



# 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 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**. ( Blue Book is not accepted)
- **Two weeks fees paid in advance** ( adjusted to reflect Child Care Benefit ) or minimum\$100
- 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 10/07/2015



# 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: ..... 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.

.....

.....

.....



# 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. 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: .....



# 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
<b>First Name</b>			
<b>Last Name</b>			
<b>Address</b>			
<b>Home Phone</b>			
<b>Work Phone</b>			
<b>Mobile Phone</b>			
<b>Relationship to child</b>			

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



# 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 <b>Jumpstart 4 Kids</b> .	
<b>Full fees</b> will be incurred if your child does not attend on the nominated start or concluding date as <b>CCB</b> is only payable upon your child's attendance from start to concluding date.	
<b>CCB will be cancelled after 42 days of absence</b> without a Doctors certificate in a financial year.	
I agree to abide by the <b>Jumpstart 4 Kids</b> Policies and procedures, in the Parent information book and <b>Jumpstart 4 Kids</b> 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 <b>Jumpstart 4 Kids</b> . I agree to pay two weeks fees if either situation occurs.	
I agree to ensure my child is brought to and collected from <b>Jumpstart 4 Kids</b> by a responsible adult, who will sign my child in and out of the sign-in book. 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 <b>Jumpstart 4 Kids</b> 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 <b>Jumpstart 4 Kids</b> 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 <b>Jumpstart 4 Kids</b> . I will collect my child promptly if my child becomes ill whilst at <b>Jumpstart 4 Kids</b> .	
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 <b>Jumpstart 4 Kids</b> 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 <b>Jumpstart 4 Kids</b> to call an ambulance for my child (at family's cost) and seek emergency medical / dental treatment for my child. I understand that <b>Jumpstart 4 Kids</b> 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 <b>Jumpstart 4 Kids</b> for use by <b>Jumpstart 4 Kids</b> .	
I agree to pay for additional fees incurred for incursions organised by <b>Jumpstart 4 Kids</b> .	
I give permission for my child to have sunscreen applied at <b>Jumpstart 4 Kids</b> . I understand that if my child is allergic to the sunscreen provided, I will provide sunscreen.	
I understand that students may be at <b>Jumpstart 4 Kids</b> 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 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 incursion 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 10/07/2015