



Hillston Billylids
61 Burns Street
Hillston NSW 2675
Phone: 02 6967 2358
Fax: 02 6967 1254
Hillstonbillylids1@bigpond.com

Enrolment Form

All information in this form is confidential

Childs Details

Childs Full Name:
Home Address:
Date of Birth:
Gender:
Country of Birth:
Nationality:
Childs CRN:

Childs Attendance:

Start date:

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					

Are there any court orders affecting the custody of your child? (if yes please attach a copy for our records)

Does your child attend any other Approved care service?

Parent One details:

Title:
Parent Name:
Home Address:
Home Phone:
Work Phone:
Mobile:
Email Address:
Nationality:
Parent CRN:
Date of Birth:



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Are you any of the following?
Working
Have a disability
Maternity/Paternity Leave
Studying
Single Parent
Not working
Of aboriginal descent
Seeking work

Parent Two Details:

Title:
Parent Name:
Home Address:
Home Phone:
Work Phone:
Mobile:
Email Address:
Nationality:
Parent CRN:
Date of Birth:

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Emergency Contacts and people authorised to collect your child other than parents (1)

Title:
Name:
Home Address:
Home Phone:
Work Phone:
Mobile:
Relationship to Child:

Emergency Contacts and people authorised to collect your child other than parents (2)

Title:
Name:
Home Address:
Home Phone:
Work Phone:
Mobile:
Relationship to Child:

Emergency Contacts and people authorised to collect your child other than parents (3)

Title:
Name:
Home Address:
Home Phone:
Work Phone:
Mobile:
Relationship to Child:

Emergency Contacts and people authorised to collect your child other than parents (4)

Title:
Name:
Home Address:
Home Phone:
Work Phone:
Mobile:
Relationship to Child:



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Names and dates of birth of siblings:

Name:
DOB:
Name:
DOB:
Name:
DOB:

Medical information:

Family Doctor:
Address:
Phone:
Family Dentist:
Address:
Phone:
Medicare Number:
Private Healthcare Number:

Health and immunisation information:

Does your child suffer from Allergies? Details if YES
Does your child suffer from Asthma? Details if YES (Certificate from Doctor is required)
Is your child receiving regular medication? (If Yes Name of Medication, side effects, dosage, frequency etc)
Copy of your child's immunisation register must be received. (This can be obtained from Medicare)



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Does your child suffer from any of the following:
Hearing Loss
Blood Disorder
Hernia
Epilepsy
Convulsion
Frequent Colds
Frequent Ear infections
Diabetes
Heart Murmur
Clumsiness
Developmental Disability/Delay
Sight loss
Eczema
Any other health issues staff should be aware of?



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Rules of the centre:

I'm applying for enrolment; I hereby acknowledge that I am wholly responsible for all fees payable to Hillston Billylids Early Learning Centre in respect to my child/children being in care.

I agree to give **two weeks' notice in writing** of my intentions to leave the service. This also applies to changing contract days, we will endeavour to accommodate your request however we cannot guarantee the change.

I agree to pay my weekly fees each and every Monday unless alternative arrangements are made with the Director or Office Manager of the Service.

I agree to pay a Bond of \$100 for the first child \$50 for every child afterwards. This will be refunded when the child leaves the centre.

I agree to pay a weekly administration fee of \$3.30 per family; this covers insurance costs and administration.

I agree to pay an annual voting fee of \$2.00 for the Annual General Meeting which gives me the right to vote.

A late fee of \$20.00 for up to 15 minutes after 5pm, \$40.00 late fee for 15min to 30 min after 5pm and \$50.00 late fee for 30min-1hour after 5pm will be charged. When applicable, I agree to pay the late fee.

I acknowledge that fees will be charged for each week of my child/children's enrolment including all absences (including holidays and sickness), unless **two weeks' notice** has been given.

Outstanding fees

If a child's fees are two weeks overdue, a fee reminder will be issued on the parent's invoice.

If fees are not paid, parents will receive a notice informing them that their child's position at the centre will be cancelled and Billylids will take measures to collect the full unpaid fees. If you default in making payment and recovery/legal action is undertaken, you will be responsible for all expenses in relation to the collection of the outstanding amount including, but not limited to, all charges and fees, legal costs on an indemnity basis and disbursements. **Parents need to speak to the director IMMEDIATELY if there are difficult circumstances which prevent fee payments.**

If my child has difficulty breathing at the centre, a First Aid qualified staff member is authorised to administer the correct dosage of asthma medication to my child:

If my child is seriously injured or ill while in care at the centre, I understand that every effort will be made to contact parents or emergency contacts. I agree that the centre director or delegate will seek urgent medical, dental, ambulance or hospital treatment. I give permission for appropriate medical, dental or hospital treatment to be performed.

My child is authorised to be filmed or photographed for use in learning displays, webpage, Facebook, documentation of the children's work within the centre.

Should I fail to notify the Centre after two (2) weeks regarding my child's absence, it will be understood that my placement at the centre will be lost.

Signature of Parent 1:

Signature of Parent 2:

Date: