



Atlantis After School – PETER MOYES ENROLMENT PACK 2018

Welcome to Atlantis After School – Peter Moyes

In your pack you will find an Enrolment Form which needs to be completed in full. We require one complete enrolment form per child to be enrolled at the service. Please note we will need to take a copy of your child's original birth certificate and immunisation record prior to commencement.

Once the above documents have been received we will confirm your booking and provide you with a copy of our Parent Handbook to read through.

Please note we have a \$30.00 enrolment fee per family.

RETURNING YOUR FORMS

Please email your completed enrolment form to pm@atlantisonline.com.au or if it is more convenient, you can hand your enrolment form into Atlantis After school Peter Moyes during hours of operation.

Enrolments can only be accepted with ALL paperwork completed and returned in full.

CHECK LIST

- Enrolment Form 2018
- Birth Certificate
- Immunisation Record
- Ezi-debit Form

SERVICE INFORMATION

Our Service hours of operation are

B/S: 6:30am –8:30am; A/S: 2:45pm – 6:00pm & Vacation Care: 6:30am – 6:00pm

A fee quote can be given once we have received your CRN numbers/child's percentage.

We look forward to meeting you and your family, if you have any questions please do not hesitate to contact the Centre Coordinator on 0499 949 769



Enrolment Form 2018

Child Details

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Is your child of Aboriginal or Torres Strait Islander descent?			Yes/No
Is your child attending another childcare centre service?			Yes/No
School your Child Attends:			
Child's Class:		Teachers Name:	

Attendance Days and Times Required Intended Start Date:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After school					

Parent Details

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Your Drivers Licence Number			
Home Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
Email Address			
Occupation			
Place of Work			
Work Address			
Work Starts		Work Finishes	
Country of Birth		Language Spoken at Home	
Preferred method of contact (please circle)		Home Phone / Work Phone / Mobile / Email	
Are you of Aboriginal or Torres Strait Islander descent?			Yes/No
Do you have a disability?			Yes/No
Are you the Primary Care Giver?			Yes/No

Second Parent Yes No

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Your Drivers Licence Number			
Home Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
Email Address			
Occupation			
Place of Work			
Work Address			
Work Starts		Work Finishes	
Country of Birth		Language Spoken at Home	
Preferred method of contact (please circle)	Home Phone / Work Phone / Mobile / Email		
Are you of Aboriginal or Torres Strait Islander descent?			Yes/No
Do you have a disability?			Yes/No
Are you the Primary Care Giver?			Yes/No

Family Status

Please circle the options that best describes your situation?			
Both parents at home	Sole parent	Shared custody	Other

Custody Arrangements

If you are separated or divorced, who has legal custody of the child?			
Parent 1	Parent 2	Both	Other

Family Status

Parent 1 Access Arrangements?	Full	Limited
Parent 2 Access Arrangements?	Full	Limited
Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? Please provide documentation to the centre.	Yes/No	

Emergency Contacts & Authorisations

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
This person has the authority to (please circle):			
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No

Emergency Contacts & Authorisations

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
This person has the authority to (please circle):			
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No

Emergency Contacts & Authorisations

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
This person has the authority to (please circle):			
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No

Health & Medical Information

Medicare Number			
Medical Centre Name			
Name of Doctor		Phone	
Address			
Private Health Insurer			
Do you have private Ambulance Cover?			Yes/No
Does Your Child Have:			
Any allergies: eg. food, medication, animals, insects, plants?			Yes/No
Please note: A medical action plan will need to be provided for Children who require Epi-PENS or Asthma inhalers.			
Any special dietary requirements?			Yes/No

Any problems with hearing, sight, speech?	Yes/No
Any health problems, operations, illnesses, disabilities?	Yes/No
Does your child take any regular medication?	Yes/No
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes/No
Are there any behaviour issues that we should be aware of?	Yes/No
Does your child socialise well with other children?	Yes/No

Routines

Are there any aspects of your cultural, ethnic, and/or religious background that you would like us to be aware of?	Yes/No
Are there any religious activities the staff should be aware of?	Yes/No

Payment Information

- Atlantis Afterschool Care require all payments for childcare fees, to be made through our Ezi Debit service.
- Fees are to be paid 1 week in advance upon commencement at Atlantis Afterschool Care.
- Two weeks written notice must be given if your child will be ceasing attendance. If this is not done then two weeks will be added to your final account to compensate this period.
- Casual days off, sick days and public holidays are still payable, for all permanent positions.
- Casual bookings will require 48hours notice of cancelation, otherwise your casual day will still be charged.
- Any accounts outstanding more than 3 weeks will be passed on to a debt collection agency and your child's position will immediately be suspended until paid. You will be personally liable for all debt collecting and legal costs incurred for the retrieval of the outstanding debt.
- Families' non-compliance with any part of our fee & centre's policy may result in immediate cancellation of the child's position.

How would you like to receive your invoice?	Emailed	Hard copy
Please complete the attached Ezi Debit form and return to the centre office before commencing care.		
I have handed the Ezi - Debit form in	Yes / No	

Authorisations

I consent to Atlantis Afterschool Care staff seeking medical attention for my child in an emergency situation. If the child is taken by ambulance to Hospital, a staff member will accompany the child in the ambulance. In the event of my child requiring medical attention, I understand that Atlantis Afterschool Care will attempt to contact the parent/emergency contact to seek authorisation prior to obtaining medical assistance. I agree to pay any ambulance or medical costs incurred. I do / do not have ambulance cover.	
Signed:	Date:
I consent to Atlantis Afterschool Care staff applying a minimum of SPF 30+ sunscreen on my child each day.	

Signed:	Date:
I give permission for my child to have photos taken at the Centre. I understand that photos may be displayed within the centre.	
Signed:	Date:
I give permission for my child to have photos taken that may be used on the Atlantis Afterschool Care website on the Internet, on the Atlantis Facebook page or by the local newspaper.	
Signed:	Date:
I give permission for the staff and training childcare students to take observations of my child for use in the development of centre programs and learning experiences for the children at the centre. These observations may include photographs.	
Signed:	Date:
I understand that Atlantis Afterschool Care requires written authorisation from a parent/guardian before any child is transported in any vehicle, with the exception of an emergency situation.	
Signed:	Date:
I understand that my child will not leave the Centre unless collected by a parent, or a person authorised by the parent/s, to do so. In the case of an emergency, the Nominated Supervisor can authorise a person to take my child from the Centre, if all authorised contacts are uncontactable, and the Nominated Supervisor believes this person has due regard to the well being of my child.	
Signed:	Date:
<p>Atlantis Afterschool Care Ocean Keys retains the right to refuse entry to any child or parent, who display aggressive behaviour that poses a threat to children, educators or other centre visitors, that attend this service.</p> <p>Payment of Fees: Where childcare fees are in arrears by 3 weeks, your child's care position will be cancelled in that week. Upon full payment of the debt, including 1 week in advance, the child may recommence care, if a position is available.</p> <p>Any debt collection service fees incurred, will be passed onto the debtor.</p> <p>Casual bookings incur and additional \$3.00 charge.</p> <p>Late Fee: Where a parent collects a child after 6:00pm. Please note a late fee of \$1.00 per minute is incurred, which is payable on the day directly to the Educator.</p> <p>I / We _____ / _____ Have read and understand all information provided in this enrolment form and agree to the terms and policies of Atlantis Afterschool Care</p>	
Signed:	Date:

How did you hear about us?

Friend FaceBook Indoor Play Website Newspaper Other

OTHER _____

Immunisation Records and Birth Certificate Sighted: YES / NO

Nominated Supervisor: _____ Signature: _____

We acknowledge Aboriginal & Torres Strait Islander Peoples as the Traditional Custodians of this land and pay respect to Elders past and present in the spirit of reconciliation.



Permission for Walking or Transporting School Age Children To and From School

I _____ (Parent's Name) give permission for my child
_____ (Child's Name) to be collected by an Atlantis After
School Care educator and walked to their After School Care facility on site at Peter
Moyes.

Collection of children to and from School will be in accordance with the Centre
Transportation & Excursion Policy.

Parent Signature: _____

Date: _____