

ENROLMENT FORM

ONE PER CHILD

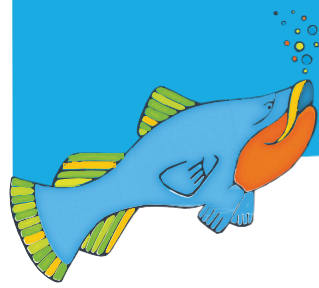
CHILD DETAILS *Additional forms available for more children	
Given Names:	
Surname:	
Date of Birth:	
Address:	
Sex:	
Child lives with:	
Custody Court Orders?	
Does your child have a routine?	

CARE REQUIRED *Please tick one or more types of care required		
Long Day Care <input type="checkbox"/>	Out of School Hours Care <input type="checkbox"/>	Vacation Care <input type="checkbox"/>

IMMUNISATION RECORD		
Is your child immunized?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO , Please provide written special exemption from GP explaining why your child is not vaccinated.
Is your child up to date with immunisations relative to their age?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Please provide a copy of your child's immunisation record and update regularly

ALLERGIES		
Does your child have any allergies? (Food, grass, medicine, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES please complete the "Allergies Details and Action Plan Form"

MEDICAL CONDITIONS		
Does your child have any medical conditions? (Asthma, convulsions, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES , please complete the "Asthma Details and Action Plan Form"
Does your child take any regular medication? (Ventolin, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES please provide details and child's current health status:



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ADDITIONAL NEEDS

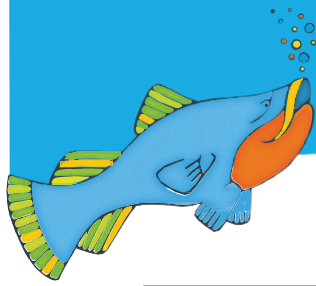
Does your child have any special needs / challenging behaviours:	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES , please complete the "Additional Needs Form"
Does your child regularly visit a specialist: (eg speech therapist)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES , please provide details:

FOOD / MEALS

Does your child have any special dietary needs?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES , please provide details:
Please list the foods your child likes:		
Please list the foods your child dislikes:		

GENERAL NEEDS

Does your child have any fears? (Animals, thunder, trucks, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES , please provide details:
Does your child have any special comforter?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES , please provide details:



INITIAL CONTRACT OF ONE PER CHILD CARE

DAY	BOOKING TIMES	COST	DAILY COST \$
Monday			\$
Tuesday			\$
Wednesday			\$
Thursday			\$
Friday			\$
Enrolment Fee	Per Child	\$80.00	\$
2 Weeks Advance	Equal to (# days x rate x 2)	\$	\$
Bond	\$350 per family	\$350.00	\$
TOTAL			\$

THIS IS A CONTRACT OF CARE BETWEEN:

ARNHEM EARLY LEARNING ARNHEM EARLY LEARNING CENTRE PTY LTD (ABN: 39 128 278 026) AND

(Parent/Guardian 1)

&

(Parent/Guardian 2)

Both parties are responsible to pay all outstanding fees. If outstanding fees are not paid before leaving the Arnhem Early Learning Centre both parties above will be responsible for debt collection recovery.

FOR THE CARE OF:

(Child)

Dated: _____

This contract will be reviewed in three (3) months after care commences and will continue if all parties are in agreement of the care arrangement.

It is agreed that payment will be made weekly / fortnightly in advance for the booked hours as above. I acknowledge that I have read and understood the Fees Policy as outlined in the Arnhem Early Learning Centre Handbook and Enrolment Booklet and agree to abide by the conditions outlined. Our policies change from time to time and accordingly I agree to abide by current and future policies. Failure to abide by Arnhem Early Learning Centre Policies entitles the Director or Management to suspend care for your child/ren with one weeks' notice.

Date care is to commence: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

