



Atlantis After School – Yanchep Beach Enrolment Form 2018

Atlantis After School- Yanchep Beach
 100 Lyndsey Beach Boulevard,
 Yanchep, 6035
 0458 087 030

Child Details

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

Attendance Days: Routine Care (Please add the estimated time of drop off and collection on days required)

Intended Start Date:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| Before School | | | | | |
| After School | | | | | |

Attendance Days: Casual Care (Please tick)

Intended Start Date:

| | |
|---------------|--|
| Before School | |
| After School | |

Attendance Days: Flexible Care, Combination of routine and casual sessions.

(Estimated time of drop off & collection time on required routine days)

Intended Start Date:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| Before School | | | | | |
| After School | | | | | |

Parent Details

| | | | |
|--|--|--|-------------|
| First Name | | Middle Name | |
| Last Name | | Gender (please circle) | Male/Female |
| Date of Birth | | Place of Birth | |
| CRN (Obtained from Centrelink / Family Assistance) | | | |
| Your Drivers License 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 – (other than parents)

| | | | |
|--|--|------------------------------|---------------------------------------|
| 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 – (other than parents)

| | | | |
|---|--|------------------------------|---------------------------------------|
| 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 – (other than parents)

| | | | |
|--|--|------------------------------|---------------------------------------|
| Name | | | |
| Relationship to Child | | | |
| Address | | | |
| Postal Address | | Mobile Phone | |
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| 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 |
| Does Your Child Have: | | | |
| Any allergies: eg. food, medication, animals, insects, plants? | | | Yes/No |
| | | | |
| <i>Please note: A Medical Plan will need to be provided for children who require Epi-PENs or Asthma Inhalers. Please ask staff for form when handing in enrolment.</i> | | | |
| 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

- Session fees are available to view on the Families notice board. Families should be aware that annual fee increases may apply. The fees policy is available for families to view, this is located within the services policy folder.
- Atlantis 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.
- 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.
- A booking of Casual sessions will require 48 hours' notice of cancellation, otherwise casual fee will still be charged.
- All Casual sessions will incur an additional \$3.00 charge.
- 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.

- Certain circumstances may get approval for payment arrangements for the outstanding amount only. The weekly session fees will still need to be paid.

| | | |
|--|----------|-----------|
| 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 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 After School 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 staff applying a minimum of SPF 30+ sunscreen on my child for excursions. | |
| 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 website on the Internet 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 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>Atlantis After School 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.</p> <p>Families <u>must</u> notify Atlantis if their child will not need collecting from school on their booked day. As per policy, the educator must get confirmation of the child's whereabouts before returning to the service. Parents must be contactable at all times should the Atlantis need to contact them. This is a condition of enrolment.</p> <p>A late fee of \$1.00 per minute per child will be charged for all children still in attendance after 6:00pm pm. This fee is to be paid in cash to the staff on duty and is to be paid on the date of occurrence.</p> <p>I / We _____ / _____ Have read and understand all information provided in this enrolment form and agree to the terms and policies of Atlantis After School.</p> | |

How did you hear about us? _____

Immunisation Records and Birth Certificate Sighted: YES / NO

Nominated Supervisor: _____ Signature: _____

Parent/Legal Guardians name: _____ Signature: _____

Atlantis After School - Yanchep Beach is a separate entity to Yanchep Beach Primary School

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