



## Atlantis After School PETER MOYES ENROLMENT PACK 2018

Welcome to Atlantis After School – Peter Moyes,

In your pack you will find an Enrolment Form which needs to be completed in full. We require one complete enrolment form per child to be enrolled at the service. Please note we will need to take a copy of your child's original birth certificate and immunisation record prior to commencement.

Once the above documents have been received we will confirm your booking and provide you with a copy of our Parent Handbook to read through.

Please note we have a \$30.00 enrolment fee per family.

### RETURNING YOUR FORMS

Please email your completed enrolment form to [pm@atlantisonline.com.au](mailto:pm@atlantisonline.com.au) or if it is more convenient, you can hand your enrolment form into Atlantis After school Peter Moyes during hours of operation.

Enrolments can only be accepted with ALL paperwork completed and returned in full.

### CHECK LIST

- Enrolment Form and Transportation Form (in this Enrolment Pack)
- Birth Certificate
- Immunisation Record
- DebitSuccess Form

### SERVICE INFORMATION

Our Service hours of operation are  
B/S: 6:30am –8:30am; A/S: 2:45pm – 6:00pm & Vacation Care: 6:30am – 6:00pm  
A fee quote can be given once we have received your CRN numbers/child's percentage.

We look forward to meeting you and your family, if you have any questions please do not hesitate to contact the Centre Coordinator on 0499 949 769

# Peter Moyes Enrolment Form 2018

## Child Details

|  |  |                        |             |
|--|--|------------------------|-------------|
| First Name   |  | Middle Name            |             |
| Last Name  |  | Gender (please circle) | Male/Female |
| Date of Birth  |  | Place of Birth         |             |
| CRN (Obtained from Family Assistance)                          |  |                        |             |
| Is your child of Aboriginal or Torres Strait Islander descent? |  |                        | Yes/No      |
| Is your child attending another childcare centre service?      |  |                        | Yes/No      |
| School your Child Attends:                                     |  |                        |             |
| Child's Class:   |  | Teachers Name:         |             |

## Attendance Days and Times Required      Intended Start Date:

|                      | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------------|--------|---------|-----------|----------|--------|
| <b>Before School</b> |        |         |           |          |        |
| <b>After school</b>  |        |         |           |          |        |

## Parent Details

|  |  |  |             |
|--|--|--|-------------|
| First Name   |  | Middle Name                              |             |
| Last Name  |  | Gender (please circle)                   | Male/Female |
| Date of Birth  |  | Place of Birth                           |             |
| CRN (Obtained from Family Assistance)                    |  |  |             |
| Your Drivers Licence Number                              |  |  |             |
| Home Address   |  |  |             |
| Postal Address   |  | Mobile Phone                             |             |
| Home Phone   |  | Work Phone                               |             |
| Email Address  |  |  |             |
| Occupation   |  |  |             |
| Place of Work  |  |  |             |
| Work Address   |  |  |             |
| Work Starts  |  | Work Finishes                            |             |
| Country of Birth   |  | Language Spoken at Home                  |             |
| Preferred method of contact (please circle)              |  | Home Phone / Work Phone / Mobile / Email |             |
| Are you of Aboriginal or Torres Strait Islander descent? |  |  | Yes/No      |
| Do you have a disability?                                |  |  | Yes/No      |
| Are you the Primary Care Giver?                          |  |  | Yes/No      |

## Second Parent    Yes    No

|            |  |                        |             |
|------------|--|------------------------|-------------|
| First Name |  | Middle Name            |             |
| Last Name  |  | Gender (please circle) | Male/Female |

|  |  |                         |        |
|--|--|-------------------------|--------|
| Date of Birth  |  | Place of Birth          |        |
| CRN (Obtained from Family Assistance)                    |  |                         |        |
| Your Drivers Licence Number                              |  |                         |        |
| Home Address   |  |                         |        |
| Postal Address   |  | Mobile Phone            |        |
| Home Phone   |  | Work Phone              |        |
| Email Address  |  |                         |        |
| Occupation   |  |                         |        |
| Place of Work  |  |                         |        |
| Work Address   |  |                         |        |
| Work Starts  |  | Work Finishes           |        |
| Country of Birth   |  | Language Spoken at Home |        |
| Preferred method of contact (please circle)              | Home Phone / Work Phone / Mobile / Email |                         |        |
| Are you of Aboriginal or Torres Strait Islander descent? |  |                         | Yes/No |
| Do you have a disability?                                |  |                         | Yes/No |
| Are you the Primary Care Giver?                          |  |                         | Yes/No |

### Family Status

|   |             |                |       |
|---|-------------|----------------|-------|
| Please circle the options that best describes your situation? |             |                |       |
| Both parents at home  | Sole parent | Shared custody | Other |

### Custody Arrangements

|   |          |      |       |
|---|----------|------|-------|
| If you are separated or divorced, who has legal custody of the child? |          |      |       |
| Parent 1  | Parent 2 | Both | Other |

### Family Status

|  |        |         |
|--|--------|---------|
| Parent 1 Access Arrangements?  | Full   | Limited |
| Parent 2 Access Arrangements?  | Full   | Limited |
| Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? Please provide documentation to the centre. | Yes/No |         |

### Emergency Contacts & Authorisations

|   |  |              |  |
|---|--|--------------|--|
| Name  |  |              |  |
| Relationship to Child                             |  |              |  |
| Address   |  |              |  |
| Postal Address                                    |  | Mobile Phone |  |
| Home Phone  |  | Work Phone   |  |
| This person has the authority to (please circle): |  |              |  |

|  |  |                              |                                       |
|--|--|------------------------------|---------------------------------------|
| Collect/Deliver to/from the centre   | Give permission for excursions out of the centre | Consent to medical treatment | Request/Permit medication to be given |
| If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness |  |                              | Yes/No                                |

### Emergency Contacts & Authorisations

|  |  |                              |                                       |
|--|--|------------------------------|---------------------------------------|
| Name   |  |                              |                                       |
| Relationship to Child  |  |                              |                                       |
| Address  |  |                              |                                       |
| Postal Address   |  | Mobile Phone                 |                                       |
| Home Phone   |  | Work Phone                   |                                       |
| This person has the authority to (please circle):  |  |                              |                                       |
| Collect/Deliver to/from the centre   | Give permission for excursions out of the centre | Consent to medical treatment | Request/Permit medication to be given |
| If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness |  |                              | Yes/No                                |

### Emergency Contacts & Authorisations

|  |  |                              |                                       |
|--|--|------------------------------|---------------------------------------|
| Name   |  |                              |                                       |
| Relationship to Child  |  |                              |                                       |
| Address  |  |                              |                                       |
| Postal Address   |  | Mobile Phone                 |                                       |
| Home Phone   |  | Work Phone                   |                                       |
| This person has the authority to (please circle):  |  |                              |                                       |
| Collect/Deliver to/from the centre   | Give permission for excursions out of the centre | Consent to medical treatment | Request/Permit medication to be given |
| If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness |  |                              | Yes/No                                |

### Health & Medical Information

|   |  |       |        |
|---|--|-------|--------|
| Medicare Number   |  |       |        |
| Medical Centre Name   |  |       |        |
| Name of Doctor  |  | Phone |        |
| Address   |  |       |        |
| Private Health Insurer  |  |       |        |
| Do you have private Ambulance Cover?  |  |       | Yes/No |
| <b>Does Your Child Have:</b>  |  |       |        |
| Any allergies: eg. food, medication, animals, insects, plants?  |  |       | Yes/No |
| Please note: A medical action plan will need to be provided for Children who require Epi-PENS or Asthma inhalers. |  |       |        |
| Any special dietary requirements?   |  |       | Yes/No |
|   |  |       |        |
| Any problems with hearing, sight, speech?   |  |       | Yes/No |
|   |  |       |        |
|   |  |       |        |

|  |        |
|--|--------|
| Any health problems, operations, illnesses, disabilities?  | Yes/No |
|  |        |
| Does your child take any regular medication?   | Yes/No |
|  |        |
| Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? | Yes/No |
|  |        |
| Are there any behaviour issues that we should be aware of?   | Yes/No |
|  |        |
| Does your child socialise well with other children?  | Yes/No |

### Routines

|  |        |
|--|--------|
| Are there any aspects of your cultural, ethnic, and/or religious background that you would like us to be aware of? | Yes/No |
| Are there any religious activities the staff should be aware of?   | Yes/No |

### Payment Information

- Atlantis Afterschool Care require all payments for childcare fees, to be made through our DebitSuccess service.
- Fees are to be paid 1 week in advance upon commencement at Atlantis Afterschool Care.
- Two weeks written notice must be given if your child will be ceasing attendance. If this is not done then two weeks will be added to your final account to compensate this period.
- Casual days off, sick days and public holidays are still payable, for all permanent positions.
- Casual bookings will require 48hours notice of cancelation, otherwise your casual day will still be charged.
- Any accounts outstanding more than 3 weeks will be passed on to a debt collection agency and your child's position will immediately be suspended until paid. You will be personally liable for all debt collecting and legal costs incurred for the retrieval of the outstanding debt.
- Families' non-compliance with any part of our fee & centre's policy may result in immediate cancellation of the child's position.

|  |          |           |
|--|----------|-----------|
| How would you like to receive your invoice?  | Emailed  | Hard copy |
| Please complete the accompanying DebitSuccess form and return to the centre office before commencing care. |          |           |
| I have handed my completed DebitSuccess form in:   | Yes / No |           |

### Authorisations

|  |       |
|--|-------|
| I consent to Atlantis Afterschool Care staff seeking medical attention for my child in an emergency situation. If the child is taken by ambulance to Hospital, a staff member will accompany the child in the ambulance. In the event of my child requiring medical attention, I understand that Atlantis Afterschool Care will attempt to contact the parent/emergency contact to seek authorisation prior to obtaining medical assistance. I agree to pay any ambulance or medical costs incurred. I do / do not have ambulance cover. |       |
| Signed:  | Date: |
| I consent to Atlantis Afterschool Care staff applying a minimum of SPF 30+ sunscreen on my child each day.   |       |
| Signed:  | Date: |
| I give permission for my child to have photos taken at the Centre. I understand that photos may be displayed within the centre.  |       |
| Signed:  | Date: |

|  |       |
|--|-------|
| I give permission for my child to have photos taken that may be used on the Atlantis Afterschool Care website on the Internet, on the Atlantis Facebook page or by the local newspaper.  |       |
| Signed:  | Date: |
| I give permission for the staff and training childcare students to take observations of my child for use in the development of centre programs and learning experiences for the children at the centre. These observations may include photographs.  |       |
| Signed:  | Date: |
| I understand that Atlantis Afterschool Care requires written authorisation from a parent/guardian before any child is transported in any vehicle, with the exception of an emergency situation.  |       |
| Signed:  | Date: |
| I understand that my child will not leave the Centre unless collected by a parent, or a person authorised by the parent/s, to do so. In the case of an emergency, the Nominated Supervisor can authorise a person to take my child from the Centre, if all authorised contacts are uncontactable, and the Nominated Supervisor believes this person has due regard to the well being of my child.  |       |
| Signed:  | Date: |
| <p><b>Atlantis Afterschool Care Ocean Keys retains the right to refuse entry to any child or parent, who display aggressive behaviour that poses a threat to children, educators or other centre visitors, that attend this service.</b></p> <p><b>Payment of Fees: Where childcare fees are in arrears by 3 weeks, your child's care position will be cancelled in that week. Upon full payment of the debt, including 1 week in advance, the child may recommence care, if a position is available. Any debt collection service fees incurred, will be passed onto the debtor.</b></p> <p><b>Casual bookings incur and additional \$3.00 charge.</b></p> <p><b>Late Fee: Where a parent collects a child after 6:00pm. Please note a late fee of \$1.00 per minute is incurred, which is payable on the day directly to the Educator.</b></p> <p><b>I / We _____ / _____</b><br/> <b>Have read and understand all information provided in this enrolment form and agree to the terms and policies of Atlantis Afterschool Care</b></p> |       |
| Signed:  | Date: |

How did you hear about us?

- Friend
  Facebook
  Indoor Play
  Website
  Newspaper
  Other

OTHER \_\_\_\_\_

Immunisation Records and Birth Certificate Sighted: YES / NO

Nominated Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

**We acknowledge Aboriginal & Torres Strait Islander Peoples as the Traditional Custodians of this land and pay respect to Elders past and present in the spirit of reconciliation.**



## Permission for Walking or Transporting School Age Children To and From School

I \_\_\_\_\_ (Parent's Name) give permission for my child  
\_\_\_\_\_ (Child's Name) to be collected by an Atlantis After  
School Care educator and walked to their After-School Care facility on site at Peter Moyes.

Collection of children to and from School will be in accordance with the Centre  
Transportation & Excursion Policy.

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

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