

AVA Registration Form

Please give as much detail as possible and ensure you keep us updated of any changes.

Child's full name:-	Date of Birth:-
Name known as if different from above:-	Male/Female:-
Full names of parents/carers, title & relationship to child:- 1) 2) Who correspondence should be addressed to:-	
Home phone # Home Address:- Zip:-	

<u>Mother's/Female carer's work details:-</u> Occupation:- Employer:- Tel. # E-mail Address:- Mobile Tel. No:-
<u>Father's/Male carers work details:-</u> Occupation:- Employer:- Tel. #:- E-Mail Address:- Mobile Tel. #:-
Parent's Marital Status:- If divorced/separated who has legal custody:- May non-custodial parent collect child? <small>(Legal evidence may be required)</small>

In an emergency please contact:- (Someone other than parents/carers)	Relationship to child:-	Tel. #.:-

Please indicate which sessions you would like your child to attend and give your required start date.

	Full Day	Morning Session	Afternoon Session
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Preferred Start Date:- _____

(Please note that bookings are not guaranteed until a confirmation letter is received)

Religion:-	Ethnic Origin:-
Child's First Language:-	
Please state if you do not wish your child to participate in any activities for religious reasons:-	

Child's Doctor/paediatrician:-
Doctors Address:-
Tel. #:-
Allergies:-
Current Medical Problems/Medical Treatment:-
Special Dietary Requirements:-

<p>Please tick () if your child has had:-</p> <p>Chicken Pox () Measles () Polio () Whooping Cough () Diphtheria ()</p> <p>German Measles () Mumps () Scarlet Fever ()</p>
<p style="text-align: center;"><u>Important</u></p> <p>Whilst every attempt will be made to contact you and the emergency carer in the event of a medical emergency, if we are unsuccessful we require your consent to take appropriate action. In the event of such an occurrence we will continue to make every attempt to contact you.</p> <p>In the event of a medical emergency I agree to my child being taken to a doctor or hospital for treatment if neither myself nor the named emergency contacts are available.</p> <p>Signed (Parent/Carer) Date:-</p>

What Makes Your Child Special

Please give as much detail as you can in order to help your child settle as quickly as possible.
(*Please delete as appropriate)

Has your child previously been cared for:- *At home *Home Daycare *Other Childcare Center *Other

During the day is your child: *toilet trained/partly toilet trained/in diapers.
(Please let us know if your child has a special name for wanting to go to the toilet).

If your child likes a sleep during the day does he/she need a diaper whilst asleep even though toilet trained? *Yes/No

Does your child need help with:- *Feeding *Undressing/Dressing *Toileting *Handwashing

Does your child have any special fears or worries?

Does your child sleep during the day? *Yes/No

If yes, at what times and for how long:-

Does your child need a comforter?:-

Infant Information:-

Is your baby on *Bottle/Breast milk as his/her **complete** diet? Yes () No ()

If yes, at what times will he/she need feeding:-

If no, does he/she have milk to supplement solid food? Yes () No ()

If yes, is the bottle to be taken before or after solids?

What type of food have you introduced in addition to the milk diet?

- a) Tin/Jar food ()
- b) Packet food ()
- c) Other.....

How much solid food does he/she have and at what times?

Please list any person who is authorized to collect your child from the Pre-school. Please note that, for the protection of your child, only authorized parents/guardians and persons listed below will be permitted to collect your child unless we are notified of any other arrangements in writing. If we are unfamiliar with any of the persons listed below we will automatically request picture I.D and your child's password. If we are in any doubt about the person collecting your child we will not release them until we have contacted you. Thank you for helping to keep our children safe.

Name	Relationship to child	Brief description:-

Your child's individual password:- _____

Please note that, on occasion, we may request that you change your password.

Please sign and return this copy

Agreement:-

I enclose a registration fee of \$100.00 and a deposit of \$100.00 which reserves a place for my child at AVA. I understand that the registration fee is non-refundable once a place has been confirmed and that the deposit will be refunded once the final invoice for fees has been paid.

I have received and read a copy of AVA's Parent Handbook & Registration form and the terms and conditions sheet which I have read, understood and agree to adhere to.

Parent/carer 1. Full Name.....

Signed.....

*(Mr/Mrs/Miss/Ms/Dr)

*Mother/Father/Guardian

*please delete as appropriate

Date.....

Parent/Carer 2. Full Name.....

Signed.....

*(Mr/Mrs/Miss/Ms/Dr)

*Mother/Father/Guardian

*please delete as appropriate

Date.....

Please sign and retain this copy for your information

Agreement:-

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Parent/carer 1. Full Name.....

Signed.....

*(Mr/Mrs/Miss/Ms/Dr)

*Mother/Father/Guardian

*please delete as appropriate

Date.....

Parent/Carer 2. Full Name.....

Signed.....

*(Mr/Mrs/Miss/Ms/Dr)

*Mother/Father/Guardian

*please delete as appropriate

Date.....

Additional documentation required to enroll your child

In order to process your child's details we will need the following documents and information:-

- Completed registration form with deposit and registration fee.
- Current Immunization Blue Form.
- Current Physical Yellow Form.
- Signed DCF "Know your Childcare Center" booklet.
- Notarized custody declaration (if applicable).

Please ensure these items are presented on or before your child's first day.
Thank you.

Items your child will need to bring on his/her first day.

- Bedding for nap-time - a sheet, a light blanket and a pillow/cushion. Please bring these items in a bag that can remain at AVA during the week. Don't forget to bring your child's comforter if he/she needs it.
- A spare change of clothing for the inevitable 'mishaps'! - all clothing should be labelled to prevent them from being lost.
- Diapers/pull-ups, wipes, formula, jar food and diaper cream if applicable.



Dear Parents/Guardians

During your child's first few years of life, many important skills and abilities are established; skills that are the key to success in school and later life. It is important to monitor these developments to ensure that your child is progressing at a steady pace and is reaching the milestones that are appropriate for his/her age.

The teachers in this school have completed training in the observation and screening of young children and we have implemented a program of periodic screening for the children in our care. The results of this screening allow us to plan appropriate activities for the individual child to ensure that they receive tailor made care.

With your permission we will occasionally observe your child's development and will record the results using a screening checklist developed for this purpose.

We welcome your participation in these screening sessions and we would be glad to explain the screening process to you in detail. We will also convey the results of the screening to you upon completion of the observations. Should we find any areas of concern we will naturally discuss this with you and offer suggestions and resources that will assist you and your child.

We are required, by State, to offer screening to all of our families, however you are under no obligation to accept this offer. Please indicate below if you give permission for us to periodically screen your child.

If you have any concerns regarding your child being screened please do not hesitate to speak to either Laura or Jo who will be pleased to answer any questions you may have.

Please complete, detach and return the below slip with your registration details. Thank you.

----- "-----"----- "-----"-----

Child's Name:-_____ Date:-_____

Birthdate:-_____

If child was born prematurely, how early was the birth?:-_____

*I do give permission for my child to be periodically screened:-

*I do not give permission for my child to be periodically screened:-

Parent or guardian's signature:-_____

*Please delete as appropriate