

Mariposa Kids

17 Mariposa Cres
Birkenhead
Ph: 418-2813

Enrolment Form:

Childs name: (first) (last)

Date of birth:

Childs address:
.....

Ethnicity.....

Name of enrolling parent: **email**.....

Phone: Home: Bus: Mobile:

Name of other parent:

Phone: Home: Bus: Mobile:

Are there any custody issues that we should be aware of:

Others with permission to collect your child:

(By law we can only release children to people whom you have given us permission.)

Emergency contact person: Phone:

Relationship to child:

Childs doctor: Phone:

Has your child got any allergies:

Medical conditions:

Medication:

Any special needs:

Childs likes / dislikes:

Special routines:

Enrolment Times :

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
Start/ Finish times time					
20 Hours ECE at this service					
20 Hours ECE at another service (if applicable)					

Date of commencement of childcare: _____

20 hours ECE details:

Is your child receiving 20 Hours ECE (up to six hours per day, up to 20 hours per week) at this service? Yes No

Is your child receiving 20 Hours ECE at any other service? Yes No

If yes, please confirm your child does not receive more than 20 hours of *20 Hours ECE* per week across all services.

Terms and conditions:

- I agree to pay fees one week in advance.
- I agree that by enrolling, I agree to pay all fees as per the Mariposa Kids fees schedule
- I agree to pay costs involved in the collection of unpaid fees.
- If fees are in arrears for more than two weeks and no repayment plan is in place, my child's place may be withdrawn.
- I will notify of any permanent change of hours or withdrawal of children with at least 2 weeks notice.
- I confirm that my child is not enrolled for service at any other childcare for the same hours of attendance.
- Children are the responsibility and must be under the control of parents while on the premises until the child is handed over to the teacher.
- I will not bring my child to the centre in the event of illness and I accept that the teacher cannot accept any child which appears unwell. If your child becomes sick during their attendance, you will be contacted and expected to pick up your child in a reasonable amount of time.
- I authorise the person responsible to administer medication that has been authorised by the parent. Where the child's health may be at risk, I authorise the teacher to seek appropriate professional advice as necessary, in the best interests of the child.
- I give permission for Arnica cream, bonjella, Zinc and castor oil cream and sunscreen to be used if required.
- If anyone other than those named on the enrolment form are to collect my child, I will give written permission.
- I am aware that I have the opportunity to look over the centres policies, procedures and philosophy.
- I give permission for my child to leave the centre in cases of emergency i.e. civil defence, medical emergency.
- I give permission for my child to leave the centre for excursions within the local community. The excursion ratios and procedures as per the excursion policy will be maintained at all times.
- As per Reg. 40 in the early childhood regulation - the parent or guardian has a right of entry to the centre whenever the child is there, except where the parent or guardian - is suffering from a contagious disease (likely to be have a detrimental effect on the children) or is in the opinion of the person responsible, under the influence of alcohol or any mind altering substances or in the opinion of the centre manager, is exhibiting behaviour that is likely to be disruptive to the operation of the centre.

I Certify That All The Information Contained On This Enrolment Form Is True And Correct:

Parent name: _____

Date: _____

Parent signature: _____