

KATE'S PLACE CHILD ENROLMENT FORM

Given Names:	Family name:
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Any other names by which the child is known and any former names of the child:

Address:

Date of Birth: ____/____/____	Place of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Intended Start Date: ____/____/____	Are you enrolling your child in the kindergarten program? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Ethnicity, heritage or religion (optional):

Is the child of Aboriginal, Torres Strait or Australian South Sea Islander origin? No Aboriginal
 If more than one origin, tick more than one box. Torres Strait Islander Australian South Sea Islander

Do you or your child speak a language other than English? Yes No
 If yes, what is your preferred spoken language?

Child's CRN number: _____

Do you have a current Health Care, Veterans Affairs or Australian Government Pension Concession Card with automatic Health Care Card entitlements that includes this child? Yes No

If yes, what type of card _____ Card number: _____

Card start date: ____/____/____ Expiry date: ____/____/____
 (Please note: Copy of card to be provided to the service on enrolment and a new copy each time card is renewed)

Does your child have a known disability or learning difficulty? Yes No
 (Intellectual, physical, emotional, hearing or vision)

If yes, please provide the name of the disability or learning difficulty: _____

Diagnosed by: _____ Date of diagnosis: ____/____/____

Is this person a registered medical practitioner? Yes No

DAYS/TIME REQUIRED Tick the days you wish your child to attend. These days may not be available and we will discuss this with you. Your enrolment days **and sessions** will be emailed to you for confirmation by our software system.

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time:					
Departure time:					

Service last attended: _____ Number absences since July 1st (current financial year): _____

Is this child attending another service in the same week? Yes No If Yes, how many days per week: _____

If yes, do you wish to claim maximum CCS hours at this service if your child exceeds their CCS limit? Yes No

Type of care required: routine & casual routine casual before & after school
 vacation

SIBLINGS

Names and ages of other children in the family living at home including this child.

SIBLINGS ATTENDING ANOTHER SERVICE

First name:	First name:
Last name:	Last name:
Are you claiming CCS for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you claiming CCS for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH

Has your child been immunised: Yes No (Please provide evidence e.g. immunisation book)

Tick below immunisation your child has received:	KEY
Birth <input type="checkbox"/> Hep B	Hep B Hepatitis B
2 Months <input type="checkbox"/> Hep B <input type="checkbox"/> DTPa <input type="checkbox"/> Hib <input type="checkbox"/> IPV <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Rotavirus	DTPa Diphtheria, tetanus, acellular pertussis, (whooping cough)
4 Months <input type="checkbox"/> Hep B <input type="checkbox"/> DTPa <input type="checkbox"/> Hib <input type="checkbox"/> IPV <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Rotavirus	IPV Inactivated poliomyelitis (polio)
6 Months <input type="checkbox"/> Hep B <input type="checkbox"/> DTPa <input type="checkbox"/> Hib <input type="checkbox"/> IPV <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Rotavirus	Hib Haemophilus, influenza type B
12 Months <input type="checkbox"/> Hib <input type="checkbox"/> MMR <input type="checkbox"/> Meningococcal C	MMR Measles, mumps, rubella
18 Months <input type="checkbox"/> MMRV	MMRV Measles, mumps, rubella, varicella (chicken pox)
4 Years <input type="checkbox"/> DTPa <input type="checkbox"/> IPV	

MEDICAL HISTORY

Please tick if your child has experienced any of the following childhood illnesses or conditions:

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> German Measles | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Sight Problems | <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Skin Problems |

- | | | | |
|---|--|---------------------------------|--|
| Does your child have braces or a dental plate | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your child have grommets? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child wear glasses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your child wear orthotics? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child have a hearing aid or cochlear implant? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Orthodontist's name: _____ Specialist's name: _____ Specialist's name: _____

Does your child have any special health care needs including any medical condition? Yes No

Take any regular medication? Yes No Have any behaviour difficulties we should know about? Yes No

Regularly visits a specialist e.g. speech etc.? Yes No Have a health care plan or risk minimisation plan? Yes No

Has your child any individual emergency or routine health and personal care support needs, for example;

- | | |
|---|--|
| <input type="checkbox"/> Predictable emergency first aid needs associated with, for example seizure management. | |
| <input type="checkbox"/> Personal care needs, including assistance with transfers and positioning, and use of health related equipment. | |
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy and Seizure <input type="checkbox"/> Spina Bifida and Hydrocephalus |
| <input type="checkbox"/> Oncology Patient | <input type="checkbox"/> Diabetes <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Osteogenesis Imperfecta |

If you have replied YES to any of these questions a health support plan or action plan will need to be completed with the Director. If an employee from this service has sighted your child's health record they need to signify that by notation here including their name, signature, date and a description of what they have sighted.

Condition specific health care plan forms for the above conditions are available from this service.

If a child identifies with a condition in this list, obtain a copy of the appropriate form.

NUTRITION

Does your child have any food allergies or food sensitivities? Yes No

Does your child have any special dietary requirements? e.g. religious beliefs, vegetarian etc... Yes No

If you answered yes to either of the above please complete the special diet, allergy & intolerance record available from the office.

In cases of restrictive diets, the parent/guardian/carer is required to provide most, or all of the child's food.

Kate's Place will provide soy milk and lactose free milk but other special needs e.g. rice milk and gluten free products etc...

are to be supplied by the parent. A doctor's letter is required authorising the use of soy products or rice milk. You may request a copy of the menu to ascertain which meals we prepare may be suitable for your child's needs.

Foods allergic or sensitive to: _____

Special foods: _____

Favourite food: _____

Dislikes: _____

SLEEP/REST

To assist us with the orientation of your child, please complete the following:

All children lie down on a mattress after lunch for a rest or a sleep. Some children rest only, some sleep. Staff will endeavour to put your child to sleep if required. Please do not ask staff to deliberately keep your child awake.

If a child falls asleep while resting staff will leave the child sleep for a minimum of 1 hour.

Does your child require a sleep? Yes No Does your child require a comfort toy or similar for sleep/rest?

Yes No

If yes, please leave these in your child's bag, notify staff and they will assist your child in getting this at sleep time. Children who sleep are left asleep for a minimum of one hour. What is the maximum time you would like your child to sleep?

If your child is finding it difficult to fall asleep we will allow them to rest for up to 1 hour, and try them at a later time if he/she shows signs of still being tired. Is this appropriate for your child?

If not, what methods would you prefer we use to ensure your child has adequate rest/sleep during the day:

While we endeavour to assist children to rest/sleep by music/patting, we understand some children find it difficult to fall asleep in a group situation. What methods do you prefer us to use to assist your child to sleep? _____

GENERAL INFORMATION

Have any other family members attended Kate's Place? Yes No

Can you contribute any skills to our service's program? For example: hobby, occupation, do you play a musical instrument, speak a language other than English etc... Yes No

Does your child participate in festivals or celebrations (e.g. birthdays, Christmas) Yes No

Please provide information concerning the child's religion/ethnicity/heritage or cultural background that is relevant to any different practice that is to be observed in respect of your child:

Are there any words we need to know in any language to help make your child's day smoother?

Does your child have any fears? E.g. mowers, plug holes, thunder etc.

Are there any other special considerations for your child?

PARENT 1	PARENT 2
Relationship to child: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> stepmother <input type="checkbox"/> stepfather <input type="checkbox"/> foster parent <input type="checkbox"/> carer <input type="checkbox"/> guardian <input type="checkbox"/> grandparent <input type="checkbox"/> Other: _____	Relationship to child: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> stepmother <input type="checkbox"/> stepfather <input type="checkbox"/> foster parent <input type="checkbox"/> carer <input type="checkbox"/> guardian <input type="checkbox"/> grandparent <input type="checkbox"/> Other: _____
Full name as known to Centrelink:	Full name as known to Centrelink:
Any other names by which the parent is known:	Any other names by which the parent is known:
Date of birth: ____/____/____	Date of birth: ____/____/____
CRN number: _____	CRN number: _____
Which CRN do you wish to use for the enrolment? <input type="checkbox"/> Parent 1 OR <input type="checkbox"/> Parent 2	
Home address:	Home address:
Postcode:	Postcode:
Postal address:	Postal address:
Postcode:	Postcode:
Home phone:	Home phone:
Mobile:	Mobile:
Email address:	Email address:
Ethnicity, heritage or religion (optional):	Ethnicity, heritage or religion (optional):
Language spoken at home:	Language spoken at home:
Do you need an interpreter? This includes an interpreter for people who have a hearing or speech impairment. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need an interpreter? This includes an interpreter for people who have a hearing or speech impairment. <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY CIRCUMSTANCES

Married Defacto Separated Divorced Widowed Single

If parents are separated please complete the following:

Name of person who has legal responsibility for the child: _____

Are there court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? Yes No

Are there court orders relating to the child's residence/child's contact with a parent or other person? Yes No

Should correspondence be addressed to both parents? Yes No

If no, please specify: _____

Please note: You are required to provide certified copies of the court orders, parenting orders or parenting

EMPLOYMENT DETAILS

Occupation:	Occupation:
Place of work:	Place of work:
Work address:	Work address:
Work place phone:	Work place phone:
Comments:	Comments:

MEDICAL DETAILS

Medicare number: _____ Valid to: ____/____/____

Registered medical practitioner or medical service:

Address: _____ Phone: _____

Please sign here:

I/we hereby give written consent to Kate's Place employees to seek medical treatment from a registered medical practitioner, hospital or ambulance service and transportation by an ambulance service in the event that such action appears to be necessary because the child has been injured or is ill while in the care of Kate's Place services. (Note: Nothing in this clause limits the authority of a medical practitioner or dentist to carry out emergency medical or dental treatment on a child without the consent of the child's parent.)

I/ we agree to be fully responsible for the cost of these services.

Name: _____ Signature: _____ Date: ____/____/____

Name: _____ Signature: _____ Date: ____/____/____

PERSONS TO BE NOTIFIED OF AN EMERGENCY IF PARENTS CANNOT BE IMMEDIATELY CONTACTED.

I/We authorise Kate's Place employees to give the following emergency contact names access to my child. (Note: must be over 18 years). Please ensure these emergency contact persons are willing to be contacted in the event of an emergency. Two contact names different to Parent 1 or Parent 2 must be given before enrolment can commence.

Emergency contact 1	Emergency contact 2
First name:	First name:
Last name:	Last name:
Home Address:	Home Address:
Home phone:	Home phone:
Mobile:	Mobile:
E-mail:	E-mail:
Work place name:	Work place name:
Work phone:	Work phone:
Work place address:	Work place address:
Relationship to child:	Relationship to child:

AUTHORISED NOMINEES WHO ARE GIVEN PERMISSION TO COLLECT THE CHILD.

Do you authorise **Emergency Contact 1** to collect your child? Yes No

Do you authorise **Emergency Contact 2** to collect your child? Yes No

If you wish to authorise another person to collect your child, provide their name, address and contact details here:

PERSON/S AUTHORISED TO CONSENT TO MEDICAL TREATMENT AND TO AUTHORISE ADMINISTRATION OF MEDICATION.

Do you authorise **Emergency Contact 1** to consent to medical treatment and to authorise the administration of medication? Yes No

Do you authorise **Emergency Contact 2** to consent to medical treatment and to authorise the administration of medication? Yes No

If you wish to authorise another person to consent to medical treatment and to authorise the administration of medication provide their name, address and contact details here:

PERSON/S AUTHORISED TO AUTHORISE A KATE'S PLACE EMPLOYEE TO TAKE YOUR CHILD OUTSIDE THE SERVICES PREMISES.

Do you authorise **Emergency Contact 1** to authorise a Kate's Place employee to take your child outside the services premises? Yes No

Do you authorise **Emergency Contact 2** to authorise a Kate's Place employee to take your child outside the services premises? Yes No

If you wish to authorise another person to authorise an educator to take your child outside the services premises, provide their name, address and contact details here:

AUTHORISATIONS**I/we authorise Kate's Place employees to: (Please tick boxes if authorised.)**

1. Administer antiseptic cream to sooth and clean wounds, Stop Itch or similar to relieve stings or itching, Papaw ointment for burns, nappy rash, chaffing, cracked skin, cuts, gravel rash and insect bites. Curash for nappy rash or chaffing, Sorbolene as a soother/moisturiser/cleaner.

- Antiseptic cream Stop Itch or similar Papaw ointment Sorbolene Curash Hiradoid- minimises bruising
2. Apply sunscreen to my child;
3. Observe my child to assist in developing programs and for training purposes;
4. Transport my child to and from school, prep or kindergarten where required;
5. Transport my school age child between Kate's Place services for vacation and before/after school care.
6. Administer ventolin and/or epipen injection when this is considered reasonably necessary in an emergency.

And authorise:

6. The person/s we have authorised to collect this child to sign off on medication records and incident, injury, trauma and illness records.
7. My child's identifiable photograph/audio/visual/audio visual recording to be taken and used (possibly including their name and age) for display in:
- other children's portfolios which go home to families the service the media educators' assignments
- Kate's Place website Kate's Place Facebook page (No name and ages will be displayed)

Please note: Kate's Place may use unidentifiable images of children (faces obscured) in any of the activities named above.

Name: _____ Signature: _____ Date: ____/____/____

Name: _____ Signature: _____ Date: ____/____/____

AGREEMENT

I/We have visited the service, discussed the enrolment and agree to the following terms and conditions regarding the enrolment of my/our child at Kate's Place Early Education and Child Care Services.

1. To pay fees for permanent bookings through the direct debit system and to pay the normal parent component of the fee for booked days that my child does not attend due to illness, holiday, public holidays, RDO days or for any other reason where the Child Care Subsidy applies and pay the full fee for any other days.
2. That on cancelling my child's place at the service, direct debit will continue until all unpaid fees are recovered. If the direct debit is cancelled, fees are to be paid immediately to the service; and subsequent outstanding accounts will be collected by a debt collector.
3. To pay full fees until the Child Care Subsidy confirmation is received by the service.
4. To notify holidays 2 weeks in advance via the holiday form. Holiday fees will be discounted for a period of 4 weeks pro rata/ year to ensure the continued enrolment of my child providing the notification provision is met.
5. To notify promptly of any absence on a booked day and on the next attendance to sign for the absence.
6. To keep my child at home while s/he is suffering from an infectious/contagious illness, or when s/he is in such condition as to be unfit for normal day care as per the guidelines in the Parent Handbook.
7. To provide 2 weeks' notice on the applicable Kate's Place form when cancelling my child's place at the service or pay two week's fees in lieu of such notice. I understand that for any day my child does not attend during the 2 weeks' notice period and the CCS discount does not apply, I will be required to pay the full fee/day not the fee I usually pay after the CCS discount. I accept that special conditions apply for the payment of CCS in the notice period. I agree I will pay all outstanding fees prior to my departure.
8. To give two weeks' notice on the applicable Kate's Place form when altering days of attendance.
9. To ensure that my child is accompanied to and from the service by an adult, to notify the Staff in charge of the room of my child's arrivals and departures and to sign my child in and out on the Sign In/Out sheets on each day of attendance. I understand the first and surname of the adult and the time must be recorded because the sign In/Out sheets are legal documents and this is a requirement by law.
10. To pay any penalty fees incurred due to collecting my child after closing time or incurring a nuisance trip by failing to notify the service of cancellation for pick up from school/prep/kindergarten.
11. To abide by the service's policies and procedures as described in the parent handbook and the policies and procedures book including changes made from time to time.
12. To give the Australian Government Family Assistance Office the authority to provide Kate's Place Day Care Centre Pty Ltd information regarding my CCS and its currency and/or my current address and phone number.
13. To inform the Director of my child's special needs and that the continued enrolment of the child is subject to the ability of the service to provide adequate care for those needs within the scope of the childcare setting.

14. That where fees have not been paid in compliance with this agreement, the company may provide information to a private agency for the purpose of recovery of fees and agree to pay all additional costs incurred by the company collecting the outstanding fees; and that where the company has failed to collect fees the debt may be registered on a debt register.
15. That where the child is enrolled 5 days/ week to limit the child's attendance to no more than 10 hours/day.
16. If the service provides emergency medication for example Epipen or Ventolin, the cost will be passed onto the parent and included in the following week's fees if not paid earlier.
17. That where my child is diagnosed with an established anaphylaxis reaction, I/we will provide two doses of Epipen (or other prescribed medication) on each and every occasion the child attends the service and/or that where my child is diagnosed with asthma, I/we will provide an asthma reliever on each and every occasion the child attends the service. I understand that my child will not be permitted to stay at the service if the asthma reliever and/or epipens are not provided.
18. Breakfast is not part of the service supplied except for babies and where parents due to work commitments need to drop off children prior to 7am.
19. To provide formula if our baby attends 1 or 2 days per week only or if our baby requires a formula not regularly supplied by the service.

I/We declare that the information we have provided is true and correct.

Name: _____ Signature: _____ Date: ____/____/____

Name: _____ Signature: _____ Date: ____/____/____

Please write any additional comments you have relating to information you've provided in this form:

AGREEMENT TO PAY FEES

This section is to be signed by a person completing the PARENT 1 or PARENT 2 section of this enrolment form or both jointly.

Please note:

No party other than the persons completing PARENT 1 or PARENT 2 on this enrolment form can sign the agreement to pay fees as PARENT 1 and PARENT 2 are the only persons eligible to claim **CCS** for this child and will be the only persons eligible to receive any benefit for this child from Centrelink.

I confirm:

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care with in the service and understand the start and end times of these sessions of care.
- That care may be provided on a casual or flexible basis where available at my service at my request.
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as fee change letter with new fee schedule) which are subject to change over time based on advice from the provider and acceptance by me.
- **And I/We agree to pay all of the fees as stated in the Agreement.**

Name: _____ Signature: _____ Date: ____/____/____

Name: _____ Signature: _____ Date: ____/____/____

HOW DID YOU HEAR ABOUT KATE'S PLACE?

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Family, friend, colleague | <input type="checkbox"/> Website | <input type="checkbox"/> Internet search | <input type="checkbox"/> Drive / Walk by |
| <input type="checkbox"/> Yellow pages | <input type="checkbox"/> Television | <input type="checkbox"/> Radio | <input type="checkbox"/> Advertising voucher |
| <input type="checkbox"/> Kate's Place employee/ former employee | <input type="checkbox"/> News Paper | <input type="checkbox"/> Kate's Place bus | <input type="checkbox"/> Other/Specify |

OFFICE USE ONLY

Child name: _____ **Parent Name:** _____

Date enrolment received:	/	/
Requested start date:	/	/
Confirmed start date:	/	/
Date of first attendance:	/	/
Ezi Debit form given to parent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CCS Pending:	<input type="checkbox"/> Confirmed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ % _____ hrs		

Childcare		
Day	Days required now	Days waiting for
Mon		
Tues		
Wed		
Thu		
Fri		

School age children permanent bookings		
Day	Before School	After School
Mon		
Tues		
Wed		
Thu		
Fri		

Has this parent been referred by an existing parent? Yes No

If yes please state the referral parent's name: _____

Service: _____ Room: _____ School: _____

Child Shirt Size required: please circle **Size 1** **Size 2** **Size 4**

- Birth certificate – Sighted for Children other than Kindy
- Birth certificate – Copy required for Kindy Children
- Health Care, Veterans Affairs or Australian Government Pension Concession Card with automatic Health Care Card entitlements that includes this child. – copy required
- Proof of immunisation - sighted
- Court Orders – certified copy required
- Parenting Orders – certified copy required
- Parenting Plans – certified copy required

Head Office Use

- Pins generated for parent 1
- DD Form received
- DD amendment
- Kindy Tick
- Enrolment confirmation sent
- Partner
- DD form processed
- A + B week marked
- Bus edited (if school age or using transport)

I AM SPECIAL



To help my new friends at Kate's Place to get to know me, here are some things that make me special...

My name is _____

The name I prefer to be called is _____

My home language is _____

Special names I have for my mother _____ my father _____

My guardian _____

The special name I call my Grandparents _____

the names of my best friends _____

the things I do well _____

the things I enjoy doing include _____

My favourite food is _____ but I don't like _____

my favourite toy is _____

Songs I enjoy singing are _____

I have a pet Yes No My pet is a _____ named _____

Any worries or fears I may have _____

other interesting things about **ME** _____

How I communicate, e.g. words, signing _____

My Child

Child's Name: _____

Date: _____

MY CHILD IS INTERESTED IN LEARNING...

MY CHILD LIKES...

BOOKS AND MUSIC
MY CHILD ENJOYS...

OUTDOORS MY CHILD ENJOYS...

MY CHILD DISLIKES...

AT HOME MY CHILD IS INTERESTED
IN...

MY CHILD CAN DO...

PEOPLE SAY MY CHILD IS SPECIAL
BECAUSE...

HOW CAN YOU HELP MY CHILD ...

Welcome to Kate's Place Early Education & Child Care Services.

Your child will be placed in the _____ group.

This group caters for children aged _____ years.

The primary carers for your child are:

Senior Educator: _____ Qualification: _____ and

Junior Educator: _____ Qualification: _____

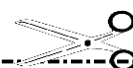
Kate's Place is licensed by the Office for Early Childhood Education and Care under the Education and Care Services National Law Act 2010 and Education and Care Services National Regulations. Kate's Place must meet with the requirements about activities, experiences and programs, ratios of staff and children and staff qualifications as required by the legislation. Office for Early Childhood Education and Care information service: Free call number 1800 637 711. A copy of the current Education and Care Services National Regulations 2011 can be accessed on the internet at website <http://www.acecqa.gov.au>

National Quality Standard All services will be assessed against a National Quality Standard (NQS) which will assess services in seven quality areas as well as providing an overall service assessment. More information is available on the website: <http://www.deewr.gov.au> Parents are welcome to ask for information about a general description of the activities given by the service, the service's philosophy about learning and child developmental outcomes and how it is intended the outcomes will be achieved. Please read the Parent Handbook as it is very informative.

SETTLING YOUR CHILD INTO CHILDCARE

Congratulations! You have chosen a service that is dedicated to the care and well-being of your child.

Our aim is to supply quality childcare that is as supportive as your child would receive at home, and we therefore wish to make the transition for both of you as natural as possible. There are many ways in which you may help the settling in process. If possible, try to find time to spend with your child at the service. We suggest that you and your child visit the service for a play and to meet the staff on as many occasions as is practicable for you. As a child, having a parent close by makes you feel quite brave and it allows you to take small steps away from home, rather than a giant one. Spending time with your child at the service also gives you, the parent, time to build up trust, to have an understanding of your child's day and the people he/she will be encountering. Providing photos of significant family members for your child's wall of their playroom may keep links with home for your child throughout the day. Children often like to bring comforters from home, such as teddies, blankets or special pillows. Try to put yourself in your child's position. Ask yourself "How do I like to be in new situations where I know no one and can't anticipate what will happen next?" or "Do I feel like going to work today?" Being able to empathise with your child will help you to provide support. Liaise with childcare staff and decide with them the best way to begin leaving your child in their care. Always say goodbye to your child when you leave and make certain that the staff person in charge, knows that you are leaving. Feel free to telephone the service or call in at any time and we trust that these few tactics may help you and your child have a smooth transition into the service.



ENROLMENT PACKAGE SURVEY

Please complete the survey and return to Kate's Place. It may be placed in the fee slot.

Our enrolment documents are designed to assist you in your first few weeks at the service. If you have any questions, concerns or suggestions about these documents, do not hesitate to approach the staff in your child's room or the Director. We would appreciate you taking the time to complete the sleep/rest and menu surveys. These surveys assist us in improving our service and aid the staff with relevant information about your needs. Please complete all surveys along with the questionnaire at the bottom of this page and return to the Director or place in the fee slot.

Thank you for taking the time to read the parent handbook. You will greatly assist us in our continuing improvement if you can answer the following few questions.

Upon reading the policies contained in the handbook do you have any suggestions or ideas for further policies?

Do you have any feedback on existing policies?

The Service employs a number of communication methods. Please indicate the best method we should adopt for your family. Newsletters Surveys Parent/Staff Interviews Appointments

Daily Care Sheets Other, please specify: _____

Do you require any information translated into your home language? Yes No

If YES what is your home language? Yes No

Do you require assistance reading the enclosed information? Yes No

Comments: _____

Notification to Educators of a new child starting in their group

Educator/s _____ Room _____

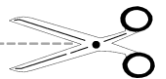
Child's name _____ first day in your room will be _____

The days this child is booked into the service are _____

Accompanying this form is: (Director - please tick)

- Enrolment form – pages 1, 2, 3 & 4
- Special diet, allergy & intolerance record
- Health support plan
- Condition specific health care plan for _____
- Court Orders
- Parenting orders
- Parenting plans
- Other – please specify _____

EDUCATOR - complete the bottom section of this form, cut off and give to the child's parent when collecting their child on the first day of care. Keep a copy of the information you have given to the parent.



My first day at **Kate's Place**

Name _____

How well did I settle? _____

What was my mood overall? _____

What did I enjoy the most? _____

Did I have trouble with anything? _____

Did I sleep? _____

How well did I eat? _____

Did I make any special friends? _____

You could ask me about _____

The names of my carers today were _____

This report was written by _____