



Tall Tree Montessori Pty Ltd t/a  
ABN 69 073 274 290

## Little Stars Kindergarten

2/ 2 ANGAS STREET MEADOWBANK NSW 2144

Phone 9809 3895, Facsimile 4877 2827

Email [info@littlestarskindergarten.com.au](mailto:info@littlestarskindergarten.com.au)

Website <http://www.littlestarskindergarten.com.au>

Postal Address: PO BOX 7011 BERRIMA NSW 2577

### ENROLMENT APPLICATION

Customer Id. QCZ .....	(Office Use Only)
Security Deposit Paid = \$150.00	Date: ...../...../..... Parent Initials .....
Administration Fee Paid = \$50.00	Date: ...../...../..... Child Carer Initials .....

#### CHILD DETAILS

Child's Full Name		
Child's Main Residential Address		
Sex: <i>(Please Circle)</i> M / F	Date of Birth <i>(DD / MM / YY)</i> ..... / ..... / .....	Place of Birth: .....
<p><b>A Certified copy of a Birth Certificate, Australian Citizenship Certificate or Passport needs to be ATTACHED to this Enrolment Form together with: -</b></p> <ul style="list-style-type: none"> <li>• Proof of Address i.e. Assessment Notice of Child Care Benefit for Approved Care.</li> <li>• An approved immunisation form from the Australian Immunisation Register (AIR)</li> <li>• <b>A COPY OF THE "CHILD CARE SUBSIDY ASSESSMENT" MUST BE PROVIDED.</b></li> </ul>		
<b>CHILD'S CUSTOMER REFERENCE NUMBER (CRN): -</b>		
Child's Medicare No.		
Private Health Fund & No.		
Primary language spoken by Child		

Cultural Group		Child's Religion	
Any religious or cultural background information that the service should observe? ..... .....			
Number children in family		Child's position in family	

#### ENROLMENT DETAILS

Days child will attend centre <i>(Please tick)</i>		Start Date ...../...../.....	
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/> Friday <input type="checkbox"/>



## PARENTS DETAILS

	Mother	Father
Parent's First Name		
Parent's Last Name		
<b>Prime Parent's Date of Birth</b>	<i>(DD /MM /YY)</i>	<i>(DD /MM /YY)</i>
<b>Primary Parents Customer Reference Number (CRN) Only</b>		
Residential Address		
Residential Telephone		
Mobile Telephone		
Occupation		
Place of Employment		
Employment Address		
Business Telephone		
email address		
Primary language/s spoken		
Any Other Contact Details		



**EMERGENCY CONTACTS:** *If we cannot contact you in an emergency who do you wish us to CALL*

	1 <sup>st</sup> PERSON	2 <sup>ND</sup> PERSON
Full Name/s		
Relationship		
Address		
Residential Telephone No.		
Employment Telephone No.		
Mobile No.		

**PICK UP DETAILS:** *I authorise the staff at the centre to give the following people access to my child.*

	1 <sup>st</sup> PERSON	2 <sup>ND</sup> PERSON
Full Name/s		
Relationship		
Address		
Residential Telephone No.		
Employment Telephone No.		
Mobile No.		

*Little Stars Kindergarten staff will not allow any child to go with any person unless named on this form. You can add or delete names at any time provided such notification is in writing, signed and dated. If it is necessary for an under aged person to escort a child home written permission from the parent and Dept. of Community Services must be pre-arranged and provided to the centre. Little Stars Kindergarten assumes no responsibility where the parent/ guardian have given written authorisation for a person who is under the age of eighteen (18) to pick up a child.*

Doctor's Name	
Practice Name	
Practice Telephone	



## MEDICAL INFORMATION

IN THE EVENT OF AN EMERGENCY, ILLNESS OR ACCIDENT CONCERNING MY CHILD AND THE TEACHER BEING UNABLE TO CONTACT THE EMERGENCY PERSONS OR MYSELF. I CONSENT TO THE CENTRE SEEKING ON MY BEHALF MEDICAL, DENTAL, HOSPITAL OR AMBULANCE ATTENTION FOR MY CHILD AND I ACCEPT LIABILITY FOR MEDICAL OR RELATED EXPENSES AS MAY BE INCURRED.

Is your child on regular medication or does he/ she have any disabilities or allergies we should know about?

.....  
.....  
.....

Sign Here.....

Date ..... /..... /.....

### COURT ORDERS

Give details of any Court orders affecting custody of or contact with your child in particular those, which affect the residence of the child or contact with the child by the parents.

***(CERTIFIED COPY OF COURT ORDER TO BE ATTACHED)***

.....

### CAKES - BIRTHDAY AND OTHER CELEBRATIONS

I, GIVE/ DO NOT GIVE permission for my child to eat cakes provided by other parents to celebrate special days.  
*(Please circle response)*

### EXCURSIONS

I consent to my child being taken offsite to the neighbouring school (Italian Bilingual School) in the case of an emergency where Little Stars Kindergarten is considered to be unsafe.

### NAPPY CHANGING AND GENERAL HYGIENE

I, DO/ DO NOT GIVE permission for staff to change nappies and/ or clean up as necessary.  
*(Please circle response)*

### SUPPLIES

I will/ will not provide supplies to be used if necessary. *(Please circle response)*

### PEDICULUS HUMANUS CAPITIS (HEAD LICE)

In the event of a Head Lice outbreak can we inspect your child's hair?

YES / NO *(Please circle response)*

### SUNSCREEN

I AGREE / DISAGREE to the application of SPF 30 Sunscreen to my child during their days of attendance.  
*(Please circle response)*



Signed .....

Date ..... / ..... / .....

### CONDITIONS OF ENROLMENT

*Please read carefully*

The conditions printed on this form are the terms upon which we agree to accept your child/children and by signing this form, you are bound by these conditions.

1. FEES ARE PAYABLE IN ADVANCE OF EACH WEEK, WHETHER OR NOT THE CHILD/CHILDREN ARE IN ATTENDANCE, UNTIL THE BOOKING IS CANCELLED.
2. Two (2) full week notice of cancellation must be given or two (2) weeks fees will be charged.
3. An amount of Two Hundred Dollars (\$200.00) is to be paid at the time of enrolment. This represents a refundable Security Deposit of One Hundred and Fifty Dollars (\$150.00) to be offset against unpaid fees if necessary and Fifty Dollars (\$50.00) Administrative Fees.
4. A late pick up fee of \$25.00 after 5.30pm may be charged.
5. Enrolment acceptance is subject to interview at the Centre with Parent, Child and Authorised Supervisor or other nominate.
6. **Public Holidays, except for the Christmas/ New Year Closure are charged.**

**DO YOU WISH TO RECEIVE INVOICES BY EMAIL?**

YES / NO

*(please circle)*

**PREFERRED INVOICE INTERVALS (WEEKS)**

1 2 3 4 *(please circle)*

*Email address for Invoices* .....



## ACCEPTANCE OF ENROLMENT CONDITIONS

### ACKNOWLEDGEMENT FORM

I, the Parent/ Guardian, agree that the information provided in this application is true and correct and will be relied upon by Little Stars Kindergarten.

I, the Parent/ Guardian, agrees to notify the centre immediately should there be any changes in circumstances from the details as outlined in the Enrolment Application including living arrangements of the child and/ or Parent/ Guardian within 7 days of such change.

Terms of Payment are strictly One (1) Week in advance.

A cancellation fee may apply at the discretion of the Childcare centre.

The Parent/ Guardian agrees to pay outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses including mercantile agents fees, Court costs and legal fees reasonably incurred by Little Stars Kindergarten.

In the case of a default, the Parent/ Guardian acknowledges that any enrolment information specially required for the purpose of debt recovery and identification of individuals in default may be forwarded to a legal and commercial recoveries company for legal recovery action.

**I understand in the case of a default on payments for childcare fees, enrolment details may be listed on the National Default Registry for a period of Six (6) Years and 30 Days or until paid. This information may be accessed by other care providers at the time of Enrolment.**

The Parent/ Guardian acknowledges that care will be refused in the case of a default.

Signature of Parent/ Guardian .....

Signature of Parent/ Guardian .....

### NEW PRIORITY OF ACCESS GUIDELINES

*The Minister for Department of Social Services has ruled that Long Day Care Centres must publish the New Priority of Access Guidelines on their Enrolment Applications.*

*There are three priorities: -Priority1. A child at risk of serious abuse or neglect.*

*Priority 2. A child of single parents who satisfies, or of two parents who both satisfy the work/ training/ study test under Section 14 of The Family Assistance Act.*

*Priority3. Any other child.*

*Within each category, the following children are to be given priority.*

*Children in Aboriginal and Torres Strait Islander families.*

*Children in families that include a disabled person.*

*Children in families with a non-English speaking background.*

*Children in socially isolated families.*

*Children of single parents.*