



TREE OF LIFE EARLY LEARNING SCHOOL

Enrolment Form

Child's Details

Surname _____

Given Names _____

Address _____

Suburb _____ Postcode _____

Telephone _____ Date of Birth _____

Sex Male Female Date of Commencement / /

Please circle days of attendance Monday Tuesday Wednesday Thursday Friday

Parents Details

Mother

Father

Surname _____

Given Names _____

Address _____

Suburb _____

Postcode _____

Home Phone _____

Occupation _____

Work Address _____

Suburb _____

Work Phone _____

Work Days _____

Work Hours _____

Mobile Phone _____

Email Address _____

CRN and DOB of Person Claiming CCS _____

Child's CRN _____

I certify that the information given in this form is correct and agree to tell staff members immediately should there be any changes to this form. I further agree to abide by the conditions of enrolment as detailed in Tree of Life Early Learning School's Policies.

Signed

Mother/Guardian

Father/Guardian

Family Details

Ethnicity _____ Country of Birth _____

Language/s spoken at home _____

Siblings	Name	Date of Birth
1.	_____	/ /
2.	_____	/ /
3.	_____	/ /
4.	_____	/ /

Important Cultural/Religious Events and Beliefs

Written Authorisation for Paracetamol and Medical Emergency

I, _____ give permission for my child
_____ to be administered

1 dose of Panadol Elixir in accordance with the manufacturer’s instructions for age and weight of child by Tree of Life Early Learning School’s Staff, when their temperature reaches 38 degrees and above.

Tree of Life Early Learning School’s Staff must ring the Parent/Authorised person first before administering the medication. If we cannot reach the parent, staff have permission to give required amount of Panadol to child.

I authorise the responsible person present at the service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service in case of medical emergency.

Signed _____
Mother/Guardian Father/Guardian

Date / / / /

Emergency Contact

In my absence, I hereby give permission for my child to be collected from or returned to Tree of Life Early Learning School by either of the following persons who are also authorised to consent to medical treatment of, or to authorise administration of medication to, the child; and are authorised to authorise an educator to take the child outside the service premises:

	Person 1	Person 2
Surname	_____	_____
Given Names	_____	_____
Address	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Mobile	_____	_____
Signed	_____	_____
	Mother/Guardian	Father/Guardian

Authority to Collect

In my absence, I hereby give permission for my child to be collected from or returned to Tree of Life Early Learning School by either of the following persons, who shall identify themselves. I shall advise the service whenever my child has to be collected by a person other than a parent. I and the following persons are also authorised to give permission to an educator to take the child outside the service premises.

	Person 1	Person 2
Surname	_____	_____
Given Names	_____	_____
Address	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Mobile	_____	_____
Signed	_____	_____
	Mother/Guardian	Father/Guardian

Custodial Order

Date of Issue / / Certificate sighted by _____

Custodian _____

Address _____

Suburb _____ Postcode _____

Home Phone _____ Work phone _____

Mobile _____

Person/s NOT to collect

Full Name _____ Full Name _____

Full Name _____ Full Name _____

Permission to be filmed by Channel 9

Channel 9 is situated up the street from Tree of Life Early Learning School and they often call and ask if they can film the children for their news and current affair programs. It is mostly the children playing or running through the background of the shot. Your signature is your consent for your child to be filmed.

Please circle one option

I DO / DO NOT give permission for my child to be filmed by Channel 9

Child's Name _____

Signed _____

Mother/Guardian

Father/Guardian

Medical History

Medical Authorisation

Should my child suffer any illness or injury while in the care of Tree of Life Early Learning School, the staff shall be entitled to seek and provide medical, dental, hospital, ambulance and/or other such services as deemed necessary for my child. I shall accept responsibility for any costs involved in such treatments.

Signed _____

Mother/Guardian

Father/Guardian

Family Physician

Child's Paediatrician

Name _____

Address _____

Suburb _____

Work Phone _____

Has your child had, or is suffering any of the following: (please circle)

Aids	Epilepsy	Mumps
Asthma	Eczema	Muscular Dystrophy
Autism	Glandular Fever	Perry Ketonuria
Chicken Pox	Impetigo	Temper Tantrums
Convulsions	Leukaemia	Tonsillitis
Croup	Measles	Rheumatic Fever
Cystic Fibrosis	Meningitis	Rubella
Diabetes	Middle Ear Disease	Whooping Cough
Diphtheria	Minimal Brain Dysfunction	

Speech Defects:

Vision Defects:

Allergies:

Dietary Restrictions:

Known Medical/Behavioural Problems:

Immunisation Details

*******PLEASE PROVIDE COPY OF IMMUNISATION FORM FOR OUR FILES*******

If not immunised, please give reasons:

Birth Certificate

*******PLEASE PROVIDE COPY OF BIRTH CERTIFICATE FOR OUR FILES*******

Deposit Information

A four-week deposit will need to be paid in order to secure your child’s position at Tree of Life Early Learning School. The deposit is refunded when your child is withdrawn from the service, as long as four weeks’ notice of withdrawal is given to the service.

Name of Child _____

Deposit Amount _____

Payment Method _____

Date Received _____

Staff Signature _____

Parent Signature _____

Date Refunded _____

Refund Method _____

Parent Signature _____

Staff Signature _____

How did you hear about us? _____

Has anyone from our current families referred. us? _____

I certify that by affixing my signature to each section of this page, I understand and agree to each of the following:

Permission for Observations

I consent to my child being the subject of observations by the carers at Tree of Life Early Learning School.

Signed	_____	_____
	Mother/Guardian	Father/Guardian

Physical Wellbeing

I consent to Tree of Life Early Learning School staff applying SPF 30+ Broad Spectrum Sunscreen to all unprotected areas of skin on my child, as they feel necessary.

I consent to first aid being administered by staff at Tree of Life Early Learning School, who holds a current first aid certificates. **At the service we have fabric and plastic band aids, savlon antiseptic cream, sorbolene cream and stingose.**

I understand and accept that Tree of Life Early Learning School staff members can only administer prescription medication to my child that has been authorised by one or both of the parents and a qualified registered medical practitioner, and details which have been accurately recorded in the Medication Book. (Name, Date, Time, Dosage and Reason in accordance with the details and instructions on the bottle)

I understand my child can only leave the service on an excursion with my written permission.

Is your child allergic to any of our first aid applications that we may use?

Signed	_____	_____
	Mother/Guardian	Father/Guardian

Fees

I accept responsibility for the payment of all fees incurred by my child whilst enrolled at Tree of Life Early Learning School. I understand and accept that fees must be paid before the 15th of each month or else additional fees of \$100 will be added to the next statement as a penalty. I understand and accept that fees must be paid for any days which my child is enrolled, regardless of absence. I accept that if my child is sick or on holidays, the day still needs to be paid for including the public holidays.

Signed	_____	_____
	Mother/Guardian	Father/Guardian

Late Pick Up Fees

I understand that if I am late to collect my child there is a fee of \$25 per 5 minutes. I will call staff to let them know if I am late.

Signed

Mother/Guardian

Father/Guardian

Security of Enrolment

I understand and agree that Tree of Life Early Learning School shall have absolute discretion in terminating my child’s enrolment should there be any unexplained period of absence of more than two weeks or regular failure to pay fees on time. I agree to notify Tree of Life Early Learning School if my child is to be absent from the service. A minimum of four weeks notification of intention of termination must be given or deposit will be forfeited.

Signed

Mother/Guardian

Father/Guardian

Exclusion of Child

I understand and accept that should the carers at Tree of Life Early Learning School consider my child contagious or too ill to attend the service, that this decision be regarded as final and my child will be collected promptly from the service.

I understand and accept that should my child have a contagious illness, I will not return my child to the service until the duration of the clearance period and if requested a medical certificate will be given to staff by a qualified and registered medical practitioner.

I understand and accept that should my child not be immunised and there is an outbreak in the service of an infectious disease against which children can be vaccinated, that my child can be excluded from attendance by order of the New South Wales Department of Health.

I understand that I cannot use a sick day as a make-up day, if my child is sick, I must still pay for the day.

Signed

Mother/Guardian

Father/Guardian

Child's Goals

To meet the needs of your child this year, we ask you to complete the following

Child's Name: _____

Date of Birth: _____

Goals for your child this year: (what you would like your child to achieve this year)

Other comments or suggestions:

Thank you

Curriculum and Media Photo Permission Form

Child's Name: _____

Children love to see photos of themselves and their friends. We sometimes use photos to record our projects, as part of games, and as labels around the classroom. We also use photographs for children's profiles on 'Storypark', as part of their observations and use in our daily snapshots and individual observations which are sent to our families through 'Storypark'. Please indicate if you give permission for your child's photo to be taken for classroom use, displayed on walls, displayed on electronic photo display, newsletters, daily snapshots and in other children's portfolios when playing in a group.

YES / NO I do give permission for my child to be photographed and photo used in the service

YES / NO Child's photo can be used in other children's portfolios

YES / NO My child's photo can be used in service's newsletter

We are on Facebook! Our Facebook page will be used to share news, reminders and information about your child's program as well as for advertising. Please let me know if we have permission to include your child's photo on this site.

YES / NO I do give permission for my child's photo to be on Facebook

YES / NO You give permission for your child's first name to be used

Signed _____

Mother/Guardian

Father/Guardian

Date / /

/ /

Please refer to our social media policy with any queries.