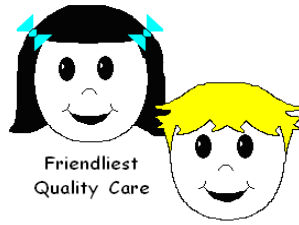


Glandore Private Kindergarten & Childcare



glandorechildcare@bigpond.com

ENROLMENT FORM

Please notify the service of any changes to details on the form as soon as possible

How did you hear about our Centre?

Facebook Internet Search Word of mouth Other: _____

CHILD'S INFORMATION

Full Name: _____ M / F D.O.B: / /

Home Address: _____

Child's CRN: _____

Main language/s spoken at home: _____

Cultural Background: _____

Is the child of Aboriginal or Torres Strait Islander decent? Yes No

Have you claimed for Child Care subsidy via your online Centrelink account at MyGov Yes No

Immunisation History Statement provided: Yes No

Note: The Social Services Legislation Amendment (No Jab, No Pay) Act 2015 is legislation in force from 1 January 2016. This legislation removes parents' rights to be either religious or conscientious objectors to vaccination for the purposes of certain benefits and rebates. Parents who do not follow the Australian Childhood Immunisation Schedule on time, will be unable to claim any Childcare Subsidies. Proof of Immunisation must be provided upon enrolment, without proof enrolment cannot take place. A record of your child's immunisation history is available through the Australian Department of Human Services;
MyGov website: <https://mygov.au>

IMPORTANT: If your child is not immunised due to personal preference or is not due for such vaccination, exclusion periods will apply due to outbreak of infectious disease until clearance has been given for your child to reattend care. During this time, all fees will still be payable.

NOTE: The Child Health Record Book (BLUE BOOK) obtained from the hospital at birth is not evidence of Immunisation

OFFICE USE ONLY			
Orientation Date/s		Start Date	
Room		Bond Paid	
Enrolment Status	<input type="checkbox"/> Pending Eligibility	<input type="checkbox"/> Pending Confirmation	<input type="checkbox"/> Confirmed

PARENT/LEGAL GUARDIAN'S INFORMATION

	Parent/Guardian 1	Parent Guardian 2
Full Name		
Gender		
Legal Guardian	Yes No	Yes No
D.O.B		
Home Address		
Email		
Mobile Phone		
Centrelink CRN		
Place of Employment		
Occupation		
Work Phone		
Country of Birth		
Year of arrival in Australia <i>(if applicable)</i>		
Cultural Background		

Who is registering for Centrelink? _____

AUTHORISED NOMINEE FOR EMERGENCY CONTACT

Full Name: _____ Relationship to Child: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Does the parent authorise to consent to the above person dropping off and collecting your child on your behalf?

Yes No

Does the parent authorise the above person to consent to medical treatment and/or to authorise administration of medication to the child on parent's behalf?

Yes

No

Does the parent authorise the above person to authorise an educator to take the child outside the education and care service premises?

Yes

No

PLEASE LIST ANY OTHER PEOPLE WHO WILL HAVE YOUR PERMISSION TO COLLECT YOUR CHILD

(Staff will ask for identification)

Note: In the case of an emergency and you need someone to pick you child up and they are not on this list, we require written consent of the person's name, and relation to the child – a long side photo identification on arrival

Full Name: _____ Relationship to Child: _____

Home Address: _____

Phone Numbers: _____

Full Name: _____ Relationship to Child: _____

Home Address: _____

Phone Numbers: _____

Full Name: _____ Relationship to Child: _____

Home Address: _____

Phone Numbers: _____

DETAILS OF ANY CUSTODY INFORMATION

(You must supply us with a copy of Legal orders for us to follow them)

Attach another sheet if insufficient space

Court Order: _____

Parenting Orders: _____

Parenting Plans: _____

MEDICAL INFORMATION

Family Doctor: _____ Phone Number: _____

Address: _____

Family Medicare Number: _____ Child's # on Card: _____

Ambulance Cover: Yes No

(Please note ambulance expenses, if not included in your health insurance, are charged direct to the parent, which currently costs \$1025 +/-km fee)

I consent to the Approved Provider, Director, Nominated Supervisor or Educator at Glandore Private Kindergarten & Child Care seeking emergency medical, dental, hospital or ambulance service for my child if they believe it to be necessary. I understand that I am responsible for any expenses incurred.

Name of preferred medical practitioner or medical service.....

Address..... Ph.....

Parent's / guardian's signature..... Name

Date / /

If your child is thought to be unwell staff will check his/her temperature. If temperature is high, there can be a high risk of febrile convulsion. We will attempt to notify you as soon as possible should a high temperature occur. We are unable to administer any medication without written permission from the doctor. However, if there is a delay in contacting you, **we will call an ambulance AT YOUR COST.**

ALLERGIES

Has your child been diagnosed as being at risk of anaphylaxis? Yes No

If yes, you will need to supply a Medical Management Plan upon commencement of attendance.

If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).

Triggers for Anaphylaxis

Usual Treatment

Does your child have any **other allergies, Asthma, previous serious illnesses or dietary needs**

YES NO

(Please provide information)

If your child has a medically diagnosed condition, you will need to supply a Medical Management Plan upon commencement of attendance.

Does your child have any problems with hearing sight or speech? YES NO

(Please provide information)

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?

Please consult the Manager about these issues. We may need to develop special health care plans to meet your child's specific health care

Is there any cultural/religious information that you feel we need to be aware of whilst caring for your child?

CULTURAL INFORMATION

Would you like all written correspondence in English? If not, provide more information below:

Notices about Centre activities, and management information is usually communicated through daily verbal reporting to parents and emails. Additionally, we place newsletters, announcements, and billing information accessible from the parent portal. Notices are also displayed in foyer.

Do you require an alternative method of communication or translation services?

Yes (please specify) _____

No

CONTRACT FOR CARE WITH GLANDORE PRIVATE KINDERGARTEN & CHILD CARE

Commencement Date: / /

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Parent/Guardian Phone Number: _____ Parent/Guardian Email: _____

Child's Name: _____ Child's D.O.B: / /

FEES

Full Day Standard Rate:

Under 3: \$154

Over 3: \$148

4-5 Day Week

Under 3: \$151

Over 3: \$143

Details about fees to be charged for each session under this arrangement may be subject to change at any time. Any increase will be notified by approved provider and new fees will be displayed in the foyer.

ATTENDANCE

BOOKED SESSION TIMES	MON	TUES	WED	THURS	FRI
Session 1: Starts 6.30 – Ends 4.30					
Session 2: Starts 7.30 – Ends 5.30					
Session 3: Starts 8.30 – Ends 6.30					
12 Hour Session: 6.30am – 6.30pm					

Please be advised that if you select the 12 hour session your gap fee will be increased due to the method of calculation of government subsidy.

This complying written arrangement is on a flexible basis for occasional casual day change.

Once a place is booked, the selected days and times for care will become your regular booking for care. These times will be allocated to your child and held for you, including during sickness, holidays, public holidays, rostered days off, or other absences that may occur.

The following conditions apply as part of your contract for care (as per Commonwealth Government Guidelines for Childcare Centres) –

- **One week's notice is required to alter the above contract for days/sessions for care.** Extra (*casual*) non-booked days are sometimes available if needed – talk to the Director about this.
- **A booking fee of \$500 per family is required in advance, to ensure that the place is kept available.** This amount is non-refundable if you do not commence attendance, as holding your place prevents others from booking in. When you leave the centre, after the week's attendance have been submitted and validated by Centrelink, a bond of \$500 will be deducted from any unpaid fees, **providing one full week's notice is given that care is ending.** Any remaining credit will then be reimbursed to you.
- **One week's notice is required when care is ceasing – or the bond paid will be forfeited.**
- **Fees must be paid promptly, each week. If not paid, your child's care may be cancelled.** Accounts are provided showing attendances and total Centrelink benefit paid for the previous week, and estimated charges for the current week. We ask parents to pay fees using direct debit internet transfer, cash or EFTPOS facilities are available.
- When a **public holiday** falls on a day when your child would normally be in care, the normal daily fee applies.
- Holidays are charged at half fees – this is to hold your child's place during this time. Two weeks' notice is required for **holiday bookings** (*ie. your annual leave*). The CCS benefit is still paid by Centrelink.
- Normal fees are payable if a child is **absent from care due to illness**. If you receive Childcare subsidy, we advise you to provide a medical certificate if your child is sick, as there are limits to your fee subsidy entitlement for absences (42 days per financial year) If further sick days are required, medical certificates will be required.

WE REGRET, WE WILL BE UNABLE TO TAKE CHILDREN INTO CARE IF FEES ARE NOT PAID PROMPTLY AND IMMUNISATIONS ARE NOT UP TO DATE.

I _____ Parent/Guardian of _____ agree to pay child care fees weekly as per account, and remain liable for any reasonable expenses, costs or disbursements, including solicitors and mercantile agents fees, incurred by Glandore Private Kindergarten & Child Care to recover said money and fees due to them.

I have read the terms and agree to accept the conditions of enrolment as stated above.

Date / / Signed _____ Name _____

PERMISSIONS

Do you give permission for your child to participate in celebrations or events such as Birthdays, Christmas, Easter or other cultural events?

Yes No

Do you give permission for us to apply sunscreen provided by the service?

If your child is sensitive or allergic to some sunscreens, please provide a sunscreen that can be kept at the service.

Yes No

PERMISSION FOR PHOTOGRAPHY

Our documentation of your child/ren's learning experiences while in the centre include taking photographs which are converted into Learning Stories in your child/ren's Learning Portfolio. The portfolios are kept in the rooms and sent to parents via a secure online system, and are usually only seen by parents, Centre staff, or authorised personnel. We love to share them with you and your children to discuss their learning achievements. Additionally, we take group photos of various learning activities which we like to display in the rooms for all parents and visitors to see. We would also like to make printed photos of group activities available to parents or use them in other children's Learning Portfolio.

Do you give permission for your child's name (first name only) and photo to be used in centre displays and other children's developmental profiles?

Yes No

Do you give permission for your child's photo to be used for the centre promotions, including media / Facebook ?

Yes No

PERMISSION FOR EXCURSIONS & INCURSIONS

Do you give permission for your child to be taken on short excursions in the neighbourhood of the Centre, for relevant learning experiences?

Yes No

Do you give permission for them to participate in activities with visitors to the Centre which are part of their learning experiences? Further details will be provided when these incursions are planned.

Yes No

DECLARATION AND CONSENT



Our service will collect some personal information by government or other agencies, but most out forms. Generally, information collected from outside will be checked with me to make sure it is correct.

information on me. Some might be provided information I supply at interview or by filling

Some of the information collected may be health information, which our Centre will handle with particular care. All information will be used to assist my child at the service.

Some information may be given to other organisations (such as government agencies) as required or authorised by law.

During my involvement with the education and care service, I may want, or be offered, other services by the Child Care Centre. If that happens, I consent to relevant information being given to other Child Care Centre staff so they can assess my needs.

I received and am willing to adhere to the Child Care Centre's fee agreement as per the Fee Management Policy.

I hereby declare that all the information given is accurate and agree to abide by the conditions of enrolment at the Child Care Centre.

I have read, understood, agree and comply with the policies and procedures of Glandore Private Kindergarten and Child Care Centre, provided by the centre staff in person or otherwise. I have visited the website viewed and downloaded the parent handbook.

Name: _____ Sign: _____ Date: _____

Glandore Private Kindergarten & Child Care

REQUEST AND AUTHORITY TO DEBIT

Surname: _____

Given Name: _____

Parenting Plans: _____

Email: _____

Name as it appears on Credit Card: _____

Card Number: _____

Expiry Date: _____

CCV Number: _____

Card Type: Master Card Visa

I/We authorize Glandore Private Kindergarten and Childcare (ABN 46179516131) to debit my/our credit card identified above through EFTPOS on a weekly basis for fees owing on the weekly statement.

Please note direct debits are actioned on a Friday unless notified.

Signature: _____ Date: _____