



The Willows Preschool & Early Learning Centre

55 Dalton Street Orange

Ph 6361 2575

willowspreschool.com.au

Enrolment Application 2015

We are delighted that you have chosen to enrol at the Willows Preschool and Early Learning Centre. Please take some time to read through the accompanying documents. Before you submit this application, please ensure that all grey fields are complete and all required documents are attached. When it is complete, please contact us to arrange an enrolment interview. Forms can be returned in person, posted back to us, or emailed. If you require any support or clarification, please don't hesitate to contact us.

This is a photograph of:

Date taken:

**Please attach a recent
photo of your child here**

Child Information

Child's Full Name:

Date of Birth: Male: ☐ Female: ☐

Child's CRN:

Child's Former Name:
(if applicable)

Name Used: Place of Birth:

Residential Address:

Immunisation Records

2 mths ☐ 4 mths ☐ 6 mths ☐ 12 mths ☐ 18 mths ☐ 4 years ☐ Copy provided: ☐

Are you a conscientious objector or are there any medical issues preventing your child from receiving vaccinations?
Yes ☐ No ☐

If yes: Centrelink notified: ☐ Letter provided: ☐

PLEASE SEE THE *Required Enrolment Documents* FACT SHEET FOUND IN YOUR ENROLMENT PACK. ENROLMENT CANNOT BE FINALISED UNTIL WE HAVE BEEN SUPPLIED WITH COPIES OF THESE DOCUMENTS.

Tell Us More About Your Child...

Allergies & Intolerances

Willows educators need to be made aware of any children in our care with life threatening conditions. E.g. Anaphylactic peanut allergy.

Please indicate life threatening **allergies** here:

Food Allergies are more easily managed. Lactose, soy, wheat, gluten, or egg intolerances resulting in behavioural changes or upset tummies are some conditions we see most often.

Please list any **Food Intolerances** here:

Illnesses

If your child has any ongoing health challenges such as Diabetes or Asthma, we require a **Doctor's Illness Management Plan**.

Please list any **serious illnesses** here:

Hearing & Sight

Has your child ever had a hearing examination?

Yes ☐

Results:

No ☐

Has your child ever had a sight examination?

Yes ☐

Results:

No ☐

Disability & Learning Challenges

Describe any areas of your child's development you feel require extra support:

Behavioural Issues

Describe any behavioural issues your child is exhibiting that you feel educators will need to address:

Special Interests

Describe any areas your child shows particular interest in:

Tell Us More About Your Child...

To ensure that our program is inclusive of all children, informing the Willows of the following information is very helpful.

Cultural Identity

Is your child Aboriginal or Torres Strait Islander?

Yes

☐

No

☐

Share with us your child's culture so that we can build a supportive program.

Are there any special stories, traditional dress, music, recipes or traditions etc. you can share with us?

Religion

Are there any festival days or celebrations you consider important in your child's life?

Does your culture or religion require a specialised diet?

Are there any special patterns or cultural practices your child has in regard to sleep and rest?

Family Structure

Please share below, the names of siblings, pets, or other people living in the household, details of blended families, whether the child shares more than one home etc.

Custody Issues

If the child's parents are separated or divorced and only one parent has access to the child, the Willows requires a copy of court papers which clearly set out all conditions we must abide by.

Without a copy of these papers, the Willows must assume that parental rights are in place and both parents can access the child.

Is access and issue?

Court papers supplied?

☐

Primary Language

What is the primary language spoken in your home?

It may be helpful to supply carers with a list of key words to aid communication with your child throughout the day.

Parent/Guardian Details

THE PRIMARY CAREGIVER IS THE PARENT/GUARDIAN WHO IS REGISTERED WITH CENTRELINK TO CLAIM CHILD CARE BENEFIT ON BEHALF OF THIS CHILD.

Your CRN is your Centrelink Customer Reference Number on all letters to you from Centrelink. It is essential to have both the parent and child CRNs to achieve a formal enrolment at the Willows.

Parent 1 (Primary Caregiver)

Relationship to Child

Full Name

DOB

CRN

Other Names By Which Parent is Known

Home Address

Email Address

Home phone

Mobile phone

Work Phone

Employer

Employer's Address

Are there any skills you would be willing to share with your child's class?
(Such as artistic, musical or cooking abilities, love of reading, singing, performing, gardening, carpentry skills or a knack for fund raising)

Parent 2

Relationship to Child

Full Name

DOB

Other Names By Which Parent is Known

Home Address

Email Address

Home phone

Mobile phone

Work Phone

Employer

Employer's Address

Are there any skills you would be willing to share with your child's class?
(Such as artistic, musical or cooking abilities, love of reading, singing, performing, gardening, carpentry skills or a knack for fund raising)

Emergency Contact & Authority to collect

Emergency Contacts are people who know how to contact you if we are unable.

Persons authorised to collect your child are people, **other than parent/guardians**, who have permission to remove your child from the premises and must be identified by the Willows Educators. You can add and make changes to this list at any time.

If you are sending a new person to collect your child, who is not on your list, you will need to ring ahead to inform staff and photo ID must be provided.

PEOPLE NOT ON THIS LIST, OR WHO CANNOT BE IDENTIFIED, WILL NOT BE PERMITTED TO LEAVE THE PREMISES WITH YOUR CHILD.

Emergency Contact 1

Relationship to Child

Full Name

Home Address

Home phone

Mobile phone

Work Phone

Employer

Emergency Contact 2

Relationship to Child

Full Name

Home Address

Home phone

Mobile phone

Work Phone

Employer

Person to Collect 1

As above ☐

Relationship to Child

Full Name

Home Address

Home phone

Mobile phone

Work Phone

Employer

Person to Collect 2

As above ☐

Relationship to Child

Full Name

Home Address

Home phone

Mobile phone

Work Phone

Employer

Child's Medical Practitioner

Name

Address

Phone

Child's Dentist

Name

Address

Phone

Agreements

I UNDERSTAND THAT, BY SIGNING HERE, I AM AGREEING TO THE STATEMENTS ON THIS PAGE.

My name is _____

My child's name is _____

Signature _____

Witness _____

Date _____



Permission for Emergency Medical/Dental/Ambulance Treatments

I give permission for the Authorised Supervisor to have my child, as named in this application, treated by a qualified medical practitioner or dentist if necessary.

I give permission ☐

I DO NOT give permission ☐

→ ENROLMENT PROCESS CANNOT CONTINUE

My child is covered for ambulance transport by my medical fund

Yes ☐

No ☐

I am aware that I am responsible for any ambulance charges incurred

Yes ☐

No ☐

Medicare Number (if available): _____



Deposit and Fee Payment Contract

A deposit payment of \$150.00 is required to secure a position for your child. This is placed in a holding account and is refunded when care ceases.

Invoices are emailed weekly, on Mondays for the week prior.

We accept direct deposit, EFTPOS, credit cards, cheque, Centrepay, and cash.

Fees are paid in advance.

FAILURE TO PAY IN ADVANCE MAY RESULT IN YOUR CHILD LOSING THEIR POSITION

Fees more than 30 days in arrears begin accruing a 10% PA interest.

Please Initial _____



Sunscreen and Photographs

I permit Willows Staff to photograph my child as part of the process of observation and documentation of learning.

Yes ☐

No ☐

→ ENROLMENT PROCESS CANNOT CONTINUE

I permit Willows Staff to use photographs of my child for advertising and media purposes. e.g. television and newspaper.

Yes ☐

No ☐

I permit Willows Staff to apply Cancer Council approved sunscreen on my child.

Yes ☐

No ☐



Child Care Benefit (you must ring the Family Assistance Office on 136 150 to register for CCB)

I have registered with Centrelink for Child Care Benefit

Yes ☐

No ☐

I have registered for JET funding if I am Studying

Yes ☐

No ☐

N/A ☐

I am receiving special funding from other sources

IF YOU ARE WORKING OR STUDYING, YOU MAY BE ELIGIBLE FOR THE CHILD CARE REBATE WHICH ENTITLES YOU TO 50% OF ALL YOUR FEES BACK. THE PREFERRED METHOD OF THE WILLOWS IS FOR FAMILIES TO OPT TO HAVE THIS AMOUNT PAID DIRECTLY TO THE SERVICE. THIS WILL HALVE YOUR FEES!

Please don't hesitate to ask if you need any support or require more information about funding and government support.



Booking Contract and Preferred Schedule

Monday	<input type="checkbox"/>	Start time	_____	Finish time	_____
Tuesday	<input type="checkbox"/>	Start time	_____	Finish time	_____
Wednesday	<input type="checkbox"/>	Start time	_____	Finish time	_____
Thursday	<input type="checkbox"/>	Start time	_____	Finish time	_____
Friday	<input type="checkbox"/>	Start time	_____	Finish time	_____

START DATE:

I understand that:

* Fees will be charged from this date unless two weeks' notice is given.


* Two weeks' notice is required to vacate your position, change days or receive the half-fee holiday rate.

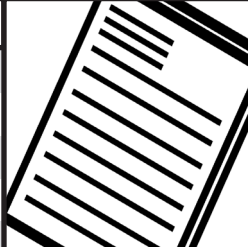
Please Initial _____


Checklist


These are the documents and processes that need to be in place to begin care at the Willows.

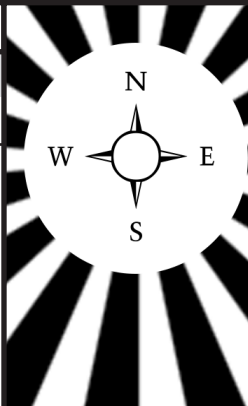
A Willows staff member will go through this checklist with you at your enrolment interview when you return your application.

Legal Documents to Collect		
Up-to-date immunisation	<input type="checkbox"/>	
Illness management Form	<input type="checkbox"/>	
Custody/Court Orders	<input type="checkbox"/>	

Documents Recorded		
Allergies and intolerances posted in classroom	<input type="checkbox"/>	
Illness management plan in place	<input type="checkbox"/>	
Custody papers copied, recorded and filed	<input type="checkbox"/>	
Special needs recorded	<input type="checkbox"/>	
Agreements signed and recorded	<input type="checkbox"/>	

Finance Process Explained			
Deposit explained and paid	Date: <input type="text"/>		<input type="checkbox"/>
Fees paid in advance explained			<input type="checkbox"/>
Payment options and procedures explained			<input type="checkbox"/>
Payment plan agreement created			<input type="checkbox"/>
Credit card details collected		<input type="checkbox"/>	

Child Care Benefit and Christian Children's Fund		
Formal enrolment achieved	<input type="checkbox"/>	
How we connect with Centrelink explained	<input type="checkbox"/>	
Children attending other services	<input type="checkbox"/>	
Child Care Rebate Explained	<input type="checkbox"/>	
What happens if Centrelink cancels your CCB%	<input type="checkbox"/>	
Christian Children's Fund Responsibilities	<input type="checkbox"/>	

Orientation Process Explained			
Orientation Meeting and Checklist	Date: <input type="text"/>		<input type="checkbox"/>
Sick days and public holidays explained			<input type="checkbox"/>
I understand that two weeks notice must be given in relation to:			
Holidays/planned absences - when two weeks notice is given, half-fees will be applied.			
Changing/adding/reducing days - If the requested days are available immediately, the requirement of two weeks notice may be waived.			
Ceasing Care - Your child must attend for these two weeks. The Willows cannot legally claim CCB or CCR on your behalf if your child does not attend, therefore, full fees will be charged. Your deposit will be refunded after your last day of care.			
Two weeks notice allows us to ensure our staffing and ratios are correct, to replace your position and to organise learning portfolios, finalise accounts etc.			
Signature: _____			

I acknowledge that the above information has been clearly explained to me by a Willows staff member.		
Name: _____	Signature: _____	
Staff Member: _____	Signature: _____	Date: _____