

Enrolment Form 2021

Child details (Please attach a certified copy of your child's birth certificate or residency/citizenship papers)

Surname								Given name(s)								
Preferred name(s)								Child's CRN number								
Date of birth	D	D	M	M	Y	Y	Y	Y	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female						
Child's residential address																
Suburb								Postcode								
Child is	<input type="checkbox"/> Australian citizen <input type="checkbox"/> Permanent resident							<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Temporary resident								
Country of birth								Religion								
Language(s) spoken at home																
Proposed start date								MINIMUM ENROLMENT IS TWO (2) CONSECUTIVE DAYS A WEEK								
Please indicate the number of days required								<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5								
Please specify the actual days required								<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri								
IF YOU REQUIRE FEWER THAN 5 DAYS PER WEEK: Are you prepared to accept any days allocated?								<input type="checkbox"/> Yes, I would be happy with any days that can be allocated <input type="checkbox"/> No, I specifically require the days requested								
Has your child attended child care before?								<input type="checkbox"/> Yes <input type="checkbox"/> No								
Does your child attend another child care service or preschool?								<input type="checkbox"/> Yes <input type="checkbox"/> No IF YES: Name of centre _____ Days attending _____								

Office use only

Application fee paid	Two week bond paid	Verification of original birth certificate and immunisation record cited and copied for preschool records:	
\$	\$	Staff member	
Date	Date	Signature	
Days offered		Date	
Siblings	Details <input type="checkbox"/> Added to CCMS <input type="checkbox"/> Added to address book		

Parent/Guardian contact details

Mother/Parent/Guardian 1										Father/Parent/Guardian 2											
Surname										Surname											
Given name						Title					Given name						Title				
Date of birth	D	D	M	M	Y	Y	Y	Y	Date of birth	D	D	M	M	Y	Y	Y	Y				
Which parent is claiming Child Care Subsidy (CCS)? Account will be under this parent name.																					
Mother's CRN number										Father's CRN number											
Do you have siblings attending approved child care, e.g. long day care, after school care, family day care?										<input type="checkbox"/> No <input type="checkbox"/> Yes											
Name and ages of siblings in care																					
Residential address										Residential address											
Suburb					Postcode						Suburb					Postcode					
Postal address (if different)										Postal address (if different)											
Suburb					Postcode						Suburb					Postcode					
Contact numbers	Home:									Contact numbers	Home:										
	Work:										Work:										
	Mobile:										Mobile:										
Email	Home:									Email	Home:										
	Work:										Work:										
Occupation or profession										Occupation or profession											
Employer										Employer											
Business address										Business address											
Suburb					Postcode						Suburb					Postcode					
Days of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mon	Tue	Wed	Thu	Fri	Days of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mon	Tue	Wed	Thu	Fri

Custody details

Is there a Court Order or Parenting Plan relevant to this child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any person who is restricted from having contact with your child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES TO EITHER OF THESE QUESTIONS: Name: _____ Limited access: <input type="checkbox"/> Yes <input type="checkbox"/> No Supervised access: <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes' to either of these questions, please attach a copy of the relevant custody documents)		

Reviewed February 2021

Authorised Emergency Contacts

If, in the event of an emergency, we cannot contact the parents/guardians, please provide at least one emergency contact person

Emergency Contact 1		I/we give this person permission to: <input type="checkbox"/> Collect my child from the preschool <input type="checkbox"/> Give permission for excursions <input type="checkbox"/> Consent to medical treatment for my child <input type="checkbox"/> Permit transportation of my child by ambulance service <input type="checkbox"/> Request/permit medication to be given to my child <input type="checkbox"/> If I/we cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving my child.
Full name		
Relationship		
Address		
Contact Numbers	Home:	
	Work:	
	Mobile:	
Emergency Contact 2		I/we give this person permission to: <input type="checkbox"/> Collect my child from the preschool <input type="checkbox"/> Give permission for excursions <input type="checkbox"/> Consent to medical treatment for my child <input type="checkbox"/> Permit transportation of my child by ambulance service <input type="checkbox"/> Request/permit medication to be given to my child <input type="checkbox"/> If the I/we cannot be contact, this person should be notified of any accident, injury, trauma or illness involving my child.
Full name		
Relationship		
Address		
Contact Numbers	Home:	
	Work:	
	Mobile:	
Emergency Contact 3		I/we give this person permission to: <input type="checkbox"/> Collect my child from the preschool <input type="checkbox"/> Give permission for excursions <input type="checkbox"/> Consent to medical treatment for my child <input type="checkbox"/> Permit transportation of my child by ambulance service <input type="checkbox"/> Request/permit medication to be given to my child <input type="checkbox"/> If I/we cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving my child.
Full name		
Relationship		
Address		
Contact Numbers	Home:	
	Work:	
	Mobile:	
Emergency Contact 4		I/we give this person permission to: <input type="checkbox"/> Collect my child from the preschool <input type="checkbox"/> Give permission for excursions <input type="checkbox"/> Consent to medical treatment for my child <input type="checkbox"/> Permit transportation of my child by ambulance service <input type="checkbox"/> Request/permit medication to be given to my child <input type="checkbox"/> If the I/we cannot be contact, this person should be notified of any accident, injury, trauma or illness involving my child.
Full name		
Relationship		
Address		
Contact Numbers	Home:	
	Work:	
	Mobile:	

Reviewed February 2021

Medical information *(Please attach management plans, where appropriate)*

Child's family doctor			Child's family dentist																																																								
Full name			Full name																																																								
Phone			Phone																																																								
Address			Address																																																								
Medicare card #			Position on Medicare card																																																								
Private health fund name			Private health membership #																																																								
<table border="1"> <thead> <tr> <th>Has your child ever had any of the following?</th> <th>Yes</th> <th>No</th> <th>Does your child have any known allergies?</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>German measles (Rubella)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Nuts</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Measles</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Milk or dairy products</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Epilepsy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Insect bites</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Chicken pox</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Shellfish</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mumps</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hay fever</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Convulsions with high temperatures</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Dust</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other serious illnesses or hospitalisation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Asthma</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3"></td> <td>Other serious allergies</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>						Has your child ever had any of the following?	Yes	No	Does your child have any known allergies?	Yes	No	German measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Nuts	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Milk or dairy products	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Insect bites	<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	Shellfish	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions with high temperatures	<input type="checkbox"/>	<input type="checkbox"/>	Dust	<input type="checkbox"/>	<input type="checkbox"/>	Other serious illnesses or hospitalisation	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>				Other serious allergies	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had any of the following?	Yes	No	Does your child have any known allergies?	Yes	No																																																						
German measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Nuts	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Milk or dairy products	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Insect bites	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	Shellfish	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Convulsions with high temperatures	<input type="checkbox"/>	<input type="checkbox"/>	Dust	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Other serious illnesses or hospitalisation	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>																																																						
			Other serious allergies	<input type="checkbox"/>	<input type="checkbox"/>																																																						
IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILS BELOW																																																											
Regular medication		Frequency	Dosage	Reason why medication is taken																																																							
Any physical disabilities?																																																											
<input type="checkbox"/> Yes <i>(please provide details below)</i> <input type="checkbox"/> No																																																											
Any physical, social, emotional or intellectual needs which require special consideration?																																																											
<input type="checkbox"/> Yes <i>(please provide details below)</i> <input type="checkbox"/> No																																																											
Special dietary needs (e.g. vegetarian, vegan, diabetic)?																																																											
<input type="checkbox"/> Yes <i>(please provide details below)</i> <input type="checkbox"/> No																																																											

Medical Permission Form

Authorisation for paracetamol

If my child has a temperature of 38°C or higher, I authorise the preschool to administer the age appropriate amount of paracetamol to him/her.

Signature of parent/guardian 1:	
Signature of parent/guardian 2:	

Authorisation for administering the preschool's asthma kit

If my child has difficulty breathing at the preschool, a first aid qualified staff member is authorised to administer the correct dosage of asthma medication to him/her.

Signature of parent/guardian 1:	
Signature of parent/guardian 2:	

Immediate medical attention

If my child is seriously injured or ill while in care at the preschool, I understand that every effort will be made to contact me/us or my/our emergency contacts. I agree that the Director of the Preschool or delegate will seek urgent medical, dental, ambulance or hospital treatment, and I give permission for appropriate medical, dental or hospital treatment to be performed.

Signature of parent/guardian 1:	
Signature of parent/guardian 2:	

Permission to apply insect repellent and sunscreen

I give permission for preschool staff to apply insect repellent and SPF 30+ broad spectrum, water resistant sunscreen to my child as necessary and particularly before outdoor time. If your child suffers from allergies to insect repellent or sunscreen, please indicate the name of an alternative insect repellent or sunscreen to be used. Please provide this insect repellent and /or sunscreen to the preschool for your child's use. The insect repellent and/ or sunscreen must be clearly labelled with your child's name.

Signature of parent/guardian 1:	
Signature of parent/guardian 2:	
Name of alternative sunscreen:	

Permission for walks around the North Shore Temple Emanuel grounds and buildings

I authorise my child to be taken on routine outings within the grounds and buildings of North Shore Temple Emanuel. These outings will be within walking distance of the preschool, and will not cross any major roads or involve transportation.

Signature of parent/guardian 1:	
Signature of parent/guardian 2:	

Immunisation Details

Your child's immunisation details are required for enrolment. Please provide us with the Record of Immunisation from Medicare when you return the enrolment application. Alternatively, you can supply a copy of the record that is certified by a medical practitioner. All details of a child's immunisation status will remain confidential.

A child cannot enrol in preschool unless the parent/guardian has provided an approved immunisation certificate that shows the child:

- is fully immunised for their age, or
- has a medical reason not to be vaccinated, or
- is on a recognised catch-up schedule if their child has fallen behind with their vaccinations.

Only approved Australian Immunisation Register (AIR) forms can be accepted.

Mother/Parent/Guardian 1	Father/Parent/Guardian 2
Signed	Signed

Photo Permission

From time to time, photos of your child may be taken during class activities, school events and excursions. Photos are used regularly in the preschool, included within:

- The educator's daily journals
- Displays on noticeboards positioned at the entrance and in the foyer of the preschool
- Newsletters distributed to the Apples & Honey Preschool community and to the community of North Shore Temple Emanuel
- Displays within the preschool rooms
- Slideshows shared at preschool and North Shore Temple Emanuel community events

We understand some children or parents/guardians may prefer not to be included in such images. Please indicate your preference below.

INTERNAL PHOTOS –	
<input type="checkbox"/> Yes, I give permission for the preschool to use photos of my child for preschool use, portfolios, daily journal, preschool displays and notices within the Preschool and foyer and for preschool Newsletters which are emailed to families	
<input type="checkbox"/> No, please exclude my child from photos for internal use (i.e. newsletters, slide show in foyer)	
EXTERNAL PHOTOS –	
<input type="checkbox"/> Yes, I give permission for the preschool to use photos of my child for external photos, such as posters at marketing, and on the internet e.g. preschool website and preschool Facebook page	
<input type="checkbox"/> No, please exclude my child from photos for external use	
Name of Parent/Guardian (please print)	
Signature of Parent/Guardian	Date

Email Communication from North Shore Temple Emanuel (NSTE)

<input type="checkbox"/> Yes, I would like to receive regular email communication from NSTE containing information about family activities and programs at the synagogue and within the wider Jewish community.
<input type="checkbox"/> No, please exclude our email from this list

Distribution of Family Contact Details

- ☐ Yes, I give permission my family's contact details to be included on a list distributed to all preschool parents.
- ☐ No, please exclude our contact details from this list

Please include ONLY the following contact details:

- ☐ Name ☐ Postal address ☐ Email address
- ☐ Home phone number ☐ Mobile phone number

Eligibility for priority of access

Please indicate if you meet any of the following criteria

- ☐ Sole parent or two parents who are working, seeking work or studying ☐ Parent(s) of children with a disability
- ☐ Children at risk ☐ Parent(s) with children at home, under school age

Parent/Guardian Agreement

I/we agree to be bound by the conditions of entry and continuing enrolment.

I/we agree that the information provided on this Application of Enrolment is true and correct.

I/we jointly agree to individually accept responsibility for the timely payment of all applicable fees and charges.

Signature of Parent/Guardian 1

Full name

Date

Signature of Parent/Guardian 2

Full name

Date

Where only one parent/guardian has signed the conditions, that person must satisfy the preschool that he/she is the sole parent/guardian, and will be responsible for all fees and charges.

We offer the following programs which are optional. Please tick which program you would like your child to attend and complete the relevant form (parent pays):

- ☐ Sport
- ☐ Dance
- ☐ Music

For our information

How did you find out about Apples & Honey Preschool?

- ☐ Family/Friends ☐ Facebook ☐ Google ☐ Other _____

Conditions of Enrolment/Re- enrolment

Application/Administration Fee

- A non-refundable fee of \$50 per child must accompany the Application to the Waitlist.
- Only one application fee will be charged per family

Refundable BOND

- A refundable bond equivalent to two (2) weeks' full fees is payable for each child.
- This bond will be refunded without interest to the parents/guardians when the child has left the preschool and all accounts are settled.
- The bond will not be refunded if the child is withdrawn in the 4 weeks (4) weeks prior to commencing at the preschool (excluding 2 week closedown).
- During a 'two week free preschool' promotion period, as determined by the preschool, the two weeks' bond will not be returned if preschool care ceases prior to six months

Enrolment Policy

- Enrolment is not confirmed until the Enrolment form is returned and payment of BOND and APPLICATION FEE have been received
- 2 days minimum enrolment for each child per week
- Enrolment days cannot be swapped
- Additional days can be added during a week depending upon vacancies
- Four (4) weeks notice in writing must be received for Ceasing care (this excludes 2 week close down)

Fees

- Monday to Thursday, 8am to 6pm \$126 per day. Friday, 8am to 4pm \$105 per day.
- This daily fee includes all morning tea, lunch and afternoon tea.
- If a child is absent from the preschool, fees will not be refunded, in whole or in part.
- Fees will **NOT** be charged for days when the centre is closed:
 - Public Holidays

- 2 week close down (Christmas and New Year)
- Jewish holidays
- Other costs, such as excursions, will be charged to the child's account, and are payable under the same conditions as the preschool fees.
- It is the responsibility of the parent to notify Centrelink that their child is attending an Approved Service.
- Preschool charges the current week and two weeks' fees in advance.
- Fees are either charged by direct debit or credit card using DebitSuccess.
- Full fees must be paid until Child Care Subsidy has been received by Centrelink.
- All fees will be reviewed on the 1st of July each year.
- The late fee is \$15 for every 10 minutes or part thereof. In some instances, enrolment may be terminated

Withdrawal

If a parent wishes to withdraw a child from the preschool or reduce days in care, four (4) weeks' written notice must be given to the Director, otherwise, the bond will be retained by the preschool.

Exclusions

- The Director may exclude a child from the preschool, temporarily or permanently, if they consider that:
- If the child has had a temperature, vomiting or diarrhea the behaviour of the child is unacceptable and causes an unsafe environment for the child, other children and/or staff, or
- a mutually beneficial relationship of trust and cooperation between a parent/guardian and the preschool has broken down to the extent that it adversely impacts on that relationship.
- These exclusions are at the discretion of the Director, and no remission of fees will be granted.

Medical details and urgent medical treatment

- Parents/ guardians must complete and return a medical disclosure form as required by the preschool. If illness or injury to the child necessitates urgent hospital or medical treatment, including but not limited to injections and blood transfusions, where the parent or guardian is not contactable, the parents/guardians authorise the preschool to give authority for such treatment without the preschool or its employees or agents incurring any legal liability. The parents/guardians indemnify the preschool, its employees and agents in respect of all costs and expenses arising either directly or indirectly out of such treatment.

Insurance

- The preschool does not take any responsibility for insuring the cost of medical or dental expenses in the case of accidents involving the children taking part in preschool activities.
- While all care is taken to ensure the safe keeping of a child's belongings, the preschool is not responsible for repair or replacement of personal items.
- Parents/guardians are therefore advised to keep valuable items at home, and to consider taking out the appropriate insurance cover.

Updates

- Parents/guardians must advise the preschool in writing of any change in the address, contact details or other information which has been provided on the Application for Enrolment.
- Applications and enrolments may be cancelled if the preschool loses contact with parents/guardians or has mail returned to it.
- Parents/guardians must inform the preschool of any specific needs that may impact on the child's education and/or participation in programs provided by the preschool.

Reviewed February 2021

- preschool of any Court Order or Parenting Plan relevant to the child and/or any changes to any Order or Plan.

Privacy statement

- The information supplied on an Application for Enrolment is required by the preschool to manage the enrolment application.
- No personal information will be disclosed outside the preschool without the express consent of the parents/guardians unless it is for the purpose of the preschool:
 - providing services to the child or the parents/guardians,
 - advancing or protecting the needs of the child or the parents/guardians, or
 - a related secondary purpose, except when required by law.
- The preschool's privacy policy is available in the Apples & Honey Parent Handbook.

Alterations to Conditions of Entry

The Apples & Honey Preschool Board of Management may alter these Conditions of Entry and Continuing Enrolment at any time by giving three (3) months' notice. Any alteration will be binding on the parents/guardians as if originally embodied in these Conditions.

Security Swipe Card

- Swipe cards giving access to the preschool must be obtained from the NSTE Office. A \$20 refundable cash deposit is required at time of collection.
- In the event that you lose your card you will be responsible to pay \$50 for the replacement of the card and associated administrative costs.