NURSERYLAN



EARLY CHILDHOOD LEARNING CENTRES

	Name				
	Name:				
	Signature:				
Is there a court order effecting	Yes	No			
vour child:	103	140			
Court order copy attached:	Yes	No			
Days required:					
	Monday Tuesday Wednesday	Thursday Friday			
Written authorization other					
than the parents/guardian for	Yes	No			
picking up child/children:					
Any special events celebrated:					
Parent Agreement					
	(name) brough				
	hood Learning Centres, Grange N				
Childhood Learning Centres, Babies Boutique Early Childhood Learning					
Centres.					
✓ I agree to pay my fees in advance my child's first day of attendance and keep					
my accounts in advance in accordance with the rules/policies of Nurseryland					
Early Childhood Learning Centres.					
✓ I agree to give the chosen centre two (2) weeks notice for cancellation of					
bookings of pay two (2) weeks fees.					
✓ I agree with the policies and rules of Nurseryland Early Childhood Learning					
Centres.					
✓ I give permission for staff at Nurseryland Early Childhood Learning Centres					
to administer signed medication to my child/children. ✓ I agree to pay all said accounts referring to the health and well being of my					
child/children, i.e. Doctor, ambulance, medical and pharmaceutical costs.					
✓ I give permission for staff of Nurseryland Early Childhood Learning Centres					
to apply standard creams, i.e. bites, stings, and abrasions unless otherwise					
informed.	0, 1.0. 0100, 5111.50, 1214 401401010 4				
✓ I give permission for my	child/children to go on excursion	S.			
✓ I agree to allow my child/children to be photographed at the centre and such					
photos to be property of the centres.					
✓ I understand that any deposit I have made to hold positions for my					
child/children is non ref	undable.				
Parents Name (please print):	Parents Signature:_				
Date://					
Parents Name (please print):	Parents Signature:				
Date:/					



"Our children love to learn through play."
Nurseryland Early Childhood Learning Centres



Alderley/ Grange

26 Progress Parade
Telephone: 3856-4483

 Childrens Paradise
 Stafford
 A

 29 MacNaughton Street
 26 Progress Parade

 483
 Telephone: 3356-4466

 Telephone: 3856-4486

NURSERYLAN





Enrolment Form	Commencement Date		
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I, the parent, agree to all the following rules set down by Nurseryland Early Childhood Learning Centres.

- 1. To pay fees strictly in advance the first day each week of the child's attendance.
- 2. To pay fees if your child/children are absent, or on days of public holidays for which child/children may be enrolled, or if your child/children are withdrawn from the centre without giving two (2) weeks notice.
- 3. Accounts are to have a one (1) week bond, and is payable only by Direct
- 4. The centre must be notified if your child will be absent on that day/s.
- 5. Centre opens for fifty (50) weeks a year.
- 6. If you haven't lodged your child care benefit forms before your child/children starts, accounts will be charged full fees until it has been lodged.
- 7. Written notification must be given of any change of address, employment and contact numbers.

Child's full name:		
Date and year of birth:		
Child's sex:	Male	Female
Child's home address:		
Child's home phone number:		
Father's Full name:		
Father's DOB:		
Father's home address:		
Father's home phone number:		
Father's mobile ph number:		
Father's occupation:		
Father's work address:		
Father's work phone number:		
Father's Email address:		
Mother's Full name:		
Mother's home address:		
Mother's DOB:		
Mother's home ph number:		
Mother's mobile ph number:		
Mother's occupation:		
Mother's work address:		
Mother's work phone number:		
Mother's Email address		



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26 Progress Parade Telephone: 3856-4483

Childrens Paradise St 29 MacNaughton Street Stafford Telephone: 3356-4967

Alderley/ Grange 26 Progress Parade

Telephone: 3856-4486

NURSERYLAN



EARLY CHILDHOOD LEARNING CENTRES

Name of friend/relative/			
authorised pick up:			
Relationship to child:			
Relatives address:			
Relatives phone number:			
Name of persons picking up			
child:			
Please tick:	Married Studying	Not Married Supporting Parent Seeking Employment	
Number of children in family:			
Position in family:			
Child's religion:			
Primary language:			Mind of the
Language spoken at home:			
Any special words:			
Medicare number:			
Are you an ambulance	•	Yes	No
member:			
Parent Name & CRN:			
Child CRN:			
Has your child been	Triple A	Polio Measles	Hepatitis B
immunised against the	Mumps		
following? Please tick:	Hib	Meningococcal	Chicken Pox
Does your child have any			
disabilities:			
Does your child have any			
special needs:			
Any illnesses/allergies, eg.			
Penicillin, food allergies:			
Name of family Doctor:			
Address and Phone number:			
Who should be contacted in			
case of emergency for			
authorised pick up:			
Relationship to child:			
Emergency contact address:			
Emergency contact phone			
number:			
Parent giving permission for	Name:		
emergency medical, hospital,	Signature:		
ambulance & first aid:			



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