

ENROLMENT FORM



DATE ___/___/___

CHILD'S DETAILS.

GIVEN NAMES: _____ FAMILY NAME: _____

PREFERRED NAME OF CHILD: _____

SEX: MALE / FEMALE DATE OF BIRTH: ___/___/___ AGE _____

PLACE OF BIRTH: _____ RELIGION: _____

CHILD'S HOME ADDRESS: _____

LANGUAGE SPOKEN AT HOME: _____

CHILD'S CULTURAL BACKGROUND: _____

KIA: _____ or VISA TYPE: _____

SESSION TYPE

PREFERRED COMMENCEMENT DATE: _____

PLEASE TICK PREFERENCE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FULL TIME DAYCARE					
PART-TIME/ A.M SESSION CARE					
CASUAL CARE HALF DAY					
CASUAL CARE FULL DAY					

FAMILY DETAILS & PERMISSION:

PLEASE STATE OTHER CHILDREN LIVING AT HOME, THEIR FULL NAME AND DATE OF BIRTH:

SIBLING NAME	SIBLING DATE OF BIRTH
1.	
2.	
3.	

WE'D LOVE TO HEAR MORE ABOUT YOUR FAMILY ON OUR 'ALL ABOUT ME' PAGE.

PARENT GUARDIAN DETAILS

PARENT 1

PARENT 2

GIVEN NAMES: _____

GIVEN NAMES: _____

FAMILY NAME: _____

FAMILY NAME: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME ADDRESS: _____

MOBILE: _____

MOBILE: _____

LANGUAGES

LANGUAGES

SPOKEN: _____

SPOKEN: _____

CULTURAL

CULTURAL

BACKGROUND: _____

BACKGROUND: _____

OCCUPATION: _____

OCCUPATION: _____

WORK NAME: _____

WORK NAME: _____

WORK ADDRESS: _____

WORK ADDRESS: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO

RELATIONSHIP

CHILD: _____

TO CHILD: _____

KTP/VISA: _____

KTP/VISA: _____

ALTERNATIVE CONTACT

ALTERNATIVE CONTACT NAME:

ALTERNATIVE CONTACT PHONE:

CHILD MEDICAL DETAILS

CHILD'S DOCTOR:

DOCTOR NAME:

DOCTOR PHONE:

FOLLOWING A CALL TO A PARENT, I GIVE PERMISSION IN AN EMERGENCY FOR THE ABOVE MEDICAL PROFESSIONAL TO BE CALLED.

PARENT SIGNATURE: _____ DATE: ___/___/___

IMMUNISATION DETAILS

PLEASE GIVE DETAILS OF YOUR CHILD'S IMMUNISATION:

MEDICAL DETAILS:

DOES YOUR CHILD HAVE ANY MEDICAL NEEDS: YES/NO
IF YES, PLEASE GIVE DETAILS:

MEDICAL DETAILS:

DOES YOUR CHILD HAVE ANY MEDICAL OR EDUCATIONAL ADDITIONAL NEEDS: YES/NO
IF YES, PLEASE GIVE DETAILS:

FOOD & ALLERGY DETAILS:

DOES YOUR CHILD HAVE ANY ALLERGIES OR SPECIFIC FOOD REQUIREMENTS: YES/NO
IF YES, PLEASE GIVE DETAILS:

ANY OTHER DETAILS YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD AND THEIR HEALTH?

PERMISSIONS:

PLEASE NOTE: PHOTOS WILL BE TAKEN OF YOUR CHILD FOR THE PURPOSE OF, BUT NOT LIMITED TO EDUCATIONAL OBSERVATION, SOCIAL MEDIA POSTS AND EDUCATOR LEARNING.

I / WE GIVE PERMISSION FOR THE EDUCATORS AT BALILIFE DAYCARE TO TAKE PHOTOS FOR THE PREVIOUSLY MENTIONED PURPOSES:

PARENT SIGNATURE: _____ DATE: ___ / ___ / ___

CAN YOUR CHILD CELEBRATE IN FESTIVALS/CELEBRATIONS? YES/NO. PLEASE PROVIDE DETAILS.

HOW DID YOU FIND OUT ABOUT BALILIFE DAYCARE?

PAYMENT AGREEMENT 2019-2020:

- THE MANAGEMENT RESERVES THE RIGHT TO INCREASE THE FEES, DUE NOTICE WILL BE GIVEN.
- ACCOUNTS IN ADVANCE: ALL ACCOUNTS MUST BE PAID IN ADVANCE; MONTHLY BOOKINGS MUST BE PAID BY 7TH OF THE MONTH. SHOULD YOUR ACCOUNT NOT BE, YOUR POSITION WILL BE JEOPARDIZED.
- ABSENCE FROM DAYCARE: FEES ARE STILL APPLICABLE FOR ANY POSITIONS MISSED DUE TO SICKNESS, HOLIDAYS OR PUBLIC HOLIDAYS.
- UNPAID POSITIONS WILL NOT BE HELD.
- WE REQUEST, FOR PUBLIC HEALTH REASONS, THAT ABSENCE DUE TO SICKNESS IS REPORTED TO THE CENTRE.

OUR FAMILY FEE STRUCTURE IS AS FOLLOWS:

- FOR 2+ CHILDREN IN THE SAME FAMILY: 2ND+ CHILD RECEIVES 20% OFF THE DAYCARE FEE, NOT INCLUSIVE OF BUILDING FEE.

FEE OUTLINE FOR 2019-2020 SCHOOL YEAR

PERMANENT POSITION FEES		
ADMINISTRATION FEE NON-REFUNDABLE	One -Time	Rp. 250.000
BOND: RETURNED WHEN FINISHED CARE AT BLD	One -Time	Rp. 2.000.000
FULL TIME: MONDAY – FRIDAY 0-4YRS FROM 1 ST JULY 2019	Monthly	Rp. 2.500.000
PART TIME: MONDAY – FRIDAY 0-2YRS 5HOURS FLEXIBLE	Monthly	Rp. 1.500.000
MORNING SESSION: MONDAY – FRIDAY 2-4YRS 8:00AM – 1PM	Monthly	Rp. 1.500.000
BUILDING FEE: FOR ALL FAMILIES ENROLLED AFTER 1 ST JULY 2019	Yearly	Rp. 8.400.000
	Monthly	Rp 700.000

- EARLY DROP OFF/ LATE PICK-UP FEES: IF YOU REQUIRE EARLY DROP OFF OR LATE PICK UP, FEES ARE CHARGED @ RP. 20.000,- PER 15 MINUTES. THIS INCLUDES UNPLANNED LATE PICK UPS. FEE TO MOVE FROM PART TIME TO FULL TIME RP. 100.000,- P/DAY.

CASUAL POSITION FEES	
CASUAL HALF DAY: 0-2YRS 5HOURS FLEXIBLE	Rp. 250.000
CASUAL MORNING SESSION: 2-4YRS 8:00AM – 1PM	Rp. 250.000
CASUAL FULL DAY	Rp. 400.000