



Early Years PreSchool  
nurturing little learners

# Enrolment Form

Early Years Preschool (EYP) has been established to provide a nurturing yet stimulating learning environment. Each child's social, emotional, creative, physical and cognitive needs is recognised and fostered.

The Early Years Learning Framework (EYLF) underpins our programme; one which embraces the individuality with in each child and nurtures his/her natural curiosity to foster learning.

Family values, learning and play are thoughtfully integrated to create sense of *being, belonging and becoming (EYLF)*. Our staff respect the diversity of families and cultures within our community and is reflected throughout our programme.

Our experienced and passionate Early Childhood teachers look forward to sharing in your child's learning journey.

Please look at our website for further information

Please complete and return to:

Early Years PreSchool  
PO Box 379  
Hillarys WA 6923

<http://www.earlyyearspreschool.com.au>



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**I have included:**

- Birth Certificate
- Immunisation Schedule
- \$ 50 administration fee

Parent One / Guardian		Parent Two / Guardian	
Mr / Mrs / Miss / Ms	(Please Circle)	Mr / Mrs / Miss / Ms	(Please Circle)
First Name:			
Last Name:			
Home Address:			
Suburb:			
Postcode:			
Home Phone:			
Mobile:			
Language Spoken: (other than English)			
Marital Status:			
Occupation:			
Work Name:			
Work Address:			
Work Phone:			
Medicare Number:			
Date of Birth:			
Email:			

Family Information - Please circle the option that best describes your situation			
Both parents at home	Sole Parent	Shared Custody	Other
Are you of Aboriginal descent?	Parent/Guardian 1 - YES / NO	Parent/Guardian 2 - YES / NO	
Are you of Torres Strait Island descent?	Parent/Guardian 1 - YES / NO	Parent/Guardian 2 - YES / NO	

Custody of a Child - If you are separated or divorced, who has legal custody of the child? * Please provide documentation if there are any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child.			
Parent 1	Parent 2	Both	Other

Preferred contact person for communication (phone, e-mail, letters, fees):
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### Authorised Nominees (Not including Parents)

I authorise the staff of this Service to give the following authorised nominees listed below, access to my child/ren: (Note: must be over 18 years).

Please ensure these authorised nominees are willing and able to collect your child/ren in the event of an emergency.

A minimum of 2 authorised nominees must be completed before your child's enrolment commences.

<input type="checkbox"/> Emergency and Authority to collect <input type="checkbox"/> Authority to administer medication	<input type="checkbox"/> Emergency and Authority to collect <input type="checkbox"/> Authority to administer medication
First name:	
Last name:	
Address:	
Suburb:	
Home phone:	
Work phone:	
Mobile:	
Relation to child:	

<input type="checkbox"/> Emergency and Authority to collect <input type="checkbox"/> Authority to administer medication	<input type="checkbox"/> Emergency and Authority to collect <input type="checkbox"/> Authority to administer medication
First name:	
Last name:	
Address:	
Suburb:	
Home phone:	
Work phone:	
Mobile:	
Relation to child:	



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## Medical Authorisation

If the parent/guardian or the emergency contacts listed above cannot be contacted, I authorise Early Years Pre School staff to administer first aid and/or administer medication, seek medical, dental or hospital attention and/or ambulance in the event of an emergency.

If the child is taken by ambulance to hospital, a staff member will accompany the child in the ambulance. I agree to pay any ambulance or medical costs incurred.

\*\*I do / do not (please circle) have ambulance cover. Name: \_\_\_\_\_ + Signature: \_\_\_\_\_

## Medical Information

Your Child's Doctor:	
Address:	Phone
Do you have private health insurance? Yes / No	Private Health Insurer

Does the child have any additional needs? YES  NO  (please tick)

(Such as a diagnosed disability, developmental delays – including speech delays or other intellectual, sensory or physical impairments. **Please attach any relevant information that will help to meet your child's needs**)

If YES, please indicate the services involved with your child:

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<b>Child Enrolment</b>	Intended Start Date:
Given Names:	Last Name:
Female / Male (please circle)	Date of Birth:
Address:	Copy of Birth Certificate: Tick when sighted
Suburb:	Language spoken: (other than English)

Please tick the sessions you would like your child to attend:

<b>Monday: <i>Padbury</i></b>
<b>Full Day</b>
<b>9:15am – 2:45pm</b> <input type="checkbox"/>

<b>Health</b>	If yes please provide additional information and discuss with Nominated supervisor.
<b>Does your child:</b> have any allergic reactions? Eg: food, medicine, grass, bees, face paint?	Action plan attached
<b>Does your child:</b> have permission to participate in activities involving face paint and coloured hair spray?	
<b>Does your child:</b> have any behavior difficulties we should know about?	
<b>Does your child:</b> have any special medical conditions?	Action plan attached
<b>Does your child:</b> take any regular medication?	
<b>Does your child:</b> have any cultural or religious needs?	
<b>Does your child:</b> have any dietary or special needs?	
<b>Is your child:</b> of Aboriginal descent?	Yes / No
<b>Is your child:</b> of Torres Strait Island descent?	Yes / No



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**Photography** I \_\_\_\_\_ (parent/guardian) give consent for Early Years

Pre School to take photographs of my child/ren during play and learning experiences. Documentation of the Children's education may be accompanied by photographs and artwork to visually demonstrate your child's development. Images may also be used in the Service's journal, web page, Facebook page and displays.

Parent Name and Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Sunscreen** I \_\_\_\_\_ authorise Early Years Pre School to apply the  
sunscreen to my child.

**Protection of your Child:** Early Years Pre School will not permit an enrolled child to leave the Service during or at the end of a session unless the child is in the care of the enrolling parents or a person authorised **in writing** by the child's parent.

\*Please advise the Service Nominated Supervisor of any other particular protection needs that staff needs to be aware of.

**Immunisation Details** Immunisation Schedule Provided: YES / NO (Please circle)

I certify that this is a true immunisation record for my child.

Parent Name and Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**-OR-**

I certify that I have a true conscientious objection/ medical reason for my child not being immunised and have discussed this with my doctor. I understand that I may be required to keep my child away from the Service if there is and outbreak of an immunisation preventable disease. I understand that my fees will still be payable.

Parent Name and Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## Conditions of Attendance

I am aware that providing my email address on this enrolment form will mean my invoices and statements will be sent to this email address. I will inform the Service Nominated Supervisor of any changes to my email address. A printed statement is available on request.

I am aware that fees for all absent days and sick days are payable.

I am aware of the conditions of **Payment of Fees** information and agree to these.

I am aware that the preferred method of payment is direct electronic funds transfer (EFT), cash or cheque.

I am aware that after any contagious illness, prior to recommencing care, parents are required to provide a medical clearance before returning to the Service and when necessary a detailed statement outlining any specific health and care requirements.

I am aware that I must notify the Service Nominated Supervisor **in writing** of any changes to my child's enrolment status. For example: contact details, emergency contacts, changes in usual attendance, change in child's usual collection arrangements, court orders/documentation.

Parents and or guardians are responsible for their children in the car park and surrounding areas. Please note that it is an offence to leave young children unattended in the car.

We retain the right to cease care to any child or adult who displays aggressive behavior, that poses a threat to other children or staff at the service.

Non-compliance with any part of the Services policies and procedures may result in immediate cancellation of enrolment.

A \$50 administration fee is required on enrolment.

I \_\_\_\_\_ (Parent/Guardian) acknowledge and agree to abide by the Service conditions of attendance and the Service Parent Book. I certify that the information supplied is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date:        /        /        \_



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## Schedule of Fees 2017

- Fees are non refundable and charged on a per term basis.
- All accounts must be settled upon enrolment and prior to commencement
- Please refer to Payment and Fees Information

<b>Full day</b>	<b>\$85.00</b>
<b>NB:</b> <i>a \$50 Registration fee is to be paid upon application</i>	

**Bank Details: West Pac**  
**BSB: 036 027**  
**Account number: 552969**  
**Reference: Your Childs Full Name**



## Payment and Fees

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- All fees are compulsory and are non refundable.
- As per conditions of acceptance, enrolment is for the full year (or pro rata) and Annual fees are billed per term.
- Fees may be paid by cash, cheque or via internet banking.

### Administration Fee

An administration Fee of \$50.00 per child is payable on application.

### Payment of Fees by Cash or Cheque or Internet

*It is the responsibility of parents to pass fee envelope to a staff member. Fees are not to be left in a child's bag.*

- Fees must be paid prior to commencement of the child at preschool.
- Fees are to be paid per term in full.

### Fees are to be paid when the child is absent due to illness and/or family commitments

#### Banking Details:

The services bank details are:

Westpac Bank For electronic banking transfer details.

**BSB:** 036027

**Account Number–** 552969

**Account Name:** Early Years Preschool, please reference transfer with your child's full name

### Dishonored Cheques

*If a cheque is dishonored by the bank a charge of \$15.00 will be billed to the appropriate family account.*

### WITHDRAWAL & HOLDING POSITIONS

- Positions will be held open at our discretion. A holding fee will apply.
- **If a child is withdrawn from the pre-school during the term, fees will not be returned.**
- It is a condition of enrolment that one month's notice is required of a student's withdrawal and is to be given in writing.

### OUTSTANDING FEES

- 1 When fees become overdue a reminder letter will be sent to parents.
- 2 If no contact or payment has been made a phone call will be placed to the parent by administration staff.
- 3 If no or insufficient payments have been made a second letter will be sent to the parent. This situation will be forwarded to the Directors for a decision regarding the appropriate action ie loss of position for your child.
- 4 A notification of decision and date effective with be sent to parent.
- 5 All outstanding amounts owed by families who have left our preschool will be given to a debt collector.