



“Where tomorrow’s learning starts today”

Enrolment Form

This enrolment form needs to be filled out in its entirety and handed back one week prior to your child/ren starting.
If enrolling more than one child, please fill in another form indicating the same information is on the other form
(ie.parent info, pick up lists)

Requirements for enrolment are

1. Immunisation records given for photocopying: _____ Yes
2. Birth certificate sighted: _____ Yes
3. Anaphylaxis and Asthma Management Plans need to be given along with medication prior to starting: _____ Yes _____ N/A
4. Child and parent CRN’s and birthdates must be given to receive CCB: _____ Yes
5. Enrolment fee of \$75 per child to be paid when you hand this form in: _____ Yes
6. Bond to be paid prior to starting (two weeks full fees upfront): _____ Yes

HOW TO ENROL AT SEASCAPE EARLY LEARNING CENTRE

STEP ONE	Read the Parent Handbook. Choose the days you want to attend and fill this form out. Please make sure you fill this form out in its entirety including ALL birthdates otherwise CCB will not be allocated to you. Forms that are not filled out in full will be rejected. If you have any questions regarding this form please contact the Centre's Director on 4297 1888
STEP TWO	Make sure all documentation is up-to-date and supplied to the centre and that your CRN's have been lodged with Centrelink otherwise you will be paying full fee. For new enrolling parents you will need to bring your forms, all required documentation and have a copy of your CCB details. (this must include your CRN, each of your child/ren's CRN, the hours that you can receive and the percentage that you are currently receiving) However, you will be charged full fee until we receive confirmation from Centrelink, this will then be credited to your account depending on your percentage.
STEP THREE	Come into the centre and hand in the forms. Note: Please be aware that requested day's will be given on a first in, first served basis, if the positions are available.
Payment methods:	Via Westpac's Payway System *Direct Debit (details are attached)
Costs:	Fees: \$85 per day per child 2-6years Enrolment fee: \$75 per child, (this includes a t.shirt, hat, sunscreen, portfolio and admin fees for your children) Late collection fee: \$50 for the first 10 minutes (or part thereof) and then \$20 for every 5 minutes after (or part thereof) per child if your child/ren are picked up after our closing time which is 6:00pm .
Enrolment Fee:	Enrolment fee: \$75 per child. This includes a t.shirt, hat, sunscreen, portfolio and admin fees for your children. Sizes/colours for hat and t. Shirt are on the back page of this form.
Reenrolment Fee:	Re-enrolment fee: \$16.00 per child per year. This cover's children's portfolio and other administration cost.
PRIORITY OF ACCESS AND RATIOS	Seascope Early Learning Centre's overall aim is to provide high quality care for your children. For Seascope Early Learning Centre to achieve this, the centre abides and exceed the National standards of "Staff to Children" ratios. Please note that Seascope Early Learning Centre complies with the "Priority of Access Agreement" where working parents receive placement priority over non-working parents. To ensure the legislation is enforced, some non-working parents may be required to change their child's enrolled day.

ENROLMENT INFORMATION – PLEASE READ CAREFULLY

<p>Child Care Benefit (CCB)/ Child Care Management System (CCMS)</p>	<p>To receive Child Care Benefit (CCB) you must link your child to the centre. If your child is not linked to the centre, the full fee must be paid. To receive CCB, please phone Family Assistance Office on 136 150 Parents that claim their rebate at the end of the year (50% rebate at Tax time) need to have a CRN listed with Centrelink as well as having given your CRN to the centre (both family and each individual child's CRN). If you don't register with Centrelink and give the details to the centre, you will not receive your 50% rebate at the end of the financial year.</p>
<p>Cancellation of positions and make up days</p>	<p>If you need to cancel your child/ren's permanent position at the centre you will need to give the centre two week's written notice and be paid up in full by the end of the two week's notice. If your child/ren are away for a day that they are booked in, you will still be charged for that day. You are entitled to 5 make up days in a calendar year (make up days can not be carried over to another year), Make up days are given for public holidays. If your child is away sick we will honor a make up day if there is a doctors certificate presented.</p> <p>Make up days can only be given if there is room at the centre for the chosen day. Make up days can not replace days that your currently booked in for. You can only receive a make up day if you notify the centre of your child's absence before 8.30am on the day that they are not attending.</p>
<p>Meals and What to bring</p>	<p>We supply morning tea, lunch, afternoon tea and late afternoon tea. Please see our menu on the foyer noticeboard. Seascope Early Learning Centre has a "No hat – No Outdoor Play" Policy, therefore all children <u>must have a broadrim bucket hat or legionaires hat to play outside.</u> (Please refer our Sunsmart policy). Please ensure that all property is labelled with your child's name. We ask that you pack spare clothes (t-shirt, shorts, underwear, jumper/jacket) in case of accidents and change in weather. 2-3 year olds: please supply 2 nappies/pull-ups each day. (we supply extras). If your child sleeps please bring a fitted cot sheet set, pillow and a sleep comforter (if needed). Please pack these items in a drawstring library bag with your child's name clearly labelled on all items.</p>
<p>Lost Property</p>	<p>Seascope Early Learning Centre takes NO responsibility for lost property. Families are advised not to let their children bring any valuables to the centre.</p>
<p>Immunisation</p>	<p>All children must be immunised and kept up to date with immunisation. Families must provide evidence of immunisation. Please indicate immunisation status in the space provided on the enrolment form. As well, we ask that if your child/ren are sick that they stay at home so the illness doesn't spread throughout the centre.</p>
<p>Allergies</p>	<p>Parents are required to inform the centre of any allergies their child may have when enrolling in the centre or as soon as they become aware. Space is provided on this form to detail known triggers and symptoms to assist staff in managing allergies: all efforts will be made to avoid such triggers. Parents of children with potential anaphylactic shock reactions must discuss management strategies with the Director. Staff are not allowed to administer an EpiPen without training. If your child has an Anaphylactic reaction or Asthma please supply your child's "Action Plan" or see the Director for an "Action Plan". If your child/ren are anaphylactic please supply a list of foods that your child/ren can eat: we do not guarantee there are no triggers in all meals.</p>
<p>Medication</p>	<p>In accordance with the regulations from the Department of Health, SICK CHILDREN WITH A CONTAGIOUS ILLNESS MUST NOT ATTEND THE CENTRE. Please notify staff if your child has contracted a contagious illness or other health concern while attending the centre i.e. Measles, Chickenpox, Head Lice, etc. As the centre does not have the staff or facilities to care for a sick child please make alternative arrangements in the interest of your child's health and welfare. Medication can only be administered by Seascope Early Learning Centre staff with the written permission of a parent / guardian. Parents requiring Seascope Early Learning Centre staff to administer medication should complete a 'medication authority form' available at the centre. Medication MUST have the child's name and correct dosage, time and come in the original packaging and a letter from their doctor.</p>
<p>Arrival and Departures SIGNING IN/OUT</p>	<p>Parents are required to sign their children in and out of the centre each day, stating the time. It is important that a staff member is advised of the arrival and departure of your child/ren, for their own safety. Children will not be allowed to leave the Centre with any person that is not an "Authority to Collect" the child. Please phone the centre and advise them of who is picking up even if they are on the list. Pick ups must be listed on enrolment forms, parent's must inform the centre of the person picking</p>

	<p>up your child/ren and they must show identification to pick the child up. Written notification is required to allow another person to collect your child.</p> <p>Make sure that you sign your child/ren in and out of the centre as this is a legal requirement and is your responsibility.</p>
Breach of Centre Rules	<p>Centre rules are established for the safety and enjoyment of all children. Breaches of these rules may result in exclusion from activities or the centre following consultation between centre staff and parents.</p>
Contacting the centre	<p>Please be aware that it is your responsibility to contact the centre if:</p> <ul style="list-style-type: none"> - Your child/ren is going to be away (before 8.30am) - Your child/ren are being picked up by another person (even if on pick up list)

Enrolment Form

Child's Last Name: _____ Child's First Name: _____

Date of Birth: _____ / _____ / _____

Gender: M / F

Nicknames: _____

May we use these names: Y / N

Child's CRN: _____

Address: _____

Postcode: _____

Child's ethnic background: _____

Child's place of birth: _____

Languages spoken at home: _____

Is your Child a: Torres Strait Islander / Aboriginal / Aboriginal Torres Strait Islander / None

Day's requested to attend: Monday Tuesday Wednesday Thursday Friday

.....

Title:	Mr / Mrs /Ms	Parent One	Mr / Mrs / Ms	Parent Two
Last Name:		<input type="text"/>		<input type="text"/>
First Name:		<input type="text"/>		<input type="text"/>
Address:		<input type="text"/>		<input type="text"/>
		<input type="text"/>		<input type="text"/>
Postcode:		<input type="text"/>		<input type="text"/>
Date of Birth:		<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>
Family CRN:		<input type="text"/>		<input type="text"/>
Home phone No.:		<input type="text"/>		<input type="text"/>
Mobile No.:		<input type="text"/>		<input type="text"/>
Occupation:		<input type="text"/>		<input type="text"/>
Place of Work:		<input type="text"/>		<input type="text"/>
Work Phone No.:		<input type="text"/>		<input type="text"/>
		<input type="text"/>		<input type="text"/>

Current Email: _____

Is Parent 1 **or Parent 2** : Torres Strait Islander /Aboriginal /Aboriginal Torres Strait Islander /
None

Who's CCB will be the primary use: Parent one or Parent two

.....

Court Orders

Are there any Court Orders affecting the custody of your child? Yes / No

If yes, what are the conditions of the order:

If Yes, are they attached? Yes / No

Person(s) denied access and not to collect child:
Name:

(A Photocopy of the Court Order must be attached to this enrolment form and the Director must be notified if circumstances change)

.....

Emergency/ Authorised Collectors

In case of an emergency, if we are unable to contact you, please indicate two people in order of preference who may act on your behalf. As well these contacts will be authorised to collect your child if your unable to collect your child/ren. must be over 18 years of age.

	Contact One	Contact Two
Last Name:	<input type="text"/>	<input type="text"/>
First Name:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Home Phone No:	<input type="text"/>	<input type="text"/>
Work Phone No:	<input type="text"/>	<input type="text"/>
Mobile No:	<input type="text"/>	<input type="text"/>
Relationship to child:	<input type="text"/>	<input type="text"/>

Please note: Staff will not allow anyone to collect your child unless notice is given by the parent or guardian of the child.

Are there any other people it would be important for us to know about with whom your child has close, regular contact?

Name: _____ Relationship to child: _____

Please inform the Staff in writing (below or attached) if there will be a person, other than the parent(s) picking your child up on a regular basis. e.g. a regular grandparent, relative or friend.

I,..... give permission for.....
to pick up my child (insert name)..... on a regular basis without being contacted when they arrive at the centre. I take full responsibility if anything happens to my child once they have been signed out by this nominated person(s) and I fully relinquish all responsibility from the centre once my child has been signed out.

Signature: Date:.....

.....

Other Children in the family

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Are any of these children currently attending another child care centre that is not Seascope Early Learning Centre, if so, name of Centre? Yes / No _____

.....

Health

It is important to keep this information current at all times. Special medical needs or disabilities WILL NOT affect your child's acceptance into this centre. All medication supplied my be accompanied by a letter from your Doctor stating what is used for, the dose required and the name of the Medication. All medication must be sent in a container (with a lid) with your child's name on it and the directions.

Family Doctor: _____ Phone No: _____

Address: _____

_____ Postcode: _____

Medicare Number (Emergency use only): _____

Private Health Fund (Emergency use only): _____

Private Health Fund Number: _____

Does your child have a continuing serious illness? Yes / No

Details:
.....

Does your child need regular medicine? Yes / No

Details:
.....

Has your child ever been hospitalised? If so please provide details. Yes / No

Details:
.....

Does your child have any allergies? Yes / No

Details:
.....

Has your child been immunised? Yes / No

Please provide a copy of your child's immunisation records for the centre files.

Copy provided (please circle) : Yes / No

I understand that in the event of an outbreak of a vaccine-preventable disease at the centre, the service has to notify the Department of Health.

Signed: _____ Date: _____

Has your child ever experienced any language or speech difficulties, physical problems or other health-related issues? Yes / No

Details:
.....

Agreements and consents

Emergencies/ First aid Authorisation

I give permission for staff at Seascape Early Learning Centre to take action in case of any accident or emergency that involves my child. This includes staff seeking emergency medical or dental treatment, hospital or ambulance service if necessary. I agree to staff giving first aid to my child.

Signature of Parent / Guardian

Incursion (Fire brigade, Police, Community services)

Throughout the year we have incursions from Police, the Fire Brigade and other Community services. This involves the children exiting the rear gate of the centre to view community equipment such as the fire truck, police car in the staff carpark area. Please sign below if you give your children permission to participate in these incursions.

Signature of Parent / Guardian

Sun Protection Permission

I give permission for the staff to apply 50+ Broad Spectrum Sunscreen for normal skin-water resistant (approved by the Cancer Council). This sunscreen will be provided by the centre and will be applied to all unprotected areas of skin on my child as per the services sun policy. If you child has a special skin sunscreen please bring this into the centre, labelled with your child’s name. **YES/NO** (please circle)

I give consent for educators to apply non-prescription insect repellent, nappy rash cream, moisturiser as they deem necessary. **YES/NO** (please circle)

Signature of Parent / Guardian

Paracetamol Authorisation

In the event that my child’s temperature is at or above 38°C and the service is unable to contact the parents, guardians or emergency contacts listed on the Enrolment Form, I hereby grant permission to give one (1) only dose of paracetamol at the appropriate dosage indicated on the medication. **YES/NO** (please circle)

I understand and allow Seascape Early Learning Centre to use Children’s Panadol Elixir. If I prefer an alternative brand of paracetamol, I will provide the centre with the medication. I understand that every effort will be made to notify myself (or my emergency contact as detailed in the enrolment form), as my child will need to be collected immediately.

Signature of Parent / Guardian

Illness

I agree to not bring my child to the centre within 24 hours of him or her having had diarrhoea, vomiting or a fever. I will not send my child to the centre with any infectious illness. I agree to arrange for my child to be collected from the centre if staff feel that he / she is not well enough to be in attendance.

Signature of Parent / Guardian

Publicity/Photography

I agree to my child being photographed / videoed during activities and those photos or videos being displayed at Seascape ELC.

Signature of Parent / Guardian

Do you allow for staff to use photos/videos of your child for the purpose of advertising of the centre, such as pamphlets, T.V., website, Facebook etc. (names, ages and address will not be displayed for confidential reasons)

Signature of Parent / Guardian Yes / No

Email Information

Would you prefer newsletters, notices, upcoming events etc, be emailed to you? This would assist us in saving paper and reducing waste.

- Yes** Please provide your email address _____
- No** (I would prefer paper copies)

Overdue Fee's

At Seascope Early Learning Centre, we ask that ALL parents pay two weeks in advance at all times. Failure to do so will result in your child/ren's place(s) being lost until ALL outstanding monies have been paid. Your child/ren may then be placed on the waiting list (if positions are not available) until those places become available. If failure of payment has not been made after three attempts of contacting you i.e first letter, verbal/email and final letter, your details will then be given to our centre's debt collecting agency to recover the debt. In any event of departure with any outstanding monies, your contact details will be given to the Centre's debt collecting agency for collection immediately. All fee's and charges that are associated with collection of debt will be in addition to the total amount owing.

I _____ agree to Seascope Early Learning Centre's Terms of Fee policy. If I _____ do not abide by the centre's policy I understand that my child/ren's place(s) will be lost and that if I have not paid my outstanding account, I acknowledge that my details will be given to the centre's debt collecting agency for collection of outstanding monies along with all additional fee's and charges relating to the debt.

Name of Parent / Guardian _____ **Signature of Parent /Guardian** _____

Date:..... / /....

Terms and agreement

I agree to the following:

1. In signing the Enrolment Form I hereby state that I am the person with the care, custody and control of the child/ren whose name appears on the Enrolment Form.
2. **I accept that fees must be paid at least 2 weeks in advance at all times.**
3. I understand that two week's written notice must be given prior to my child/ren leaving permanently.
4. I will pay an enrolment fee of \$75.00 per child/ren which is non-refundable prior to my child/ren attending.
5. I will pay a deposit (2 weeks full fees) to secure my child/ren's place at the centre.
6. I understand that fee's will commence from the acceptance of a placement and to secure my position, fee's will be paid regardless of whether or not my child/ren attends.
7. I understand that at re-enrolment (new calendar year) fee's will commence at the date of opening regardless of whether or not my child/ren attends.
8. I acknowledge that fees are to be paid even if my child/ren is unable to attend, for any reason whatsoever on any of the pre-arranged days (below).
9. I have read the Seascope Early Learning Centre Parent Information Booklet and agree to the contents and conditions therein.
10. I will inform Seascope Early Learning Centre in writing of any changes to the information in this enrolment form as soon as possible.
11. I agree to abide by Seascope Early Learning Centre policies and procedures.
12. I acknowledge that Seascope Early Learning Centre warrants that it will at all times and to the best of its ability use all reasonable care, concern and control in respect of caring for my child/ren, but I acknowledge the inherent and unforeseeable dangers and difficulties in providing childcare facilities for children.
13. I authorise Seascope Early Learning Centre to take all and any such action as it may consider necessary, appropriate and in the best interests of my child/ren in all circumstances to protect my child/ren and/or any other children at the service.
14. I understand and accept that should the Nominated Supervisor consider my child/ren contagious or too ill to attend the centre that this decision be regarded as final and my child/ren will be collected promptly from the centre.
15. I understand and accept that should my child/ren have a contagious illness, I will not return my child/ren to Seascope Early Learning Centre until the duration of the clearance period or until a medical certificate is issued by a qualified and registered medical practitioner.
16. In the event of any illness or injury to my child/ren I hereby authorise Seascope Early Learning Centre to seek urgent:
 - a) medical or dental treatment from either the doctor or dentist nominated on this Enrolment Form (or another doctor or dentist) or hospital treatment or ambulance service, or
 - (b) assistance from some other person or body nominated by the parent or emergency contact listed on this Enrolment Form,if, in the opinion of Seascope Early Learning Centre, it is necessary to do so provided that the Nominated Supervisor shall inform me as soon as possible in all circumstances of the illness or injury to my child.
17. I understand and accept that the Nominated Supervisor or other designated educators can only administer medication to my child/ren if the medication has been authorised by one or other of the parents and a qualified and registered medical practitioner and if the details of the medication and its administration have been accurately recorded in the Medication Authorisation Form.

18. I hereby agree to reimburse Seascope Early Learning Centre against any charges, costs or expenses incurred by them in obtaining such medical or hospital treatment as is referred to above.
19. I warrant that the information I have provided on the Enrolment Form to Seascope Early Learning Centre with respect to my child/ren is, to the best of my knowledge and ability, true and correct in every respect. I have not withheld any information about the needs or health of my child/ren.
20. In the event of my failure to make fee payments I acknowledge that Seascope Early Learning Centre shall be at liberty to terminate forthwith the provision of childcare facilities and/or services for my child/ren. I understand that if my fees are not paid, my account and details will be passed on to a debt collection agency.
21. I agree that I shall neither procure nor obtain nor attempt to procure or obtain the services of any educator as an individual and not as an employee of Seascope Early Learning Centre.
22. In this agreement the reference to an employee of Seascope Early Learning Centre shall include any educators whether casual, part time or full time who indicates or represents himself/herself to be an employee of our service.
23. I understand that Seascope Early Learning Centre can choose not to accept my child /ren into care if these agreed terms are not met or if Seascope Early Learning Centre believes they are unable to adequately care for my child due to any special needs, medical or behavioural problems.
24. I understand that Seascope Early Learning Centre will maintain the confidentiality of my child/ren's address, telephone number, medical details and developmental records. I also understand that any information provided via the various communication charts such as sign in/out, medication, day sheets, etc. is usually on display at the centre and therefore does not remain confidential

I certify that affixing my signature to this page I have read and understood each of the Terms and Conditions of Enrolment specified above.

I agree to abide by each of these Terms and Conditions of Enrolment without reservation or condition.

I warrant that the information I have provided in respect to my child/ren is to the best of my knowledge and ability true and correct in every respect.

I undertake to inform the service immediately should there be any change to this information.

I acknowledge that I have read and completed all sections on all pages.

Name of Parent / Guardian _____ Signature of Parent /Guardian Date:..... / /.....

Uniform

Item	Size	Quantity	Colour Yellow, Hot Pink, Sky Blue, lime Green	Unit Price	Sub-Total
Shirt		extra		\$13.50	\$
Bucket Hat		extra		\$12.00	\$
Jumper			Grey, cyan, hot pink, yellow	\$35.00	\$
Shirt and Hat Combo		1 combo Included in enrolment fee	Shirt: Hat:	\$25.00	\$
				Order Total	\$

How did you find out about Seascape Early Learning Centre:.....

.....

.....

Office use only. Place Given, commencing _____

Days agreed (circle): Monday Tuesday Wednesday Thursday Friday

Waiting list days: Monday Tuesday Wednesday Thursday Friday

Enrolment Fee Paid \$ _____

Bond Paid \$ _____

Immunisation copy given and attached? Yes or No

Birth Certificate sighted? Yes or No

Copy of custody order given? Yes or No or Not applicable

NB: Details of any court order affecting custody of child. (Copies must be provided)

Anaphylaxis Management Plan supplied along with epi pen? Yes or No or Not applicable

Asthma Management Plan supplied along with asthmatic medications? Yes or No or Not applicable

Authorised Staff Signature Date:...../...../.....

----- **Intentionally left blank**-----

Communication Plan

This communication plan is devised for your child's teacher to assist with developing an individual program to meet their needs and interests.

CHILD'S DETAILS:

Child's name: _____ DOB: _____

Start date: _____ Room: _____

Parent Names: _____ / _____

Siblings and ages: _____

Your child's interests/things he/she likes to talk

about: _____

Any particular strengths/things that your child is good at? _____

Any particular weakness/things your child finds difficult?

Any pets? Name(s)? _____

MEDICAL INFORMATION:

Please list any childhood diseases/previous illnesses: _____

Has your child ever experienced any seizures fits or convulsions? Yes/ No

If yes please provide details (when, where, how often) _____

Has your child been hospitalised: _____ Length of stay: _____

Childs reaction: _____

Medication: Does your child currently use any medication. If so please specify: _____

Are there any known side effects from this medication? _____

All medication **MUST** be handed personally to an educator (never to be left in your child's bag) and **MUST** be in the original container.

Note: Please approach an educator if you require them to administer any prescribed medication. The service has medication charts which parents must sign and write instructions prior to any child being administered medication.

Parent Signature

Date

CULTURAL BACKGROUND:

Cultural identity: _____

Does your family celebrate any cultural festivals? (Please specify)

Language spoken at home: _____

Any key words or phrases used in this language: (please write the English translation next to them) _____

TOILETING:

What is your child's current stage of toileting? (please circle)

Nappies Training Training-needs help/reminding Manages by self

What words/strategies do you use when toileting?

SOCIAL BEHAVIOUR:

Are there any other people with whom your child has close contact, about whom it would be important for us to know? _____

Has your child experienced previous daily care other than within the family? (please circle) Y / N

Please specify: _____

How does your child react to:

- being away from you? _____

- other adults? _____

Does your child have any specific fears? e.g. spiders, thunder etc.: _____

What does your child find comforting (singing, special toy etc.)? _____

Have there been any major changes in your family recently (eg. moving house, separation of parents, new baby, departure of familiar person)?

Was there any problem with child birth? _____

Does your child use a dummy? (please circle) Y / N

Does your child require a bottle? Y / N

Does your child have any special interests? _____

Is there any other relevant information that you would like to provide so that the educators may get to know your child better?

Celebrations: Can your child celebrate the following events at our centre?

Birthdays Yes / No

Easter Yes / No

Christmas Yes / No

Father's Day Yes / No

Mother's Day Yes / No

Other (please specify): _____

CHILD EXPERIENCES:

What areas would you like to assist our centre in? Have you as a parent time to volunteer at the centre?

Some ideas are:

- Excursions -Cooking Days -Story Reading -Open Days
- Parent Meetings -Educational Days -Feedback -Child Activities
- Fundraising

If you would like to be involved in any of these activities please circle, or if you have any suggestions or talents please feel free to note them down for us: _____

On a daily basis I agree:

- Informal conversation will take place at arrival and departure times
- A daily diary will be written outlining the activities which have taken place, achievements and social interactions as well as a slideshow for viewing
- Sleep details will be recorded, nappy change and meals will be recorded.

On a weekly basis

- An individual room program will be displayed in my child's room.

On a monthly basis

- A contribution by parents/carers and educators to my child's individual folder

On a half yearly basis and end of year

- Parent-educator interviews will take place using information from individual observations/programs and from my child's individual folder

Comments:

Parent Signature

Date