

Enrolment Form



Child's Name:		Circle: Male / Female				
Preferred Name:		Date of Birth:				
		Year proposed to start Primary School:				
		School Proposed to attend:				
PLEASE PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE						
Commencement Date:		Days Attending (Tick)	M	T	W	Th
						Fr
Home Address:						
Suburb:						
Postcode:						
Is your child of aboriginal or Torres Strait Islander descent? (please tick)						
<input type="radio"/> No, Not Aboriginal nor Torres Strait islander <input type="radio"/> Yes, Aboriginal <input type="radio"/> Yes, Torres Strait Islander						
Languages spoken at home:			Cultural Background:			
Child's Place of Birth:						
Religion:						
Family customs to be respected:						
Any special requirements:						
Siblings names and ages:						
Office Use Only:						
Enrolment form checked		Yes / No		Paracetamol Allowed:		Yes / No (Circle)
Start Date:		Date:		Food Restrictions:		Yes / No (Circle) If yes, list:

Days Allocated:	Circle: Mon/Tue/Wed/Thur/Fri	Court Orders	Yes / No (Circle) If yes, copies supplied Yes / No (Circle)
Birth Certificate Copied	Yes / No (Circle)	Orientation by:	Insert Name:

MOTHER/GUARDIAN Name:	FATHER/GUARDIAN Name:
Known by any other name:	Known by any other name:
D.O.B:	D.O.B
Mother's CRN:	Father's CRN:
Country of Birth:	Country of Birth:
Nationality:	Nationality:
Primary Language:	Primary Language:
Address:	Address:
Home Phone:	Home Phone:
Mobile:	Mobile:
Email:	Email:
Place of Employment: Work phone Number:	Place of Employment: Work phone Number:
Place of Employment: Work phone Number: Hours of employment:	Place of Employment: Work phone Number: Hours of Employment:
Relationship to Child:	Relationship to Child:
Does the Child live with the mother? (Circle) YES / NO	Does the Child live with the mother? (Circle) YES / NO

Health Care Card expiry Date:

Health care card expiry date:

Parent Contact Information

Where answers are the same, please write SAME in the space

Emergency Contacts

Your consent is required for other people to collect the child from the service on your behalf. Please list the details of two emergency contact personal that you have authorized to collect your child. The list may be added or changed at any time. In the event that the child is not collected from the service and the parents are no contactable this list will also be used to arrange for someone to collect your child. This list will also be used if the parents are uncontactable in the case of an emergency.

I authorise the staff at The Alphabet Academy to give the following persons access to my child.

Contact Details:	Contact Details:	Contact Details:
First Name:	First Name:	First Name:
Last Name:	Last Name:	Last Name:
Address:	Address:	Address:
Home Phone:	Home Phone:	Home Phone:
Mobile:	Mobile:	Mobile:
Work Phone:	Work Phone:	Work Phone:
Relationship to Child:	Relationship to Child:	Relationship to Child:
I give permission for this contact to (please tick): Collect from Service <input type="checkbox"/> To be notified in the event of an emergency if we cannot be contacted. <input type="checkbox"/> To consent to medical treatment or administration of medication if we cannot be contacted. <input type="checkbox"/>	I give permission for this contact to (please tick): Collect from Service <input type="checkbox"/> To be notified in the event of an emergency if we cannot be contacted. <input type="checkbox"/> To consent to medical treatment or administration of medication if we cannot be contacted. <input type="checkbox"/>	I give permission for this contact to (please tick): Collect from Service <input type="checkbox"/> To be notified in the event of an emergency if we cannot be contacted. <input type="checkbox"/> To consent to medical treatment or administration of medication if we cannot be contacted. <input type="checkbox"/>

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Health and Medical History

Do you have ambulance cover? Yes / No	Private Fund Name: Private Fund Number:
Child's Doctor:	Child's Dentist:
Name of Medical Practice:	Name of Dentist Practice:
Address:	Address:
Phone:	Phone:
Medicare No: Position No on card:	

Immunisation

Is your child's immunisations up to date?	Circle	Yes	No
<p>Please attach one or more of the following documents: (please tick)</p> <ul style="list-style-type: none"> A current Australian Childhood Immunisation Record (ACIR) statement. <input type="checkbox"/> A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule. <input type="checkbox"/> An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor. <input type="checkbox"/> <p>ACIR Immunisation History and Exemption forms are available on the Department of Human Services website http://www.humanservices.gov.au/ . The ACIR can be contacted on 1800 653 809 or email acir@medicareaustralia.gov.au</p>			

We; as an Early Childcare provider are no longer allowed to accept 'red/blue books' as proof of your child's immunisation history

I have read the Immunisations and Disease Prevention Policy which is attached and agree to comply with the Immunisation requirements outlined in the policy. I understand my child's enrolment or attendance at the service may be terminated if I do not comply with the requirements in the policy.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Medical conditions

Does your child have any long term medical conditions? (please Circle) Eg Asthma, Epilepsy, Febrile Convulsions, Diabetes, Allergies etc	Yes	No
If yes, please provide an Asthma, Anaphylaxis or medical condition/ action plan with your enrolment that has been provided by your Doctor. Provided?	Yes	No
Does your child have any infectious diseases? Eg: HIV, Hepatitis Circle	Yes	No
If yes, please provide an medical condition plan with your enrolment that has been provided by your Doctor. Provided?	Yes	No
Does your child require regular medication other than that in their medical plans? If yes, please provide details and discuss with Director on enrolment.	Yes	No
Child's current health status:		

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medial practitioner who is treating your child. The will be attached and filed with your child's enrolment form. You will also be responsible to ensuring an epi-pen is provided the days of attendance

Allergies/Food Sensitivities

Does your child have any allergies? Eg Medications, Nuts, Eggs, other foods, Grass, Bees, Sunscreen etc.	Yes	No
If yes, please provide an emergency action plan eg: EpiPen action plan with your enrolment that has been provided by your Doctor. Provided?	Yes	No

Specific Health Care Needs

Has your child been diagnosed with any special needs or learning difficulties? Circle	Yes	No
If yes, please provide details:		
Has your child been referred to a specialist/therapist or had any formal testing?	Yes	No
If yes, please provide details of specialist seen and any reports you may have received.		

Emergency First Aid

Do you authorise the Approved Provider, Authorised Supervisor or an Educator to seek medical treatment for your child from a registered medical practitioner (including dentists), hospital or ambulance service, and/or to transport your child by ambulance in an emergency? Circle Yes / No

I give permission for the Educators of The Alphabet Academy to perform first aid and call for an ambulance if deemed necessary. I understand, that if my child is transported to hospital, and that an educator from the service will go with my child (where allowed by emergency services) to hospital and stay with them until we arrive.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

I understand, that my child is not covered by ambulance insurance held by The Alphabet Academy and understand that the costs incurred for transportation by ambulance will be my responsibility.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Paracetamol

If your child appears unwell and we take your child's temperature, we will contact you if his or her temperature is high (above 37.5 degrees). In the event that you are unable to pick up within 20 minutes and if you wish for The Alphabet Academy to administer Paracetamol, such as Panadol, you must acknowledge with your signature below prior to enrolment. By signing, you authorise a staff member from The Alphabet Academy to administer Paracetamol. **Note: this is only in the instance that your child febrile convulses when they get a temp or you are more than 20 minutes away. This will not be routinely done. You must collect your child when they have a temp as per our centre policies.**

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Prescribed Medication

If your child will be requiring prescribed medication, you will also provide Educators with a Medical Clearance letter from a doctor indicating that your child is fit for day care and not infectious. You will be required to fill out the "Medication Form" giving staff permission to administer medication to your child, dosage and time to be administered. All medication must be locked away in the provided medication boxes located in the babies change room (see staff for assistance) **NO MEDICATION IS TO BE LEFT IN YOUR CHILD'S BAG. THIS INCLUDES NAPPY CREAMS.** Please note: all medications must be in their original container with your child's name, and dosage clearly labelled. Educators will be checking expiry dates and child's details before administering. **Children must have been on medication for 24 hours prior to returning to care to ensure to allergies or side effect occur from the medication.**

medication forms are attached

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

First Aid

Do you give authority for the staff of The Alphabet Academy to administer first aid to your child in case of an accident or incident? First aid products include: adhesive plastic dressing strips (band aids), gauze bandages, latex or plastic gloves, wound dressing etc. Parents will be notified via phone and advised of any head injuries immediately after it has occurred; e.g bruises, bumps, cuts or swelling. All parents will be required to sight and sign a written incident/accident report for their child in the case of first aid being applied.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

General Information - Sleep Routines

This information supports smooth transitions into care for both your child and their educators. It provides detailed information that will assist educators in settling and meeting the needs of your child.

Does your child need a sleep during the day? If Yes, Times and Duration.	Circle	Yes	No
Does your child require a bottle or dummy for rest time? Due to SIDS Guidelines no child will be allowed to fall asleep drinking a bottle in their cot; an Educator can settle/feed their child in their arms prior to placing them in the cot for sleep.	Circle	Yes	No
If yes, please specify details:			

General Information - Eating Routines

Does your child feed themselves ?	Circle	Yes	No
What is your child's favorite type of food? Please indicate food:			
Does your child have a strong dislike to any type of food? Please indicate food:			
Dietary Requirements: (Vegetarian, medical or religious)			
Any special requirements at meal times (i.e. we use chopsticks at home)? Please advise:		Yes	No

General Information - Toileting Routine

Does your child require nappies? Circle		Yes	No
Is your child toilet training? Circle		Yes	No
My child toilets	Circle	Independently	With Assistance
Terms used at home for toileting? Potty, wee wees, urinate etc.			

Customs and Traditions

Does your family celebrate any cultural events/traditions that you would like us to be involved in?	Yes	No
If yes, please indicate the traditions/event and advise how we can support these celebrations:		
Does your child have any food restrictions for food or dress during special events?	Yes	No
If yes, please indicate these requirements?		
Are there any Traditions / events in which your family does not celebrate? Please provide details	Yes	No

Children's Behavior

What are your family rules and behaviour practices? Eg: not interrupting parents talking, problems solving etc.
What behaviours are valued and encouraged? Eg sharing, please and thank you etc.
What behaviour is discouraged? Huffing, crossing arms when cranky, stamping feet etc.
Do you have any concerns regarding your child's behavior at home, in public, interaction with other children and or adults?
What Strategies do you currently use at home to manage behavior e.g thinking spot, time out, distractions?

Language Development

Does your child speak and understand English?	Yes	No
Does your child speak another language at home? If yes, please indicate the language spoken at home:	Yes	No
If yes, are there any special words that we should know that have a special meaning to your child? (Please translate if appropriate)	Yes	No
Do you currently have any concerns regarding your child's language development	Yes	No

Child's Experience

Does your child have a special toy or object during the day (apart from sleep time)? If yes, please indicate:	Yes	No	
Does your child have any deep fears? Eg noises, thunderstorms, males/females, dark rooms etc.? If yes, please indicate:	Yes	No	
Has your child attended other Children's Services (playgroup, gym crèche etc.) or been cared for outside of the home before? If yes, please indicate:	Yes	No	
How would you describe your child's interactions with other children? (Social, shy, never been left, cautious) etc.			
How would you describe your child's reaction to being left? Circle	Settled	Unsettled	Unknown
Have there been any changes in your family recently? Eg divorce, death, moving house etc. If yes, please indicate:	Yes	No	
What are your child's main interests and likes? Eg: Thomas, Peppa Pig, Transformers, cricket, football etc.			

Parent Involvement

Is there any further information which you feel may assist us in providing the best service for your child this year (eg religious beliefs, family situation or any other significant events)?

Do you have any skills, interests and / or ideas which you would like to contribute to the centres program (eg playing instruments, dance, craft etc.)?

Is there any particular areas that concern you and that we need to know about? Eg language, behavioral, developmental etc.

Child Care Benefit (CCB)/ Child Care Rebate (CCR)/ Family Assistance (FAO)

If you are unsure of your entitlements, please go to www.humanservices.gov.au for further details

Will you be receiving CCB as a reduced fee through the centre or as lump sum?

Please Circle:

Reduced Fee

Lump Sum

Will you be claiming Child Care Rebate (CCR) through the centre or as a lump sum?

Please Circle:

Reduced Fee

Lump Sum

Has your child attended another childcare service in the current financial year?

Please Circle:

Yes

No

What is **your** customer reference number (CRN)?

What is your date of birth?

What is **your child's** customer reference number (CRN)?

What is your child's date of birth?

How many children do you have in childcare?

Do you have school aged children attending before and after school care?

Yes

No

Permission – Conditions of Enrolment

I acknowledge that I have received and read the Parent Information Handbook, which details the conditions of enrolment at The Alphabet Academy. I agree to abide by those conditions and accept any such responsibilities as enrolment The Alphabet Academy imposes.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Permission – Vegetable Garden

I give consent for my child to participate in the Centre’s Garden Program. I understand that my child will be working with plants, seeds, soil, compost and organic matter.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Permission – Sunscreen

The Alphabet Academy is a Sun Smart Centre and is very aware of the need to protect children’s skin from harmful effects of the sun. We therefore have a policy of “no hat no play”. Children should not wear sleeveless clothes, singlet tops or shoestring straps. We also ask that you apply sunscreen before your child comes to Kindy so that they are fully protected on arrival. Sunscreen is available at The Alphabet Academy if you have not applied before arriving and your child will be encouraged to play in the shaded areas for the first 20 minutes so that the sunscreen can take its full affect.

The staff will apply sunscreen to your child 20 minutes before going outside in the afternoon. This however requires your permission below. Please pick one of the below choices.

I give permission for The Alphabet Academy to apply sunscreen SPF 30+ to my child.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

My child has an allergy to sunscreen therefore I will supply my own sunscreen for my child that is suitable to their skin. I will ensure the container is clearly labelled with my child’s FULL NAME prior to bringing it to care.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

I DO NOT give permission for The Alphabet Academy to apply sunscreen to my child. I have read the above information regarding sun protection, however, I choose for my child NOT TO USE sunscreen.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Privacy

The Alphabet Academy complies with the National Privacy Principles and where applicable, the Health Privacy Principles to regulate the way in which our centre manages personal and sensitive information. Information is collected to enable the centre to provide your child with a developmentally appropriate program that is educational, stimulating, nurturing, and safe and caters to your child's specific needs. Certain information is collected in accordance with the regulations and legislation which relate directly to the operation of the Children's Service.

Exclusion

If my child is NOT FULLY immunised, I agree that in the event of an outbreak of a notifiable Infectious Disease (as outlined in the Public Health Amendment Act, 1992) for the duration of the outbreak. I understand that fees will be payable during this time.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Displaying Child's Name

I give permission for the centre to display my child's name on class lists, artwork, sign in/out sheets and birthday charts.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Photographs (if you agree, please sign each one)

I consent to the staff to take photos of my child for the purposes solely for the service.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

I consent to my child being photographed by other parents during open days, hat parades etc.)

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

I consent to my child's photographs being used in the centres Newsletters, portfolios, daily discoveries, email etc. (This is sent only to parents of our centre).

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

I consent to my child's photographs being used in the centres Advertising and Facebook Pages. (Our Facebook page is a closed group to current parents only).

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Students

I agree to my child being observed at the centre by students from recognised training institutions for the purpose of their academic studies. This permission does NOT include my child's participation in research projects.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Fees

A **\$100 deposit** (which includes \$20 administration fees), is required to secure your placement. \$80 will be refunded to you when you leave the centre.

The Alphabet Academy use's a EziDebit payment system which is compulsory for all families. Fees are debited each Friday. Fees must be kept 2 weeks in advance at all times.

A fee of \$20 will be charged by The Alphabet Academy if your fees are unpaid and charged each week until your fee is paid in full.

EziDebit will also charge you a \$9.90 fee for any payments that fails to process.

A fee of 1.8% credit card surcharge will be charged for all Visa and MasterCard payments each week/fortnight.

If fees fall into arrears, a collection agency will be used to collect all outstanding fees. All charges associated with the agency will be added to the outstanding debt and is payable by the parents.

Late collection of children will incur a fee. Our hours of service are 7:30 to 5:30 pm. If you are unable to collect your child by this time, please arrange another person to collect and notify the staff of this change. Late fees are **\$25.00** for the first 5 minutes late. For every minute after the first 5 a fee of **\$2.00** per minute is charged to cover the staff's overtime payment. After 10 minutes, emergency contacts will be called. If they are unavailable, the police will be notified (unless contact has been made by the parents).

By signing below, I acknowledge that I have read the above statements and understand same.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Notice to Leave

If you wish to leave the centre or drop days, you are required to give **THREE (3) WEEKS NOTICE IN WRITING** to our Director. **If THREE (3) weeks' notice is not possible, you will be charged 3 weeks fees in lieu of notice. SIX (6) weeks' notice of leave is due either side of the Christmas break or full fees will be charged for the full six weeks.**

I understand that if I wish to drop my days or leave, I am required to give three **(3) FULL WEEKS NOTICE** in Writing or I will be required to pay **THREE (3) weeks fees in lieu.**

I understand that either side of Christmas **SIX (6) weeks' notice is required or I will be charged SIX (6) weeks fees in lieu.**

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Make up days for Public Holidays

The Alphabet Academy will keep a "Make up Day" register. When families call in sick, parents from the list will be offered their spot on the day. During school holidays, when numbers are low, parents will be offered extra days to make up for the public holidays. **We are NOT offering make up days for illness, sick days or holidays.** If you are unable to accept a make-up day when you are contacted, you will move to the bottom of the list. (There is no guarantee that make up days will be available.)

I understand that make-up days will be offered when available for public holidays only and that I will be contacted on the day of an absence for a make up day. I understand that the make up day **cannot be booked** in advance as numbers are unknown until the day. I understand that there is no guarantee that a makeup day will be reoffered if I am unable to accept when offered.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Awareness Declaration

I/we _____ and _____ (parents/guardians) are aware and agree to abide by the following:

- I have read and agree to abide by policies set out in the parent information booklet.
- I need to bring each day: One piece of fruit, a hat, and a change of clothes, bed sheets, nappies and bottles.
- I will place my child's bottles in the fridge (and collect each afternoon). I will place my child's belongings in their lockers and water bottles in the water trays.
- I will apply sunscreen to my child before leaving home in the morning and ensure my child has the appropriate clothing (no thongs, clogs, crocs, singlet tops or strappy dresses) as per our Physical Environment (Workplace Safety, Learning and Administration) Policy.
- I will change my child's nappy upon arrival and wash their hands before leaving each morning. When I am ready to leave, I will take my child to a staff member to say goodbye.
- I will clear my child's locker at the end of each day.
- I will sign my child in and out each day, and I will notify the centre before 8:30 if my child is not attending that day.
- Bedding will be clearly marked with my child's name and left in their bag. Bedding will be taken home each day and laundered as needed.
- If my child has show and tell, I will complete the weekend report with a photograph for them to share with their friends. I will not sent toys, breakables or valuables to Kindy for show and tell.
- My child is allowed to have a comfort toy for rest/unsettled times.
- I understand and acknowledge that a doctor's certificate of clearance will be necessary not only for allowable absences but also to ensure the health and safety of other children.
- I have been given the opportunity to view and read centre policies in the parent information booklet and agree to abide by all the rules and regulations within these regulations.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

<p style="text-align: center;">Permissions and Conditions of Enrolment</p> <p>Child's Name: _____</p>	<p style="text-align: center;">Parent Signature</p>
<p>Fees will be direct debited the Friday before the first day of attendance. All fees are paid using EziDebit and are paid and kept two weeks in advance at all times. Fees are paid weekly or fortnightly.</p>	
<p>I agree to pay fees and understand a \$20 late fee will be charged by the Alphabet Academy if my account is in arrears due to insufficient funds or non-payment. Accounts referred to a collection agency or solicitor will have legal costs and commissions added to the outstanding amount due, and I agree to pay these fees. A fee of dishonor fee will also be charged by EziDebit if an account is returned insufficient funds. I understand that my child's position at MSK could be jeopardized for non-payment of fees.</p>	
<p>I agree to pay fees for absences such as illness, holidays and public holidays.</p>	
<p>I agree to give 3 weeks written notice to change current days of attendance or to withdraw my child from the centre. I agree to pay three weeks fees if three weeks' notice is not given.</p>	
<p>I agree to ensure my child is brought to and collected from the centre by a responsible adult, who will sign my child in and out of the sign in book. The responsible adult will ensure staff are aware of my child's arrival and departure. I will sign for any absences as requested by the staff.</p>	
<p>I agree to abide by the medication Policy and provide prescription medicine in the original container, with the child's name, current date, and dosage and administration times. I agree to complete a medication form for my child which is located in the medication folder and <u>ALWAYS LOCK MEDICATION AWAY IN THE MEDICATION CUPBOARD AND PUT THE FORM ONTO THE MEDICATION BOARD AND NEVER LEAVE IT IN MY CHILD'S BAG.</u></p>	
<p>I agree to keep my child at home if he/she is generally unwell or suffering any contagious conditions and therefore unfit to participate in the normal daily activities of the centre. I will collect my child promptly if my child becomes ill whilst at the centre. I understand that my child is unable to attend for a period of 24 hours from the last episode of vomiting, diarrhoea and temperatures. I will not medicate my child and bring them to Kindy if unwell.</p>	
<p>I agree that if my child has an allergy, is anaphylactic or has asthma, I will ensure my child wears an ALERT BRACELET each day of attendance. Bracelets can be purchased from the Alphabet Academy office for \$15.00. I will provide an asthma or anaphylaxis management plan from my GP with a photo of my child attached.</p>	
<p>I agree to inform the centre of any changes to my child's or family's details, sign the attendance book for all absences and notify of any changes to any person collecting my child.</p>	
<p>I understand that I must collect my child from the centre by the licensed closing time, or I will be charge a late fee of \$25 for the first minute and \$2.00 per minute thereafter.</p>	
<p>I understand staff at the centre will take every precaution to ensure the safety of my child. In the event of an accident/incident occurring to my child, I give permission for the centre staff to administer first aid.</p>	
<p>In an ambulance situation, if deemed necessary, I give permission for the centre to call an ambulance for my child and seek and carry out emergency medical/dental treatment for my child. I understand that the centre will make every effort to contact me – or one of the nominated emergency contacts. I understand that the ambulance expenses will be incurred by myself and I am responsible for payment of any expenses incurred.</p>	
<p>I agree to keep my child's health immunisations and emergency contact details current and accept that it is my responsibility to notify the Alphabet Academy of any changes. This includes change of address and mobile phone services.</p>	
<p>I give permission for my child to have sunscreen applied at the centre. I acknowledge that it is my responsibility to make sure my child has had sunscreen applied and their hat put on before being left at the centre and I understand if my child has an allergic reaction to the sunscreen provided, I will provide a suitable sunscreen for them.</p>	

<p>I understand students may be at the centre and that separate permission will be sought by the student to record observations of my child for their learning purposes. No observations by students will occur without my permission.</p>	
<p>I give permission for Department of Education and Communities will have access to my child's records as needed.</p>	
<p>I understand that occasionally an incursion may be organised for the children and all details will be provided to parents prior to the event asking for specific approval. I understand that there may be additional costs required for these incursions.</p>	
<p>I acknowledge that I have read the centre policies and procedures in the handbook and agree to adhere to them at all times.</p>	
<p>I give consent for my child/ren to use all equipment whilst at the centre both indoors and outdoors and I am aware that the centre has pets housed at the centre and give permission for my child to pat and care for them.</p>	

