

**Shorebreakers Kindergarten**  
3 Monaro Street, Pambula NSW 2549  
Ph: 02 6495 7700 Fax: 02 6495 7730  
CRN: 406 964 335B

**Conditions of Enrolment / Parent Enrolment Agreements / Permissions:**

<p>I agree to pay my child/children's childcare fees fortnightly in advance unless otherwise agreed to in writing by the management of Shorebreakers Kindergarten.</p> <p>Signed: .....</p>
<p>I understand that even if my child/children do not attend Shorebreakers Kindergarten on days for which they are enrolled, because of sickness, holidays, or other reasons, I am still required to pay for their position.</p> <p>Signed: .....</p>
<p>If my child does not attend Shorebreakers Kindergarten for two consecutive weeks, or I fall two weeks behind in fees without notifying the management in writing as to the cause, I hereby acknowledge the rights of the management of Shorebreakers Kindergarten to cancel my child/children's enrolment and declare my child/children's position vacant.</p> <p>Signed: .....</p>
<p>I hereby consent to my child's name, photograph, age and suburb being used for publicity for the Child Care Centre, at the discretion of the management of Shorebreakers Kindergarten.</p> <p>Signed: .....</p>
<p>I hereby consent to my child's name &amp; photograph being used for the distribution of electronic versions of newsletters via email, at the discretion of the management of Shorebreakers Kindergarten.</p> <p>Signed: .....</p>
<p>I hereby give permission for the staff of Shorebreakers Kindergarten to administer PARACETAMOL ELIXIR if and when required for my child, on the understanding that every attempt will be made to contact me prior to the administration of any such medicine.</p> <p>Signed: .....</p>
<p>I understand that it is a requirement of the Centre that my child be collected if they have an infestation of head lice and they are not to return to the Centre until appropriate treatment has been applied.</p> <p>Signed: .....</p>
<p>I understand that if I require any creams or lotions to be applied to my child, the cream or lotion must have a chemist label on it stating my child's name and specific instructions of when &amp; where it is necessary to apply.</p> <p>Signed: .....</p>
<p>I hereby give permission for staff of Shorebreakers Kindergarten to apply Sunscreen Cream 15+ to my child/children at their discretion. I understand that there is no guarantee that my child will not suffer from the effects of sunburn even if the sunscreen is applied.</p> <p>Signed: .....</p>
<p>I hereby agree to abide by the health &amp; hygiene policy that is outlined in the Shorebreakers Kindergarten Parent Handbook and I understand that my child is not permitted to attend the Centre if they are deemed to be unwell.</p> <p>Signed: .....</p>
<p>I give permission for my child to leave Shorebreakers Kindergarten for short excursions within 200metres of the Centre under the appropriate supervision of staff.</p> <p>Signed: .....</p>

