

MEETING HOUSE INC.

47 Burns Bay Road

LANE COVE NSW 2066

PHONE: 9427 1841 FAX: 9418 8321

Dear Parents,

Please find enclosed:

1. Parent enrolment form – Please complete and drop in to The Meeting House Neighbourhood Centre at 23a Stokes Street, Lane Cove North with \$200 non-refundable deposit plus your child's blue immunization booklet. We also require a copy of your child's birth certificate and one parent's driving licence to be copied.
2. Policy Form – Please read and note Kindergarten requirements and policies as stated in the Handbook (obtainable from the office at the Neighbourhood Centre or on the website) and return signed confirmation of your acceptance of the policy excerpts provided. You are free to read the whole policy document at the Kindergarten any time.
3. Child's Enrolment Form – Please complete and return with deposit to secure your child's position at the Kindergarten.

Your invoice will include:-

- Total fees for the Term
- A one off library donation of \$5 (This is to cover any lost library books)
- Purchase of compulsory Kindergarten hat \$10
- Equipment and Maintenance Levy. Each family is asked to contribute \$40 per term instead of organizing and participating in major fund raising activities. These charges are to be paid in full by the end of the second week of term.

Should you have any queries please contact me and I will assist you in any way I can.

Yours sincerely,

Marion Carruthers
Kindergarten Director

MEETING HOUSE INC.

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LANE COVE NSW 2066

PHONE: 9427 1841 FAX: 9418 8321

CRN: 281 717 332L

Parent Enrolment Form:		
Parent 1		Parent 2
Title/First name:		Title/First name:
Last name:		Last name:
Date of birth:		Date of birth:
Driver's Licence No:		Driver's Licence No:
Any other names by which the parent is known:		Any other names by which the parent is known:
Home address:		Home address:
Post Code:		Post Code:
Postal address:		Postal address:
Post Code:		Post Code:
Home phone:		Home phone:
Mobile:		Mobile:
Email address:		Email address:
Ethnicity:		Ethnicity:
Language spoken:		Language spoken:
Marital status:		Marital status:
Employment details:		
Occupation:		Occupation:
Work name:		Work name:
Work address:		Work address:
Post Code:		Post Code:
Work phone:		Work phone:
Email address:		Email address:
Comments:		Comments:
Medical details:		
Doctor:		Dentist:
Address:		Address:
Post Code:		Post Code:
Phone:		Phone:
Medicare No:		Medicare No:
<p>I hereby give my written consent to the carrying out of appropriate medical, dental, ambulance or hospital treatment in the event that such action appears to be necessary because the child has been injured or is ill at the premises. 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 as referred to in Section 174 of the Act.</p> <p>_____ Signed by the parent Date: _____</p>		
Date:	Signed:	Witness:
PTO		

Miscellaneous:		
Other children living at home (name & ages – optional):		
Can you contribute any skills to our centre's program or have time to volunteer e.g. sewing, typing, maintenance etc.?		
Other comments:		
Siblings attending another centre:		
First name:	First name:	First name:
Last name (if different)	Last name (if different)	Last name (if different)
Emergency Contacts: (Do not include parent/s names/s)		
I authorise the staff of this centre to give the following emergency contact names access to my child/ren: (Note: must be over 18 years). Please ensure these emergency contact persons are willing and able to collect your child/ren in the event of an emergency. At least 2 contact names must be completed before enrolment commences.		
1. Emergency contact	2. Emergency contact	3. Emergency contact
First name:	First name:	First name:
Last name:	Last name:	Last name:
Address:	Address:	Address:
Post Code:	Post Code:	Post Code:
Home Ph:	Home Ph:	Home Ph:
Mobile:	Mobile:	Mobile:
Work name:	Work name:	Work name:
Address:	Address:	Address:
Post Code:	Post Code:	Post Code:
Work Ph:	Work Ph:	Work Ph:
Relation to child:	Relation to child:	Relation to child:
Note: The staff will not allow your child/ren to go with adults unless names are written on this form. Proof of identity (e.g. Drivers Licence) is also required.		

Date:	Signed:	Witness:
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Child Enrolment Form:

Given names:		Last name:			
Any other names by which the child is known and any former names of the child:					
Address: (If different to Parent 1)					
Date of birth		Place of birth:		Sex: M/F	
Intended start date:			Language spoken:		
Ethnicity:			Religion:		
Court orders sighted & signed by JP (if any):					
Copy on file: Yes/No					
Days/times required					
	Mon	Tues	Wed	Thurs	
Arrival time:					
Departure time:					
Is this child attending another centre in the same week: Yes/No Please advise the number of hours at other centre:					
Birth Certificate sighted? Yes/No (To be completed by staff)					
Health:					
Has your child been immunised: Yes / No (please circle) Please provide evidence e.g. (Blue book)					
Child's present health status:					
Does your child:					
• have allergic reactions e.g. food, medicine, grass, bees, face paint etc.?					
• have any behavioural difficulties we should know about?					
• regularly visit a specialist e.g. Speech Therapist etc.?					
• have any special medical condition?					
• take any regular medication?					
If yes to any of the above please provide details:					
General needs:					
Does your child participate in festivals/celebrations? Yes / No					
If No please provide information concerning the child's religion and cultural background and any practice that is to be observed at the service in respect of the child because of that religion or background.					
Date:		Signed:		Witness:	

Are there any words we need to know in any language to help make your child's day smoother?
Does your child have any special comforter?
Fears e.g. Mowers, plug holes, thunder etc.?
Any other special needs?
Eating:
Special dietary needs e.g. vegetarian, religious beliefs etc.:
Favourite foods:
Dislikes:
Permission:
I give permission for:

Date:	Signed:	Witness:
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Parents/ Guardians Please read the following POLICIES of the Meeting House Kindergarten. It is important that you understand and agree to abide by these policies. Should you have any questions or queries regarding these policies please call and discuss your concerns as soon as possible. Your signed assent that you have read, understood and are prepared to abide by these policies must accompany your child on their first day at Preschool. No child will be permitted to stay until the Staff receives the signed form.

Thank you for your cooperation.

Marion Carruthers

Director

I _____ **Parent / Guardian of**

_____ **(Child/ren)**

Have read the Policies of the Meeting House Kindergarten relating to Fee Payments, Late Payments, Non-refundable enrolment fee, Parents/ Management/ Staff Responsibilities, No Nuts in Food Policy and accept and agree to adhere to these Policies.

Signed _____ (Parent /Guardian)

Date _____

Received by office _____ (date)

Filed with enrolment information by _____ (Staff to sign)