



JUMPSTART 4 KIDS

LONG DAY CARE CENTRE

94 Harold Street Blacktown

OPERATING from 7.00am until 6.00pm

Dear Carer,

Thank you for your inquiry at **JUMPSTART 4 KIDS**. Your most treasured gift is that of your child, and at **JUMPSTART 4 KIDS** we acknowledge and strive to achieve the best possible educational and social goals for your child. Our mission is to foster strong relationships with parents and carers so that children can be supported in a safe and positive environment. As owners of **JUMPSTART 4 KIDS** we bring a strong educational focus having developed programs to enhance individual children's strengths and identifying positive strategies to overcome challenges. All staff members have recognised child care qualifications with accredited first aid so parents can be assured that their most precious gift is cared for in a safe and nurturing environment.

Building active relationships with parents, staff and children are possible through our friendly and caring service. We warmly invite parents to view our centre on completion and are more than happy to assist parents with any inquiries or questions on **9671 5411 or 0400 715 411**.

This Enrolment Package contains a number of forms and information. Some items are to cover legislative requirements and others are to help us get to know your child and their family. Other forms are there to help you to know about us – building active relationships is very important to us. Your child is very important to us, so please take some time to complete these forms. Your child cannot commence at **JUMPSTART 4 Kids** until we have **all completed forms**. To confirm a place for your child at **JUMPSTART 4 Kids** we require the following payments (before your child starts):

- Complete Enrolment Form with **Parent CRN and Child CRN provided**
- Copy of **Birth Certificate and Immunisation Records**.
- **Two weeks fees paid in advance** (adjusted to reflect Child Care Benefit)
- Enrolment **Administration Fee \$55 Non-refundable**
- This **includes a JumpStart 4 Kids Hat and T-Shirt**

(Cheque payments payable to JumpStart Education Pty Ltd)

CCB Payments and how they affect you:

- Nominated Commencement Date (please ***note that failure to attend on the nominated start date will incur full fee payment as CCB is not payable until your child's first day of attendance.***)
- All changes require 2 weeks written notice (***failure to attend on the last day will result in full fees as CCB is only payable until your child's last day of attendance.***)

Please note that all Enrolment forms will need to be returned to:

JUMPSTART 4 KIDS
94 Harold Street
Blacktown, NSW 2148

We look forward to caring for your child and Jumpstarting their educational success. Please do not hesitate to call us if you have any further questions or enquiries in relation care of your child.

Kind Regards,

John & Maree

Directors

JUMPSTART 4 Kids

Revised 15/09/2010



JUMPSTART 4 KIDS

PARENTAL DETAILS
94 Harold Street, Blacktown

Parent 1

CRN _____

Title / First Name:

Last Name:

Other or former names parents known by:

.....

Home Address:

.....

Home Telephone:

Mobile:

Ethnicity:

Language Spoken:

Marital Status:

Date of Birth:

Occupation:

Work Name:

Work Address:

.....

Work Telephone:

Email Address:

Parent 2

Title / First Name:

Last Name:

Other or former names parents known by:

.....

Home Address:

.....

Home Telephone:

Mobile:

Ethnicity:

Language Spoken:

Marital Status:

Date of Birth:

Occupation:

Work Name:

Work Address:

.....

Work Telephone:

Email Address:

Medical Details

Doctor:

Address:

Phone:

Medicare No:

Health Fund No:

Dentist:

Address:

Phone:

Ambulance Fund No:

Sibling Information:

Names of other children living at home and their respective ages:

Name:

Age:

Name:

Age:

Name:

Age:

Volunteer Experience:

Are you available to contribute your skills to our center's program? e.g. sewing, music, craft, singing etc.

Skills Area:

Skills Area:

Most convenient Day:

Most convenient Day:

Preferred Time:

Preferred Time:

Other Comments: Please use this space for any other comments or information you would like us to know about your child and your family.

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JUMP START 4 KIDS

CHILD ENROLMENT FORM

94 Harold Street, Blacktown

Enrolment Form: (Child) CRN _____

Given Names: _____ Last Name: _____ Sex: M/F _____

Date of Birth: _____ Place of Birth: _____

Ethnicity: _____ Language spoken: _____

Religion: _____

Address: (if different to parents) _____

Court orders: (please provide JP certified copy to centre) _____ Copy on file: Yes / No

Days / Times Required:

Date to Commence:

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Health:

Has your child been immunized? Yes / No Please provide evidence e.g. Blue Book

Does your child :

- a) have allergic reactions e.g.: food, medicine, grass, bees, sunscreen, soap, face paint etc

- b) have any behaviour difficulties that we should know about?

- c) regularly visit a specialist e.g. speech, etc:(please provide copies of latest specialist report)

- d) have any special medical condition? _____
- e) take any regular medications? If so, What is the medication? _____
- f) If Medication is taken what doses are required and at what intervals. _____

Child's present health status: _____

PARENTS who have children with Asthma must have an Asthma Plan provided to the centre from a treating doctor. All plans must be update and provided to the centre every three months

Eating:

Special dietary needs. e.g. vegetarian, religious beliefs, allergies etc. _____

Any food likes: _____

Any food dislikes: _____

Date: Signed: Witness:



JUMP START 4 KIDS

CHILD ENROLMENT FORM

94 Harold Street, Blacktown

General Information / Needs:

Are there special festivals and celebration s in your family? Yes / No.

If Yes please provide details: _____

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

Does your child have any special comforter? _____

Does your child have any fears e.g. Mowers, animals , thunder etc _____

Does your child have any special needs you would like us to know about? _____

Authority to collect and / or Emergency contacts: (do not include parent/s names/s)

I authorise the staff to give the following names access to my child/ren. Please ensure these emergency contacts are willing and able to collect your child/ren in the event of an emergency. At least two contact names must be supplied prior to children commencing the centre. Contacts must be over the age of 18 years.

	Contact 1	Contact 2	Contact 3
First Name			
Last Name			
Address			
Home Phone			
Work Phone			
Mobile Phone			
Relationship to child			

The staff will not allow your child to go with adults unless their names are written on this form.

All adults/ contacts will be asked to produce photo identification at the time of collecting your child.

Date: _____ Signed: _____ Witness: _____

Office Use only

Original Court order or JP certified copy has been provided	Yes / No
Copy of Immunisation Schedule of copies from Blue book provided	Yes / No
Original birth Certificate, Australian citizenship, Passport, or JP certified copy has been sighted	Yes / No
Latest copy of specialist report/s have been provided. e.g. speech therapy, occupational therapy	Yes / No
Action Plan, for Anaphylaxis, Asthma, and Allergies, devised by child's Doctor has been supplied by family, signed with permission to display.	Yes / No



JUMP START 4 KIDS

Permissions and Conditions of Enrolment. Parent Signature

Fees must be paid on due date, with a two week bond prior to my child's commencement at Jumpstart 4 Kids .	
Full fees will be incurred if your child does not attend on the nominated start or concluding date as CCB is only payable upon your child's attendance from start to concluding date.	
I agree to abide by the Jumpstart 4 Kids Policies and procedures, in the Parent information book and Jumpstart 4 Kids Policy book	
I agree to pay fees for absences such as illness, holidays and public holidays and failure to pay fees on time will incur a \$20 per week charge and my child's positions may be jeopardised.	
I agree to give two weeks written notice to change current days of attendance or to withdraw my child from Jumpstart 4 Kids . I agree to pay two weeks fees if either situation occurs.	
I agree to ensure my child is brought to and collected from Jumpstart 4 Kids by a responsible adult, who will sign my child in and out of the sign-in book. The responsible adult will ensure that staff is aware of my child's arrival and departure. I will sign for any absences as requested by the staff.	
I agree to inform Jumpstart 4 Kids of any changes to my child's family situation, any absences and any other changes to any person collecting my child.	
I understand that I must collect my child from Jumpstart 4 Kids by the licensed closing time, or I will be charge a late fee of \$25 for the first minute and \$2 per minute thereafter.	
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 normal daily activities at Jumpstart 4 Kids . I will collect my child promptly if my child becomes ill whilst at Jumpstart 4 Kids .	
I give permission for my child to be given one age appropriate dose of Paracetamol if his /her temperature is 38 degrees Celsius or higher and I am not contactable or unable to collect my child within 30 minutes.	
I understand staff at Jumpstart 4 Kids 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 staff to administer first aid.	
In an emergency situation if deemed necessary, I give permission for Jumpstart 4 Kids to call an ambulance for my child (at family's cost) and seek emergency medical / dental treatment for my child. I understand that Jumpstart 4 Kids will make every effort to contact me – or one of the nominated emergency contacts.	
I give permission for my child to be photographed / videoed whilst at Jumpstart 4 Kids for use by Jumpstart 4 Kids .	
I give permission for my child to have sunscreen applied at Jumpstart 4 Kids . I understand that if my child is allergic to the sunscreen provided, I will provide sunscreen.	
I understand that students may be at Jumpstart 4 Kids and a 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.	
I give permission for the Department of Community Services and the National Childcare Accreditation Council to have access to my child's records as needed.	
I understand that occasionally an excursion may be organised for the children and all details will be provide to parents prior to the event seeking permission for specific approval.	

I have read and signed all Permissions and Conditions set out in this enrolment Form. I certify that the information supplied is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Name: _____