.g. guitar, yoga, sewing, carpentry, cooking, language?

Priority of Access Guidelines

The guidelines only apply to approved child care. They are used when there is a waiting list for a child care service or when a number of parents are applying for a limited number of vacant places. Every approved child care service has to abide by the guidelines and advise you about them when you enroll your child into care.

Priority 1 - a child at risk of serious abuse or neglect

Priority 2 - a child of a parent (or both parents if you have a partner) who satisfies the Government's work, training, study test.

Priority 3 - any other child.

We may require a 'Priority 3' child to vacate a place to make room for a child with a higher priority. Notice of at least 14 days will be given.

Relevant Legislation: Section 196 of the *A New Tax System (Family Assistance) (Administration) Act 1999* (the Act) provides that it is a condition for continued approval of an approved child care service that the service complies with the eligibility rules from time to time applicable to the service set out in the *Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000* (the Eligibility Determination).

Fees/Withdrawal/Change of days

I _____ agree to abide by the centre's policy of paying daily fees a minimum of two (2) weeks in advance, via standing order bank transfer. I also understand that fees are to be paid for all days my child/ren is absent, public holidays or sick, and that if fees fall behind, my child/ren place at the centre may be in jeopardy.

I also understand that there is a two (2) weeks notice period which applies, if I decide to withdraw my child/ren from care. This must be written and forwarded to the office. This two (2) weeks notice period also applies to the reduction of my child's days.

_____ (Parent Signature) _____ Date

Fees:

- Bond is 2 weeks fees paid in advance (refundable)
- Daily fees are due and to be paid 2 weeks in advance
- Administration fee \$50
- Deposit for security swipe card \$30 (refundable)

Payment Details:

Payment for the above fees should be deposited to our bank account (see below) prior to enrolment.

Regular fortnightly payments of daily fees are to be made by standing order to:

Name of Institution: National Australia Bank

Name of Account: "Butterflies International Early Learning Centres Pty Limited"

BSB: 082 057

Account Number: 85969 1158

*Please use your child's given and family name as a reference when making a payment, so we know it's you. (We have some children with the same names)

IMPORTANT NOTE:

A 5% discount will apply for parents who pay their daily rate 12 months in advance and the current daily rate will be guaranteed.

I, _____, have read and I understand Butterflies Early Learning Policies. If NOT, I agree to read them at my own leisure.
(Parent copy available in foyer outside office)

_____ (Parent Signature) _____ Date

EVALUATION OF THE ORIENTATION PROCESS

(Please circle answers below to help us in evaluating the orientation process)

Do you feel that you have a good understanding of the general running of the centre?
Unsatisfactory Satisfactory Good Excellent

How would you rate our orientation process?
Unsatisfactory Satisfactory Good Excellent

Do you have any suggestions for improvement?

Comments: _____

Where did you find out about Butterflies? (Please circle) *Internet *Newspaper *Yellow Pages *NCAC *Driving Past *Existing families *Council *Local schools *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 us. 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 you and your child/ren.