



Atlantis Preschool – Yanchep Enrolment Form 2019

Atlantis Preschool Yanchep
 60 St Ives Drive,
 Yanchep, 6035
 08 9561 5393

Child Details

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
Language Spoken at Home			
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

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

Intended Start Date:

Care Room	Monday	Tuesday	Wednesday	Thursday	Friday

Attendance Days: Casual Care (Please tick)

Intended Start Date:

Care Room	Monday	Tuesday	Wednesday	Thursday	Friday

Attendance Days: Flexible Care, Combination of routine and casual sessions.
 (Estimated time of drop off & collection on required routine days)

Intended Start Date:

Care Room	Monday	Tuesday	Wednesday	Thursday	Friday

Parent Details (Parent registered for Childcare Subsidy)

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
CRN (Obtained from 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		Does the child reside at this home address? Yes/No	

If no, home address where child resides:

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			
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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

	centre		
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
If yes, please provide more details	

Are there any religious activities or events the educators should be aware of?	Yes/No
If yes, please provide more details	

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 Debit Success.
- 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 attached Debit Success form and return to the centre office before commencing care.		
Service received form -	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, Facebook and 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 give permission for photos of my child to be used on the Closed Atlantis App where families can access information about the program specific to their child/ren's care room.	
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 Childcare 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>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 status is current and up to date YES/ NO

Current Immunisation record and Birth Certificate have been given at time of enrolment YES/NO

Nominated Supervisor: _____ Signature: _____

Parent/Legal Guardians Name: _____ Signature: _____

[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.](#)