



Enrolment Pack 2019

Welcome to Atlantis Preschool. We are an early learning childcare centre in the heart of Yanchep. Specifically designed to suit the needs of your child with large, bright, colourful play rooms and outdoor play areas, complete with modern equipment and a variety of age appropriate toys, together with trained childcare professionals.

In your pack you will find an Enrolment Form which needs to be completed in full. We will need to take a copy of your child's birth certificate and immunisation record at the time of enrolment. Please note we have a \$30.00 enrolment fee per family.

Returning Your Forms

Please return your completed enrolment to Atlantis Preschool centre, or via email on preschool@atlantisonline.com.au. Enrolments can only be accepted with ALL paperwork completed and returned in full.

Check List

- Enrolment Form
- Birth Certificate
- Digital Immunisation Record
- Debit Success Form

Centre Information

A fee quote can be given once we have received Childcare Subsidy information.

We look forward to meeting you and your family. If you have any question please contact me on (08) 9561 5393.

Many thanks
Carrie Jones
Centre Coordinator



Preschool Enrolment Form 2019

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

Child Details

First Name	Middle Name
Last Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Place of Birth
Child's Home Address	
Language Spoken at Home	
CRN (Obtained from Family Assistance)	
Is your child of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child attending another childcare centre service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attendance Days: Routine Care

(Please enter the estimated time of drop off and collection on days required)

Intended Start Date:

Monday	Tuesday	Wednesday	Thursday	Friday
Drop off:	Drop off:	Drop off:	Drop off:	Drop off:
Pick up:	Pick up:	Pick up:	Pick up:	Pick up:

Attendance Days: Casual Care

(Please enter the estimated time of drop off and collection on days required)

Intended Start Date:

Monday	Tuesday	Wednesday	Thursday	Friday
Drop off:	Drop off:	Drop off:	Drop off:	Drop off:
Pick up:	Pick up:	Pick up:	Pick up:	Pick up:

Attendance Days: Flexible Care

Combination of routine and casual sessions.

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

Intended Start Date:

Monday	Tuesday	Wednesday	Thursday	Friday
Drop off:	Drop off:	Drop off:	Drop off:	Drop off:
Pick up:	Pick up:	Pick up:	Pick up:	Pick up:

Parent Details

First Name		Middle Name	
Last Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> 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	
Preferred method of contact <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Mobile / Email			
Are you of Aboriginal or Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the Primary Care Giver? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the child reside at this home address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, home address where child resides:			
Parent registered for Childcare Subsidy: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Second Parent Yes No

First Name		Middle Name	
Last Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> 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	
Preferred method of contact <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Mobile / Email			
Are you of Aboriginal or Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the Primary Care Giver? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent registered for Childcare Subsidy: <input type="checkbox"/> Yes <input type="checkbox"/> 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 If you are separated or divorced, who has legal custody of the child?

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)

Contact 1	Name		Relationship to Child	
	Home Address			
	Postal Address		Mobile Phone	
	Home Phone		Work Phone	
	This person has the authority to:			
	<input type="checkbox"/> Collect/Deliver to/from the centre	<input type="checkbox"/> Give permission for excursions out of the centre	<input type="checkbox"/> Consent to medical treatment	<input type="checkbox"/> 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				<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 2	Name		Relationship to Child	
	Home Address			
	Postal Address		Mobile Phone	
	Home Phone		Work Phone	
	This person has the authority to:			
	<input type="checkbox"/> Collect/Deliver to/from the centre	<input type="checkbox"/> Give permission for excursions out of the centre	<input type="checkbox"/> Consent to medical treatment	<input type="checkbox"/> 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				<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 3	Name		Relationship to Child	
	Home Address			
	Postal Address		Mobile Phone	
	Home Phone		Work Phone	
	This person has the authority to:			
	<input type="checkbox"/> Collect/Deliver to/from the centre	<input type="checkbox"/> Give permission for excursions out of the centre	<input type="checkbox"/> Consent to medical treatment	<input type="checkbox"/> 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				<input type="checkbox"/> Yes <input type="checkbox"/> No

Health and Medical Information

Medicare Number	Medical Centre Name
Name of Doctor	Phone
Address	
Private Health Insurer	Do you have private Ambulance Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No

Does Your Child Have:

Any allergies: eg. food, medication, animals, insects, plants? Yes No

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.

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

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 preschool 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.
- Once a booking of casual sessions is booked it cannot be canceled and the full fee will 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 Preschool 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 consent to a nappy rash cream being applied should it be required.

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 children'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

Authorisations

Atlantis Preschool 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.

A late fee of \$5.00 per minute per child will be charged for all children still in attendance after 6:00pm. This fee is to be paid in cash to the staff on duty and is to be paid on the date of occurrence.

I / We _____ / _____

Have read and understand all information provided in this enrolment form and agree to the terms and policies of Atlantis Preschool.

How did you hear about us? Facebook Live Local Another Parent Play Centre

Signage Community Event Buses Other

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: