



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 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 and we 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. Additional forms are there to help you to know about us – building active relationships is very important. We invite families to speak with educators to clarify any concerns, so we can best support the needs of your child.

Your child cannot commence at **JUMPSTART 4 Kids** until we have **all completed forms and payments**. To confirm a place for your child at **JUMPSTART 4 Kids** we require (before your child starts):

- Complete Enrolment Form with **Parent CRN and Child CRN provided**
- Original Birth **Certificate and Immunisation History Statement**. Copies will be made. (*Blue Book is not accepted*)
- Child and Family photo taken upon receipt of enrolment for orientation and file requirements
- **Refundable Bond Two weeks' fees paid in advance** (adjusted to reflect Child Care Benefit) or minimum \$200 whichever is the largest.
- Enrolment **Administration Fee \$75 Non-refundable**
- This **includes a JumpStart 4 Kids Hat and T-Shirt**

(Cheque payments payable to JumpStart Education Pty Ltd)

CCB (Child Care Subsidy CCS after July 2018) 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 (CCS) 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 (CCS) 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 Ley

Directors

JUMPSTART 4 Kids



JUMPSTART 4 KIDS

PARENTAL DETAILS 94 Harold Street, Blacktown

<p>Parent 1</p> <p>CRN _____</p> <p>Title / First Name:</p> <p>Last Name:</p> <p>Other or former names parents known by:</p> <p>.....</p> <p>Home Address:</p> <p>.....</p> <p>Home Telephone:</p> <p>Mobile:</p> <p>Drivers License No:</p> <p>Ethnicity:</p> <p>Language Spoken:</p> <p>Marital Status:</p> <p>Date of Birth:</p> <p>.....</p> <p>Occupation:</p> <p>Work Name:</p> <p>Work Address:</p> <p>.....</p> <p>Work Telephone:</p> <p>Email Address:</p>	<p>Parent 2</p> <p>CRN _____</p> <p>Title / First Name:</p> <p>Last Name:</p> <p>Other or former names parents known by:</p> <p>.....</p> <p>Home Address:</p> <p>.....</p> <p>Home Telephone:</p> <p>Mobile:</p> <p>Drivers License No:</p> <p>Ethnicity:</p> <p>Language Spoken:</p> <p>Marital Status:</p> <p>Date of Birth:</p> <p>.....</p> <p>Occupation:</p> <p>Work Name:</p> <p>Work Address:</p> <p>.....</p> <p>Work Telephone:</p> <p>Email Address:</p>
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Medical Details

Doctor: Address: Phone:

Medicare No: Health Fund No: Ambulance Fund No:

Eating:

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

Any food likes: _____

Any food dislikes: _____

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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JUMPSTART 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 immunised? Yes / No Please provide evidence e.g. Immunisation Register

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) identify with any of the below categories. Please tick
 Child at risk Disabled parent Learning needs Communication needs Mobility Needs
 Interpersonal needs Other Date Received: _____

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

e) have a diagnosed disability? Tick Yes _____ Date: _____ No

f) have any special medical condition? _____

g) take any regular medications? If so, what is the medication? _____

h) If Medication is taken what doses are required and at what intervals. _____

Child's present health status: _____

ASTHMA: 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.

Date: Signed: Witness:



JUMPSTART 4 KIDS

CHILD ENROLMENT FORM

94 Harold Street, Blacktown

General Information / Needs:

Are there special festivals and celebrations 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 History Statement (Australian Immunisation Register)	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



JUMPSTART 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 (CCS) is only payable upon your child's attendance from start to the concluding date.	
CCB will be cancelled after 42 days of absence without a Doctors certificate in a financial year.	
I agree that fee payments are paid at a daily rate.	
I agree to connect to the my.gov.au website 5 days prior to the commencement of my child's enrolment. <i>July 2018</i>	
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 position 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 electronically sign my child in and out. The responsible adult will ensure that staff are 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 charged 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.	
No observations by students will occur without parental permission. Separate permission will be sought by the student to record observations of my child for their learning purposes.	
I give permission for the Department of Education and Care and the Australian Children's Education and Care Quality Authority (ACECQA) to have access to my child's records as needed.	
I understand that incursions occur routinely at the centre at a nominated cost and that I will be charged if these occur on my child's scheduled day regardless of absences.	
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: _____

Revised 4/02/2018