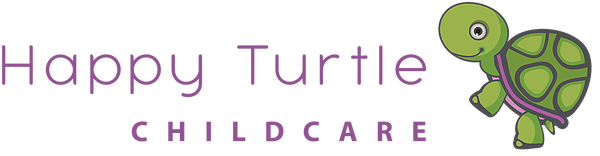
EARLY CHILDHOOD ENROLMENT FORM

[](https://www.google.com/url?sa=i&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiF3IiJqbHbAhVFXLwKHTeIDaIQjRx6BAgBEAU&url=https://www.happyturtlechildcare.com/&psig=AOvVaw1lpMVaZKV8JPUNcg-tQY9J&ust=1527903188344426)

**Child's Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Child's Start Date: \_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Days of attendance: (Please circle) | Monday Tuesday Wednesday Thursday Friday |
| Session Start Time & End Time: |  |

**Accept your email from QikKids within 7 days to be able to view your child on Journey**

**Child cannot start until ALL of the following documents are attached and SUBMITTED: \***

|  |  |  |  |
| --- | --- | --- | --- |
| **\***Child’s birth certificate |  | Child CRN eligibility letter |  |
| **\***Immunisation record - Medicare |  | Photo identification of all emergency contacts/Driver’s License |  |
| Parent CRN eligibility letter |  | **\***Medical documents:  Management Plans - Asthma/Anaphylaxis |  |
| **\***Arrangement Form Completed & Signed. Pages 12 & 13. |  | Child Care Subsidy Confirmation |  |
| **\***Direct Debit Form Completed |  | **\*Getting to know you form** |  |

|  |  |
| --- | --- |
| Date Entered: | Entered By: |

|  |
| --- |
| Happy Turtle Childcare Centre  528 Ontario Ave, Mildura VIC. 3500  info@happyturtlechildcare.com  03 5021 2933 |



CHILD DETAILS  
*Education and Care Services National Regulations - Regulation 160 (3a, e)*

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name(s): |  | | |
| Surname: |  | Name Usually Called |  |
| Language spoken at home:  Second language: |  | | |
| Date of Birth: | **Male / Female** | | |
| Child's Centrelink Reference (CRN) | **\*Children have their own individual CRN number:** | | |
| Child’s Home Address: | **Post Code** | | |
| Child lives with:  (**Please Circle)** | Both Parents, Mother, Father, Guardian, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

CULTURAL CONSIDERATION  
*Education and Care Services National Regulations - Regulation 160 (f, g,h)*

|  |  |
| --- | --- |
| Language spoken at home:  Second Language:  Ethnicity:  Country/Countries we identify  with. |  |
| Country of Birth:  Is the Child of Aboriginal or  Torres Strait Islander Descent?  *(Please circle)* | Aboriginal **Yes/ No** Torres Strait Islander **Yes/ No**  Both Aboriginal & Torres Strait Islander **Yes / No** |
| Please outline any cultural  practices you would like followed: |  |
| Annual Celebrations:  Who would you like us to  recognise for these occasions? | Please Circle/Write in your preference:  Mother's Day - Mum, Nan, Nonna, Yiayia etc.?  Father's Day - Dad, Grandpa, Nonno, Papau, etc.?  Special Person's? |

IMMUNISATION DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I have chosen not to have my child immunised. | **Yes / No**  Please note: Approved documentation must be provided before your child can attend. *See Immunisation Policy* | | | Attached |
|  |
| Are your child’s immunisations up to date? | **Yes / No**  Please provide a copy of your  child’s: Immunisation History Statement provided by Medicare | | | Attached |
|  |
| I authorise the Nominated Supervisor or other educator to give permission to transport the child in an ambulance in the event of an emergency? (Please Circle) | **Yes / No** | Parent  Signature: |  | |
| Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible.  *Education and Care Services National Regulations - Regulation 94.* | **Yes / No** | Parent  Signature: |  | |
|  | | |

MEDICAL INFORMATION  
*Education and Care Services National Regulations - Regulation 160 (3a, I, j)*

|  |  |  |  |
| --- | --- | --- | --- |
| Medicare Number: |  | | |
| Medicare Expiry Date: |  | Number of child on card: |  |
| Please outline any dietary restrictions or considerations e.g. like and dislikes.  (Details of allergies etc. will be requested in the Medical section of the form): | |  | |

**\*Child’s Registered Medical Practitioner or Service Details:**

|  |  |
| --- | --- |
| Doctor's Name& Organisation |  |
| Contact Numbers: |  |
| Address: |  |

**Child’s Registered Dental Practitioner or Service Details:**

|  |  |
| --- | --- |
| Doctor's Name& Organisation |  |
| Contact Numbers: |  |
| Address: |  |

|  |  |
| --- | --- |
| Private Health Cover: | Yes / No |
| Private Health Fund Name &Membership Number: |  |
| Ambulance Cover & Number | Yes / No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the child have any specific health care needs  or conditions, including Allergies, Eczema, Diabetes, any loss of eye sight or hearing, ADHD, Tourette's, Autism, Asperger's, other?  Please note:  Asthma and Anaphylaxis must have a Medical Management Plan prepared and signed by your Doctor before your child can start?  If your child is Anaphylactic you must supply an Epipen before your child can start.  If your child is Asthmatic, you must supply a puffer and spacer. | | Yes / No If yes, a medical management plan must be provided for Asthma and Anaphylaxis, which the child’s medical practitioner has prepared or the child may not attend until the Management Plan has been provided. The Plan should include:   * A photo of the child * If relevant, state what triggers the medical condition, allergy or anaphylaxis * First aid needed * Contact details of the doctor who  signed the plan * The Plan must be reviewed.   Every 12 months by your Doctor. | | |
| Does the child have any dietary restrictions? | | Yes / No  (*If yes, please attach relevant details.*) | | Attached |
|  |
| Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:   * The label must contain the child’s name. * Parents must provide any verbal or written instructions provided by the medical practitioner.   *Education and Care Services National Regulations Regulation 95*  ***ANY* medication must be administered as prescribed by a *MEDICAL PRACTIONER* and first aid guidelines to ensure children's continuing health, safety and wellbeing.**  You may need to complete an “Administration of Authorised Medication” form if required.  *Education and Care Services National Regulations Regulation 93* | | **Parent  Signature:** |  | |
| **Parent  Signature:** |  | |
|  | | |
| Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service? | Yes/No | **Parent  Signature:** |  | |
|  |  | |
| Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency? | Yes/No | **Parent  Signature:** |  | |
|  |  | |

DEVELOPMENTAL INFORMATION

|  |  |
| --- | --- |
| Please provide us with any other information we should know about your child. *For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.*  Special people in your child's life?  Your child's strengths, interests, toys, |  |

TRANSITION TO SCHOOL

|  |  |  |  |
| --- | --- | --- | --- |
| Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school?  Name of School:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permission to exchange information: Yes/No | Yes/No | **Parent  Signature:** |  |
| Yes/No |  |  |
|  | | |
| While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child’s private school so we can incorporate them in to your child’s program: |  | | |

FAMILY INFORMATION

|  |  |
| --- | --- |
| Does the child have any siblings? If so, please provide their names and ages. |  |
| Does the child have any other close relatives attending the Service? E.g. cousins. If so, please provide their names and ages. |  |

PRIMARY PARENT - ACCOUNT HOLDER  
*Education and Care Services National Regulations - Regulation 160 (3b)*A parent includes a guardian of the child and a person with parental responsibility for the child under a decision or court order. Which means all the duties, powers, responsibilities and authority which, by law, parents have in relation to children.

|  |  |
| --- | --- |
| Parent First Name: | **Male / Female (Circle Please)** |
| Parent Surname: |  |
| Address: |  |
| Phone Number/s: | (Home)  (Mobile)  (Work) |
| Parent Date of Birth: |  |
| Email address: |  |
| Relationship to child: |  |
| Country of Birth: | **Languages Spoken**  **Second Language** |

|  |  |
| --- | --- |
| Parent Centrelink Reference Number (CRN): |  |

|  |  |
| --- | --- |
| Please provide any relevant cultural background details: |  |

|  |  |
| --- | --- |
| Does the child live with you? (Please circle) | Yes / No |

|  |  |
| --- | --- |
| Occupation: |  |
| Place of employment |  |
| Hours of work: |  |

SECONDARY PARENT  
*Education and Care Services National Regulations - Regulation 160 (3b)*

A parent includes a guardian of the child and a person with parental responsibility for the child under a decision or court order. Which means all the duties, powers, responsibilities and authority which, by law, parents have in relation to children.

|  |  |
| --- | --- |
| Parent First Name: | **Male / Female (Circle Please)** |
| Parent Surname: |  |
| Address: |  |
| Phone Number/s: | (Home)  (Mobile)  (Work) |
| Parent Date of Birth: |  |
| Email address: |  |
| Relationship to child: |  |
| Country of Birth: | **Languages Spoken**  **Second Language** |

|  |  |
| --- | --- |
| Parent Centrelink Reference Number (CRN): |  |

|  |  |
| --- | --- |
| Please provide any relevant cultural background details: |  |

|  |  |
| --- | --- |
| Does the child live with you? (Please circle) | Yes / No |

|  |  |
| --- | --- |
| Occupation: |  |
| Place of employment |  |
| Hours of work: |  |

THIRD EMERGENCY CONTACT  
*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)*

|  |  |  |  |
| --- | --- | --- | --- |
| There may be times or situations where your child has had an accident, injury, trauma or illness and  Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child. Your Emergency Contacts must be at least 18 years old.  **Please obtain the person’s consent before listing them as an emergency contact and a copy of their license so we may identify them when they collect your child.** | | | |
| Full Name: | **Male / Female (Circle Please)** | | |
| Relationship to child: |  | | |
| Address: |  | | |
| Phone Number:  Email: | (Home)  (Mobile)  (Work)  (Email Home) | | |
| Does parent authorise educators/staff to contact this person in case of an emergency? | Yes/No Parent 1 Signature: | | |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted?(Please Circle) | Yes/No | **Parent 1  Signature:** |  |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted? (Please Circle) | Yes/No | **Parent 1  Signature:** |  |
| Can this person be contacted to give consent to the transportation of the child by an ambulance service?  (Please Circle) | Yes/No | **Parent 1  Signature:** |  |
| Can this person give authorisation for the Service to take the child on regular outings?(Please Circle) | Yes/No | **Parent 1  Signature:** |  |

FOURTH EMERGENCY CONTACT  
*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | **Male / Female (Circle Please)** | | |
| Relationship to child: |  | | |
| Address: |  | | |
| Phone Number:  Email: | (Home)  (Mobile)  (Work)  (Email Home) | | |
| Does parent authorise educators/staff to contact this person in case of an emergency? | Yes/No Parent 1 Signature: | | |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted?(Please Circle) | Yes/No | **Parent 1  Signature:** |  |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted? (Please Circle) | Yes/No | **Parent 1  Signature:** |  |
| Can this person be contacted to give consent to the transportation of the child by an ambulance service?  (Please Circle) | Yes/No | **Parent 1  Signature:** |  |
| Can this person give authorisation for the Service to take the child on regular outings?(Please Circle) | Yes/No | **Parent 1  Signature:** |  |

CHILD CARE SUBSIDY (CCS)

\*Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

**1.**You and your partner must care for your child at least 2 nights per fortnight or have 14% care? YES ☐ NO ☐

**2.** Are you liable for fees for care provided at an approved child care service?

YES ☐ NO ☐

**3.** Do you meet residency requirements?

YES ☐ NO ☐

**4.** Does your child meet immunisation requirements?

YES ☐ NO ☐

**5.** Have you completed the Child Care Subsidy assessment on the [myGov](https://my.gov.au/LoginServices/main/login?execution=e2s1) website?

YES ☐ NO ☐

**6.** Have you received confirmation about your Child Care Subsidy?

YES ☐ NO ☐

**Please Note:** If you need assistance with filling out this form we will endeavour to assist but you may need to contact Centrelink.

Please ensure that if any details change, you notify Happy Turtle Childcare Centre.

ENROLMENT AGREEMENT

**\*PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF.**

Please circle the following items to authorise:

\*HEALTH & SAFETY:

|  |  |  |
| --- | --- | --- |
| Have SPF30+ sunscreen applied prior to sun exposure. (If not, please provide a letter releasing the Service of any liability and supply your own sunscreen) | YES | NO |
| Have Band-Aids or sticking plasters applied when necessary. | YES | NO |
| Have staff apply Nappy Cream/Paste. | YES | NO |
| Have staff apply Insect Repellent when necessary. | YES | NO |

\*PHOTOGRAPHY & VIDEO:

|  |  |  |
| --- | --- | --- |
| For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service as part of the Family Lounge APP | **YES** | NO |
| For photos and video footage of my/our child to be used on Happy Turtle Childcare Centre Website, Social Media/Face book. | **YES** | NO |
| Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing? | **NO** | YES |

\*WRITTEN ARRANGEMENTS:

A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

|  |  |  |
| --- | --- | --- |
| Complying Written Arrangement | CWA | A CWA is an enrolment type used for families wishing to claim CCS now or in the future |
| Relevant Arrangement | RA | An RA is an enrolment type used for families not wishing to claim CCS |
| Additional Child Care Subsidy | ACCS | ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees |
| Arrangement with an organisation | Arrangement with an organisation is liable for the fees for the care of the child | |

\***This Written Arrangement** between**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** and Happy Turtle Childcare Centre is an ongoing agreement between the ECEC Service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Arrangement Type: | CWA | | RA | | ACCS | | Arrangement with an organisation | |
| Name of Service: | **Happy Turtle Childcare Centre** | | | | | | | |
| Service ID: | **4-7ZSEXYO** | | | | | | | |
| Parent/Guardian Full Name: |  | | | | | | | |
| Parent/Guardian Contact Details: |  | | | | | | | |
| Parent CRN: |  | | | | | | | |
| Date the arrangement was entered: |  | | | | | | | |
| Full Name of Child attending care: |  | | | | | | | |
| Child’s Date of Birth: |  | | | | | | | |
| Child CRN: |  | | | | | | | |
| Expected Session of Care: | Monday | Tuesday | | Wednesday | | Thursday | | Friday |
| Start time for Session:  End time for Sessions: |  |  | |  | |  | |  |
|  |  | |  | |  | |  |
| Fees to be charged to the individual for the sessions of care provided. | $100 a session. Depending on Child Care Subsidy.  To find out more, and to estimate what your new subsidy might be, visit: **education.gov.au/childcare** | | | | | | | |

*Note: Proposed fees can be detailed by reference to other material (such as fee schedule or information on website maintained by the provider) Parties understand and are aware fees may vary from time to time.*

**\*Please tick box to confirm you have read each point:**

* I agree to inform the Service in writing immediately of any changes to the above information.
* I agree to pay the Service enrolment fee prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual
* I agree to keep my fees paid up to date and understand that my child’s position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays. Public Holidays Included.
* If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
* I agree to pay a late fee of $15.00 per 15-minute block after closing time. (For example: 6:05pm incurs a fee of $15, 6:18pm incurs a fee of $30.) In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child’s whereabouts.
* I agree to giving two weeks written notice to withdraw my child or reduce booked days.
* I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child’s first and last name).
* I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child’s age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.
* I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service’s medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service’s policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Person with Management and Control - PMC deems the child well enough to attend Service.
* I give permission for my child to be involved in activities and social interactions outside of their room with Stephanie Gould and Frank Marziano whilst in the Centre. Frank and Stephanie have and maintain their WWCC. Frank and his wife Cathy own and manage the Centre. Stephanie is their daughter and is our Senior Receptionist. I acknowledge that Stephanie and Frank are not counted as part of the ratios. | Ratios are calculated across the service (not by individual rooms). This gives providers the flexibility to respond to the needs of children.  In a mixed age group of children, maintaining the ratio for each age range of children does not mean the educator to child ratio for the youngest age range must be applied to all children in an older age range. An educator who is caring for one age range of children can also be counted against another age range of children, as long as the ratio for each age range is maintained and adequate supervision is maintained at all times. (ACECQA)
* I have read the Parent Handbook and am familiar with the Service’s Policy Manual located in the office. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.
* I have provided accurate and up to date information on the Written Arrangement

**HOW DID YOU HEAR ABOUT US?**(Please Circle)

Word of Mouth, Website, Social Media, Advertisement, Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Priority of Access - Guidelines**

Priority 1 - A child at risk of serious abuse or neglect.

Priority 2 - A child of a single parent/s who meet the approval of the work/training/study test

under section 14 of the A New Tax System (Family Assistance) Act 1999.

Priority 3 - Any other child.

Within these main categories, priority is also given to the following children:

-Children in Aboriginal and Torres Strait Islander families.

-Children in families which include a disabled person.

-Children in families from culturally and linguistically diverse backgrounds.

-Children in isolated families.

-Children of single parents.

Unfortunately if at any time the childcare centre does not have any vacancies for children who fit into priority 1 or 2, under the Priority of Access Guidelines; then parents/guardians of children who fit into priority 3 will be given 14 days’ notice that their child's place at the centre will cease, to provide a place for a higher priority child.

COURT ORDER  
*Education and Care Services National Regulations - Regulation 160 (3c, d)*

|  |  |  |
| --- | --- | --- |
| Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? | Yes/No  If yes, please provide all relevant  documentation and paperwork | Attached |
|  |
| Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person? | Yes/No  If yes, please provide all relevant  documentation and paperwork | Attached |
|  |

**Please note that without this documentation we cannot legally enforce the Order/s.**

**\*Payment Details Must be Completed Before Child Starts Care:**

**You must complete a Direct Debit form and pay to the end of the week of care, plus two weeks in advance before your child starts care. You will be required to pay the full amount of care $100 a day until your Child Care Subsidy comes through to our Centre. We are not responsible for your Child Care Subsidy. You are required to log into your MyGov Account and update your Activity details and confirm Happy Turtle Childcare as your Childcare Centre. 8/3/2019**

Drivers License Number: ....................................................................................................................

**I acknowledge that I have read and understand the contents**

**of the Enrolment Form in its entirety and agree to its terms and conditions.**

Signed:

Name: Date: \_\_ /\_\_ /\_\_\_\_

**Privacy Disclaimer**

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

General Satisfaction Survey – for parents and families

**Quality Area 6**: Collaborative partnerships with families and communities

**Standard: 6.1** Respectful supportive relationships with families are developed and maintained.

**6.1.2** Families have opportunities to be involved in the service and contribute to service decisions.

Dear ‘Parent ’,

In our constant effort to offer a High Quality experience to our families and children, we ask that you fill in the survey attached and return it to the **Suggestion Box in the foyer.** After assessing the returned Surveys, we will look at our policies, procedures and daily practices. All responses will be considered and will help us evaluate not only our procedures but also programming and our relationships with each family.

If you could please circle the number that best fits your opinion.

**Not occurring - 1**

**Occurring, but would like to see improvement - 2**

**Occurring to a satisfactory level - 3**

**Occurring to a high quality level - 4**

Thank you for your time and honesty,

Happy Turtle Team

(Survey begins on the following page)

Name: (Anonymity is fine)

Child’s Room:

**Staff relationships with Children and Families**

Staff interact with each child in a warm and genuine manner 1 2 3 4

Staff make your child feel welcomed and acknowledged on arrival 1 2 3 4

Staff initiate and maintain respectful communication with each child 1 2 3 4

Staff make a genuine effort to relate to your family 1 2 3 4

Staff are sensitive to your family’s needs and are open for communication 1 2 3 4

Staff speak respectfully to families and children 1 2 3 4

**Programming**

The Program is stimulating 1 2 3 4

The Program identifies a strong ‘school readiness’ approach 1 2 3 4

Families are given the opportunity to add ideas to the Program 1 2 3 4

Families are given the opportunity to evaluate the weekly Program 1 2 3 4

Families feel well informed of their child’s development 1 2 3 4

The Program supports a strong literacy focus 1 2 3 4

The Program supports a strong numeracy focus 1 2 3 4

The Program supports the development of your child’s self-esteem 1 2 3 4

The Program investigates different styles of learning including interest topics 1 2 3 4

**The Environment**

The Service feels inviting and stimulating 1 2 3 4

The Service is clean 1 2 3 4

The staff communicate effectively between each other 1 2 3 4

The Service reflects ideas and interests that are important to your child 1 2 3 4

The Service is well resourced – indoors and outdoors 1 2 3 4

Staff are approachable 1 2 3 4

Staff are keen to engage with each child 1 2 3 4

Staff are supportive to your goals for your child 1 2 3 4

Staff supervision is evident to you at all times 1 2 3 4

Staff encourage children to follow simple rules of hygiene 1 2 3 4

**If you have any additional comments, please add them here:**