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**ENROLMENT FORM**

|  |  |
| --- | --- |
| *Service name: Warners Bay Early Learning and Care Centre Inc.* | |
| *Address: 49 Charles Street Warners Bay, 2282* | |
| *Phone number: 0249471300* | *Email: director@wbaychildcare.com.au* |
| *PO Box: 398 Warners Bay* | *Website: wbaychildcare.com.au* |

ATTACHED DOCUMENTS

Please ensure ALL of the following applicable documents are attached to this application before submission.

***If you do not have the relevant documents your child will not be able to be enrolled at the Service***

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s birth certificate |  | Child Customer Reference Number (CRN) |  |
| AIR Immunisation History Statement |  | ASCIA Action Plan (Anaphylaxis) |  |
| Parent Customer Reference Number (CRN) and date of birth |  | Action Plan (Asthma) |  |
| Court Orders and/or legal documents |  | Medical documents |  |

|  |  |
| --- | --- |
| OFFICE USE ONLY | |
| Date Entered | Entered By |

CHILD DETAILS  
*Education and Care Services National Regulations - Regulation 160 (3a, e)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family Name |  | | | | |
| First given name |  | Second given name | | |  |
| Preferred first name |  | | | | |
| Child’s home address |  | | | | |
| Child normally lives with |  | | | | |
| Date of Birth |  | Gender | | Male / Female/ Other | |
| Centrelink Reference Number (CRN)  *Please note: Parent and child have their own individual CRN number* | | |  | | |

ENROLMENT AGREEMENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OFFICE USE ONLY | | | | | | | | | | | | |
| Child’s commencement date (first day of attendance) |  | | | Arrangement Type | |  | | Enrolment ID | | |  | |
| Routine Sessions: Days of enrolment | | | | | | | | | | | | |
|  | Mon | | Tues | | Wed | | | | Thurs | | | Fri |
| Session start and end time and daily fee – (flat rate) |  | |  | |  | | | |  | | |  |
| By signing this you are agreeing to the arrangement of care and payment of fees | | | | | | | | | | | | |
| Parent / Guardian Signature | |  | | | | | Date | | |  | | |

I accept responsibility for the payment of my child’s fee whilst they are enrolled and WBELCC. I understand and accept that fees must be paid for any days that my child is involved regardless of attendance. This excludes public holidays.

Fee terms of the enrolment, I agree to

1. Pay all fees on time, in compliance with direct dept. terms.
2. WBELCC cancelling my child’s place if my child’s place if is in arrears two weeks and no payment plan has been organised
3. WBELCC cancelling my child’s place with two weeks’ notice on reasonable grounds
4. To provide four weeks’ written notice of intention to withdraw my child from WBELCC
5. Submit payment in full within seven days if any direct debit defaults

CREDIT CARD/ DIRECT DEPIT PAYMENT INFORMATION

Credit card

Credit card number \_\_­­\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Verify Code \_\_\_\_\_\_\_\_\_ three digit code found on the back of the card.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

Direct Debit

Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BSB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to Warners Bay Early Learning and Care Centre INC. to debit my credit card / bank account nominated above, each week, for the payment of my child/ren \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ child care fees.

I understand that the balance of my account will be drawn on a weekly basis. If there any changes to my bank account / card details I will inform the centre immediately. I also understand that I am responsible to ensure sufficient funds are in in my account to pay my weekly fees.

By signing below I understand and agree to the terms and conditions governing the debit arrangements between Warner Bay Early Learning and care Centre INC. and myself as set out this request and in the Direct Debit Request Service Agreement.

Parent / Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CULTURAL CONSIDERATION  
*Education and Care Services National Regulations - Regulation 160 (f, g, h)*

|  |  |
| --- | --- |
| Is your child of Aboriginal or Torres Strait Islander origin?  If you answered yes above what kinship to you identify with? | No Aboriginal Torres Strait Islander Both  Kinship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does your child speak a language other than English at home?  *(Please circle)* Yes / No | If yes, what language (s) other than English are spoken at home. |
| County of birth |  |
| Child’s residency status |  |
| What is your child’s cultural background? |  |
| Please outline any cultural practices  you follow |  |
| Religion |  |
| Please outline your child’s religious background and if relevant any religious practices/celebrations you followed. |  |

PRIMARY PARENT/GUARDIAN  
*Education and Care Services National Regulations - Regulation 160 (3b)*

|  |  |
| --- | --- |
| Parent/Guardian Name | Primary Parent/ guardian must also be the registered CRN number holder |
| Parent Surname |  |
| Address |  |
| Phone Number/s | (H)  (M)  (W) |
| Parent Date of Birth: |  |
| Email address |  |
| Relationship to child |  |
| Country of Birth |  |

|  |  |
| --- | --- |
| Parent Centrelink Reference Number (CRN): |  |

|  |  |
| --- | --- |
| Please provide any relevant cultural background details |  |

|  |  |
| --- | --- |
| Does the child normally live with you? (Please circle) | Yes / No |

|  |  |
| --- | --- |
| Occupation |  |

SECONDARY PARENT  
*Education and Care Services National Regulations - Regulation 160 (3b)*

|  |  |
| --- | --- |
| Parent Name |  |
| Parent Surname |  |
| Address |  |
| Phone Number/s | (H)  (M)  (W) |
| Parent Date of Birth |  |
| Email address |  |
| Relationship to child |  |
| Country of Birth |  |

|  |  |
| --- | --- |
| Parent Centrelink Reference Number (CRN) |  |

|  |  |
| --- | --- |
| Please provide any relevant cultural background details |  |

|  |  |
| --- | --- |
| Does the child live with you? (Please circle) | Yes / No |

|  |  |
| --- | --- |
| Occupation |  |

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER  
*Education and Care Services National Regulations - Regulation 160 (3c, d)*

|  |  |  |
| --- | --- | --- |
| Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? | Yes/No  If yes, please provide all relevant  documentation and paperwork | Attached |
|  |
| Are there any other relevant court orders relating to the child’s residence or the child’s contact with a parent or other person? | Yes/No  If yes, please provide all relevant  documentation and paperwork | Attached |
|  |
| Have photographs and names of unauthorised people been attached to this form? | Yes/No | Attached |
|  |
| Briefly outline court order requirements |  | |

Please note that without this documentation we cannot legally enforce the Order/s.

The Directors must be advised if circumstances change

CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) families must meet eligibility requirements which include:

**1.** You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?

YES ☐ NO ☐

**2.** Are you liable for fees for care provided at an approved childcare service?

YES ☐ NO ☐

**3.** Do you meet residency requirements?

YES ☐ NO ☐

**4.** Does your child meet immunisation requirements?

YES ☐ NO ☐

**5.** Have you completed the Child Care Subsidy assessment on the [myGov](https://my.gov.au/LoginServices/main/login?execution=e2s1) website?

YES ☐ NO ☐

**6.** Have you received confirmation about your Child Care Subsidy?

YES ☐ NO ☐

**Please Note:**

If you need assistance with filling out this form, please speak to Administration or the Director who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

Child Care Benefit (CCB)/ Child Care Tax Rebate (CCTR)

To claim CCB and/or CCTR from the government, you need to apply to Family Assistance (DEEWR) to obtain a Customer Reference Number (CRN) for your child and a CRN for the parent to whom the child is attached. This needs to be done as soon as possible on gaining a place at our Centre.

MEDICAL INFORMATION  
*Education and Care Services National Regulations - Regulation 160 (3a, I, j)*

To ensure your child’s safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Medicare Number |  | | | | | |
| Medicare Expiry Date |  | Child’s Medicare reference number | | | |  |
| Doctor’s name |  | | | Phone number | |  |
| Medical Centre |  | | | | | |
| Doctor’s address |  | | | | | |
| Dentist name |  | | | Phone number | |  |
| Name of Service |  | | | | | |
| Dentist’s address |  | | | | | |
| Private Health Cover | Yes / No | Private Health Fund Name | | |  | |
| Private Health Care Membership Number |  | | Ambulance Cover | | | Yes / No |
| Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?  In accordance with Regulation 162 *(please note this is at your own expense)* | | | | | | Yes/No |
| Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency? | | | | | | Yes/No |
| Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? | | | | | | Yes/No |
| I hereby consent to my child being given the correct dosage of Paracetamol should my child suffer a temperature, and I am unable to be contacted. | | | | | | Yes/No |
| Parent/Guardian 1 Signature | | | | |  | |
| Parent/Guardian 2 Signature | | | | |  | |

CHILD’S MEDICAL DETAILS AND HEALTH CONDITIONS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Allergies- provide details of child’s allergies.  These can include insect stings, food (eg nuts, eggs, peanuts) animals, latex, medication or other | | | | | | | |
| Allergy to | |  | | | | | |
| Medical specialist or doctor who may be currently treating your child for this condition | | |  | | | | |
| Phone contact |  | | Address |  | | | |
| Risk of Anaphylaxis | | Yes/No | Has a doctor diagnosed this allergy? | | | Yes/No | |
| Does your child have a current Action Management Plan? | | Yes/No | Has your child been prescribed an adrenaline autoinjector? | | | Yes/No | |
| If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date). | | | | | | | |
| Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible.  *Education and Care Services National Regulations - Regulation 94.* | | | | | | | Yes/No |
| I/We give consent for our child’s medical plan to be displayed at the Service (See Medical Conditions Policy) | | | | | | | Yes/No |
| Parent/Guardian 1 Signature | | | | |  | | |
| Parent/Guardian 2 Signature | | | | |  | | |

Special dietary requirements

|  |  |
| --- | --- |
| Prohibited Food | Detailed information |
|  |  |

MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

|  |  |  |  |
| --- | --- | --- | --- |
| Medical condition |  | | |
| Has a doctor diagnosed this condition? | | | Yes/No |
| Does your child have a current Action Management Plan (eg Asthma Plan) | | | Yes/No |
| If yes, is this plan attached? | | | Yes/No |
| Does your child take any prescribed regular medication for this condition? | | | Yes/No |
| Medication Name/s |  | | |
| Medication will only be administered if:   * it is prescribed by a medical practitioner * it is in the original container with the original label * the label contains the child’s name * instructions and dosage can be clearly read * expiry date or use by date is valid * any verbal or written instructions provided by the medical practitioner must be provided by the parent/s or Guardians   *Education and Care Services National Regulations Regulation 95*  Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our “Administration of Authorised Medication” form.  *Education and Care Services National Regulations Regulation 93* | | | |
| Parent/Guardian 1 Signature | |  | |
| Parent/Guardian 2 Signature | |  | |

IMMUNISATION DETAILS

*Education and Care Services National Regulations - Regulation 160 (3a, I, j)*

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR*). (Please tick attached where relevant)*

|  |  |  |
| --- | --- | --- |
| AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words ‘up to date’ recorded. | Yes/ No | Attached |
| AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity. | Yes/ No | Attached |
| Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a ‘catch up’ schedule has been initiated. | Yes/ No | Attached |

Parents/ guardians may obtain a copy of their child’s immunisation history statement at any time:

*By telephone: 1800653809*

***By email:*** [***acir@medicareaustralia.gov.au/***](mailto:acir@medicareaustralia.gov.au/)

***Online:*** [***www.medicareaustralia.gov.au/online***](http://www.medicareaustralia.gov.au/online)

***In person: at the local Medicare office, Centrelink or child support service centre.***

In the event of an outbreak of a vaccine-preventable disease at the centre, the management has to notify the Department of Health of any un-immunised children in the centre and that, as your child is not immunised, he/she may be excluded from attendance for such a time as the Department deems necessary and fees must still be paid.

FAMILY INFORMATION

|  |  |
| --- | --- |
| Does your child have any siblings attending our Service? If so, please provide their names and ages. |  |
| Does your child have other siblings at home or attending school? If so, please provide their names and ages. |  |
| Does your child have any other close relations attending the Service? If so, please provide their names and ages. |  |

DEVELOPMENTAL INFORMATION

|  |  |
| --- | --- |
| Does your child have any problems with hearing, sight or speech? | 🞏 Hearing  *Detailed information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  🞏 Sight  *Detailed information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  🞏 Speech  *Detailed information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? | *Detailed information (attach any additional notes)* |
| Does your child require additional support for learning because of disability? |  |
| Is there anything that you do or modify at home that may assist us to meet the educational needs of your child? |  |
| Does your child have an additional need? May include culturally and linguistically diverse or a refugee background, trauma. |  |
| Has your child begun toilet training? |  |
| Is this the first time your child has been in care?  If *yes,* please indicate the type of early education and care |  |
| Is your child used to being with other adults and children? |  |
| Does your child have any comforters? (security blanket, dummy, bottle etc) |  |

TRANSITION TO SCHOOL

|  |  |
| --- | --- |
| Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school? | |
| Year intending commencing school: |  |
| Name of School: |  |
| Permission to exchange information: | Yes/No |

ENROLMENT AGREEMENT- CONSENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

|  |  |  |
| --- | --- | --- |
| Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any liability) | YES | NO |
| Have Band-Aids applied when necessary | YES | NO |
| Have staff apply Nappy Cream/Paste (Centre supplies Sudo cream Paw Paw Cream or Bepanthen) | YES | NO |
| Have staff apply Teething Gel (Centre supplies Sedagel) | YES | NO |
| Have staff apply Insect Repellent (Centre supplies Aero Guard) | YES | NO |
| I/we give permission for our child to participate in outings to places of interest  (A permission slip will need to be signed before allowing your child to leave the Service for any excursion) | YES | NO |

*Note: Parents may supply their own Sunscreen and non- medicated nappy cream for children with skin sensitivity labelled with child’s name.*

FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE  
*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)*

|  |  |
| --- | --- |
| There may be times or situations where your child has had an accident, injury, trauma or illness and  parent/s cannot be reached or are unable to collect their child. Please provide information about at least two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must be over 18 years of age and must provide identification when collecting the child.  Please ensure you have obtained the person’s consent before listing them as an emergency contact. | |
| Full Name |  |
| Relationship to child |  |
| Phone Number | (H)  (M)  (W) |
| Address |  |
| Email Address |  |
| Can this person be contacted to collect your child from the education and care service | Yes/No |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted?  (Please Circle) | Yes/No |
| Can this person give authorisation for the Service to take the child on regular outings?  (Please Circle) | Yes/No |
| Parent / Guardian 1 Signature |  |
| Parent/ Guardian 2 Signature |  |

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE  
*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)*

|  |  |
| --- | --- |
| There may be times or situations where your child has had an accident, injury, trauma or illness and  parent/s cannot be reached or are unable to collect their child. Please provide information about at least two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must be over 18 years of age and must provide identification when collecting the child.  Please ensure you have obtained the person’s consent before listing them as an emergency contact. | |
| Full Name |  |
| Relationship to child |  |
| Phone Number | (H)  (M)  (W) |
| Address |  |
| Email Address |  |
| Can this person be contacted to collect your child from the education and care service | Yes/No |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted?  (Please Circle) | Yes/No |
| Can this person give authorisation for the Service to take the child on regular outings?  (Please Circle) | Yes/No |
| Parent / Guardian 1 Signature |  |
| Parent/ Guardian 2 Signature |  |

You may have additional Authorised contacts. Please request additional forms

Annual Permissions

Please note all permission notes need to be updated annually.

Therefore, you will receive new permission notes yearly with your re-enrolment.

REGULAR EXCURSIONS

To foster a strong sense of agency, independence and connection with their local community, we embark on regular excursions into our local community. We note that The Education and Care Service National Regulations state that authorisation for Regular excursions must be obtained once in each twelve month period. Therefore, you will be issued a new excursion permission note annually with your child’s re-enrolment form.

Our reasons for undertaking such excursions include but are not limited to; broadening the children’s understanding of the world around them, fostering a strong sense of community, recognising that it ‘takes a village to raise a child,’ encouraging children’s independence, strengthening children’s social and emotional connections and building upon the children’s self-help skills. We empower your children to make choices in choosing where they would like to visit and connect with ensuring their voices are heard in our decision making.

**Period away from service:** All excursions will be less than 2 hours including travel time. We will contact you if we believe an excursion could reach over this two hour period.

**Risk Assessment:** A risk assessment has been completed for our regular excursions to conform to the ‘Education and Care Services National Regulations’. A copy of this risk assessment is available at the service. Please ask if you would like a further take home copy of this. We will update and revise other risk assessments as we deem appropriate to note any new potential hazards for any new journeys as per below.

The number of children attending each excursion varies depending on the method of travel, the purpose of the excursion, the number of educators required, the destination and the time of day. Staff to child ratios will be maintained at all times during excursions.

Please do not feel pressured to allow your child to attend regular excursions if you do not feel comfortable. There are always children and educators who will remain at the service offering engaging experiences for the children.

Please Circle Yes or No to indicate your consent to each of the excursions.

|  |  |  |
| --- | --- | --- |
| The Coles Complex | YES | NO |
| Aldi Complex | YES | NO |
| Warners Bay Post Office | YES | NO |
| Warners Bay foreshore | YES | NO |
| The Warners Bay park on the foreshore | YES | NO |
| Parent / Guardian 1 Signature |  | |
| Parent/ Guardian 2 Signature |  | |

PHOTOGRAPHY, VIDEOGRAPHY AND PROMOTIONAL MATERIAL

During your child’s enrolment at Warners Bay Early Learning and Care Centre they will be involved in various events and activities where they may be photographed. Photographs of children are used to document children’s learning and in various marketing promotions. This includes social media (Instagram/ Facebook) and our web site.

The Service recognises that photography, filming and audio are valuable learning tools, utilised in many ways to document children’s progress and development. The Australian Privacy Principles (APPs) specify requirements when collecting personal information about individuals. The Service has a responsibility to ensure compliance with Privacy Laws and seek permission to take and use photographs of children.

If you have any questions or concerns, please feel free to contact management at your earliest convenience.

|  |  |  |  |
| --- | --- | --- | --- |
| **I do** give permission for photographs and videos of my child to be used by Educators and students to document children’s learning. | | YES | NO |
| **I do** give permission for my child’s photograph and video to be used to on Facebook | | YES | NO |
| **I do** give permission for my child’s photograph and video to be used to on Instagram | | YES | NO |
| **I do** give permission for my child’s photograph and video to be used to on the Centre Website | | YES | NO |
| **I do**  give permission for photos and video footage to be taken of my/our child for Service use for staff training purposes (footage will not leave the Service) | | YES | NO |
| Parent / Guardian 1 Signature |  | | |
| Parent/ Guardian 2 Signature |  | | |

EVACUATION DRILLS

Regulations 97 and 168 (2) of the Education and Care Services National Regulations states that *every early childhood education and care service in Australia has an emergency and evacuation policy and procedure.*

To adhere to this regulation we will be practicing Mandatory emergency evacuation drills at various times throughout the year. These are completed on and off premises.

I understand that WARNERS BAY EARLY LEARNING AND CARE CENTRE will be practicing emergency evacuation drills at various times throughout the year that are spontaneous. I understand that the evacuation drill may require walking my child to one of the evacuation locations identified in WARNERS BAY EARY LEARNING AND CARE CENTRE emergency plan. By signing this Evacuation Drill Permission Form provides a release stating that you as the parent/guardian authorise WARNERS BAY EARLY LEARNING AND CARE CENTRE to take your child off the child care site for the purpose of practicing an evacuation drill.

Evacuation Locations:

* **Centre Car Park –Assembly area**
* **Vacant block of land –adjacent to centre**
* **Neighbourhood Evacuation Location: SECONDARY EMEREGENCEY EVACUATION POINT** (we will only evacuate to this sight when advised to do so by Emergency Services or RFS) however we are mandated to practice getting to this sight.

**LOCATION: Lake Macquarie Centre for Performing Arts - Lake St, Warners Bay NSW 2282**

* The rehearsal of emergency and evacuation procedures every 3 months. (<https://www.legislation.nsw.gov.au/#/view/regulation/2011/653/chap4/part4.2/div5/reg97>)

Doing these drills ensures the safety and wellbeing of all children and educators at the centre.

I consent to my child participating in these Emergency Drills

Parent / Guardian 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Parent/ Guardian 2 Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SECURITY SYSTEM

To gain access to the Service you will be required to use the security pad at the front door.

Please select a four digit code \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ you can have more than one four digit code per family.

To use the security key pad enter your four digit code and press hash #.

# APPLICATION FOR MEMBERSHIP OF THE ASSOCIATION

*All families please fill in and sign this section. By signing you become a member of our association- Warners Bay Early learning and Care Centre INC. (incorporated under the* [*Associations Incorporation Act 2009*](http://www.legislation.nsw.gov.au/xref/inforce/?xref=Type%3Dact%20AND%20Year%3D2009%20AND%20no%3D7&nohits=y)*)*

*Please note this is* ***NOT*** *a Management Committee Application form.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*full name of applicant*] [*address*]

­­­­­­­­[*occupation*] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

*Signature of applicant* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Official use only: Management Committee sign below this line*

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as members of the Association, nominate the applicant for membership of the association.

*Signature of proposer*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ second signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

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(Should be completed on resignation of the Association)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ herby give notice of my resignation from the Association

Member signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT AGREEMENT   
*Education and Care Services National Regulations - Regulation 160 (3a, I, j)*

Please tick box to confirm you have read each point:

* I agree to inform the Service in writing immediately of any changes to the above information.
* I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.
* I agree to keep my fees paid up to date, as per direct debit terms and on time, and understand that my child’s position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
* I agree that I will submit payment in full within seven days if any direct debit defaults
* I acknowledge that Warners Bay Early Learning and Care Centre may cancel my child’s place if my fees are in arrears for more than two weeks and no payment plan has been organised.
* If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
* I agree to pay a late fee when required: $10.00 within the first five minutes after closing time, $20.00 within the next five minutes and $20.00 for each five-minute block after. For example, two minutes late will cost $10.00 or seven minutes late will cost $30.00. In the event that a child is not collected left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, educators or the nominated supervisor are obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
* I agree to provide four weeks written notice to withdraw my child or reduce booked days.
* I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen, please bring a spare tube to remain at the Service - clearly labelled with your child’s first and last name).
* I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child’s age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
* I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service’s *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service’s policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Director deems the child well enough to attend Service.
* I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected.
* I have read the Parent Handbook and am familiar with the Service’s Policy Manual located in the office. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.
* I am interested in being a part of a Parent Committee that meets occasionally to update policies, provide feedback, assist with activities, fundraising and social events.
* I, or someone I know has a skill they could share with the children to enhance the educational program.

I have read and understood the information in this application. The information I/We have provided is true and correct and information provided about my child/ren or other people, has been given with their authorisation.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: Date: \_\_ / \_\_ / \_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: Date: \_\_ / \_\_ / \_\_

HOW DID YOU HEAR ABOUT US? (Please circle)

Word of Mouth/ Advertisement/ Internet Search / Social Media/ Website/ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Disclaimer**

We acknowledge and respect the privacy of our clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

ALL ABOUT ME

We strongly value a partnership with families. The information gathered below will provide insight of your child’s unique personalities, likes, dislikes and learning styles.

(*Please fill in where relevant)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us about your family, who lives in your home? Do you have any pets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any strategies we can use to assist us in settling your child? E.g. special toys, comforters, songs or music

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have bottles throughout the day? Please provide detail e.g. what times, amount, warmed and how do they like drink their bottle? (\*Service provides glass Advent bottles, cow’s milk and Nan)

Is your child breast feed? How would you like your infant to be fed while at our service? Feed your expressed breast milk/ you visit the Service to breast feed or you breast feed before departure and on pick up.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are they up to with toileting? E.g. Nappies, showing an interest in the toilet, independent. Are they needing a nappy for day sleep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us about your child’s eating habits? E.g. does your Child have any favourite foods or dis- like certain foods? Are you happy for us to introduce new foods? Please let us know when you introduce a new food to your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your child’s sleep routine? (Please provide details e.g. big bed, cot, pat, rock, self- settling, comforters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What are their current and emerging interests? Favourite books, games, songs, outings

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any goals that you would like to see your child work towards this year? E.g. Building friendships, feeling confident to say goodbye on separation, weaning off comforters/dummies, to be kind and friendly etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Anything else you would like to share with us?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*We look forward to a partnership with you as we support your children’s interests and passions as they grow. Thankyou for taking the time to fill in this sheet as it assists us in settling and planning for your child.*