



ENROLMENT FORM

All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff.

Please read each section carefully before completing and signing.

Please complete SECTION 5 an Individual Childs Information form for each child you are enrolling.

Family name: _____

SECTION 1: PARENT / GUARDIAN DETAILS (THE PERSON CLAIMING CCB)

Parent / Guardian 1 Name: MR / MRS / MS / MISS _____

Home phone number: _____

Mobile phone number: _____

Address: _____

Postcode _____

Email Address: _____

CRN: _____

Date of Birth: _____

Are you an Australian resident: _____

Country of birth: _____

Date arrived in Australia (if applicable): _____

Language/s spoken at home: _____

Occupation: _____

Employer: _____

Work address: _____

Work telephone number: _____

Hours of work: _____

Relationship to Child: _____

Parent / Guardian / Partner 2 Name: MR / MRS / MS / MISS / MR _____

Home phone number: _____

Mobile phone number: _____

Address: _____
 _____ Postcode _____

Email Address: _____

CRN: _____

Date of Birth: _____

Are you an Australian resident: _____

Country of birth: _____

Date arrived in Australia (if applicable): _____

Language/s spoken at home: _____

Occupation: _____

Employer: _____

Work address: _____

Work telephone number: _____

Hours of work: _____

Relationship to Child: _____

Can collect child/children Yes No

SECTION 2: CHILD CARE BENEFIT

Will you be claiming Child Care Benefit? Yes No If Yes please provide details below.

Name of person claiming: _____

Will you be claiming CCB weekly or as a lump sum payment? (Please tick) Yes No

If claiming as a lump sum, please complete a FAO 22 form available from the family assistance office.

Please circle which best describes you family employment status

SOLE PARENT		TWO PARENT FAMILY	
SOLE PARENT WORKING	SOLE PARENT IN UNPAID WORK FORCE (HOME DUTIES)	BOTH PARENTS WORKING	ONE WORKING & ONE IN UNPAID WORKFORCE

SECTION 4: CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child?
 Yes No If YES please provide details:

NOTE: The centre cannot enforce custody issues without a copy of the relevant Court Order at the centre. Please discuss any custody issues with the Centre Coordinator before enrolment.

Days you wish your child/ren to attend our Centre (Please circle)

Before School care: Monday Tuesday Wednesday Thursday Friday OR Casual only

After School care: Monday Tuesday Wednesday Thursday Friday OR Casual only

School your child/ren attending _____ Do you have other children in care Yes No

Is your child attending another centre at the moment? Yes No

If YES, please give details _____

Do you wish for your chil/dren to do their homework whilst in Before & After school care Yes No

SECTION 5: CHILD'S INDIVIDUAL INFORMATION

This information assists staff in the daily care and education of your child(ren).

CHILD'S DETAILS

Child's Full Name: _____

Male / Female: _____

Address of child: _____

Date of birth: _____ Postcode _____

Child's CRN: _____

Country of birth: _____

Child's nationality: _____

Language/s spoken by child: _____

Families' religion: _____

Child's start date: _____

Attach a recent photograph of your child here



Does your child have or had a behavior disorder or a behavior program in place. **Yes** **No**
If yes please give details. _____

Does your child have any suspected/diagnosed disabilities/conditions **Yes** **No**
If 'yes' please fill out an additional needs form.

Has your child received the necessary immunisation for their age? **Yes** **No**
If **Yes** a copy of the immunisation history statement must be provided.(which can be obtained through medicare)
If **NO**, please detail reason: _____

Does your child have any allergies (including food, asthma or anaphylaxis) or medical conditions?
If **YES** please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child's doctor, if applicable: **Yes** **No**

Does your child require regular medication? **Yes** **No**
If **YES** please provide details: Name of medication, dosage and reason (supported by the doctor) _____

SECTION 3: EMERGENCY CONTACTS

I hereby authorise the staff of the centre to contact the following people, if I cannot be contacted, in the case of an emergency. Please supply at least 2 names, other than the child's parents / guardians.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the centre, and asked to collect your child when you cannot be contacted.

Authority to collect your child from the Centre.

I hereby authorise the staff of Centre to allow the following people to collect my child from the centre.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the centre.

SECTION 5: MEDICAL INFORMATION

Family Doctor's name: _____

Address: _____

Telephone number: _____ MEDICARE NUMBER: ____ / ____ / ____

Private Health Fund? Yes No

Ambulance cover Yes No

Name of Private Health Fund: _____

Private Health Fund number: _____

Health care card of the child provided and copied by staff if applicable? Yes No

Staff to initial and date if sighted: _____

SECTION 6: AUTHORISATION AND APPROVAL (PERMISSION)

NOTE: Please read this section carefully. Please tick yes or no and initial next to it. Please be advised that Points 7 and 8 are compulsory.

1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission 5

for the staff to take my child to a doctor or hospital to seek the following urgent treatments:

- Medical Yes No INIT _____
- Dental Yes No INIT _____
- Hospital Yes No INIT _____
- Ambulance Service and transportation of the child by Ambulance. Yes No INIT _____

2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments. Yes No INIT _____

3. PERMISSION FOR STAFF TO GIVE MEDICINE IN CASE OF EMERGENCY.

I hereby authorise the staff to administer an age/weight appropriate dose of a fever reducing agent to my child, should he/she have a fever, while awaiting my arrival to seek medical treatment. Yes No INIT _____

4. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities. Please let us know if your child needs their own sunscreen (provided by you) Yes No INIT _____

5. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN

I hereby consent to my child being photographed/videoed while they are at the centre or on an excursion.

NOTE: *There are a number of reasons the centre takes photographs/videos of the children, including:*

- *Providing visual documentation for families to see what their child does throughout the day*
- *To assist with evaluations of the program*
- *To use as part of promotion and publicity for the centre* Yes No INIT _____

6. WOULD YOU LIKE YOUR CHILD TO DO THEIR HOMEWORK WHILST THEY ARE IN CARE

Yes No INIT _____

7. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE CENTRE

I agree to have my child signed in and out on the appropriate documentation at the centre on arrival and departure each day they attend the Centre.

8. CHILD ABSENCE

I agree to notify the Centre if my child is absent from the Centre on a day that they are booked in.

NOTE: *If your child is absent from Muckabout and you provide a medical certificate, this will be counted by FAO as an allowable absence. However does not exclude you from paying your fees for that day. The Centre needs to record the amount of allowable and approved absences your child is entitled. This is a requirement from the Department of Family and Community Services. Each child receives a certain number of allowable absence days at the beginning of the financial year that is paid by Child Care Benefit (CCB).*

I have read the above information and agree to give my permission.

Signed: _____ Date: _____

SECTION 9: PAYMENT OF FEES

Objectives: To ensure that the centre is paid for services provided

To ensure parents do not run into debt

Procedure:

1. BOND

Upon being offered a place at the centre, parent(s) or guardian are required to pay 2 full weeks fees as a security bond based on the number of days attending. The bond secures your child's placement at the centre, and is refundable at the termination of your child's place, provided that two weeks notice in writing is given. The bond may be used to cover and/or settle your final account.

Bond payments are payable to the centre by EFTPOS or cash.

2. FEE PAYMENT

As per Parent Information Handbook - fees are to be paid each week or fortnightly, but if paying fortnightly it must be in advance. Weekly fees are payable by direct debit, which is debited out on a Thursday.

Failure to pay the unpaid fees by the first day of child care in the following week will result in debt recovery action being taken and discontinuation of care for the child unless the parent/s have immediately initiated a repayment schedule for the late fees with the Centre Coordinator, and can meet the weekly fees payment in advance requirements. Failure by parent/s to do so will result in immediate discontinuation of care for the child and your child will not be accepted into the centre.

3. NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue and terminate your child care place at the centre you are required to provide two (2) weeks written notice to the Centre Coordinator, or you are liable to pay the equivalent of two weeks child care fees to the centre.

4. ABSENCES FROM THE CHILD CARE CENTRE

Fees are payable for bank/public holidays, family holidays and sick periods if those days fall on a day that your child is booked into the Centre, then you will be charged for those days, unless it is out of school term.

5. CENTRE CLOSURE

Muckabout will be closed between Christmas and New Year and public holidays.

6. LATE FEE

The Centre is open from 6:30am to 9.00am for Before School Care; 2.30pm to 6.30pm for After School Care and 6.30am to 6:30pm for Vacation Care. Staff are unable to accept children in the centre outside of these hours. Should children be present after the 6.30pm closing time, a late fee of \$10.00 per 5 minutes will apply. There will be no waiver of this late fee policy.

7. PAYMENT OF FEES

I understand that fees must be paid once invoiced within the stated due date, that my child's place at the centre may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

8. COSTS OF DEBT RECOVERY

I _____ expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Muckabout Before & After School Care/vacation care service as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

Signed: _____

Date: _____

SECTION 10: DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the centres procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the Centre at its sole discretion) (Policies & Procedures).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the centre and have been put in place to protect my child/children.
- I must strictly comply with the Policies and Procedures at all times.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the centre immediately in writing if there are any changes to the information provided by me in this enrolment record (Notice of Change).
- When caring for my child/children the centre will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the Centre (Information).

- I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from the centre or any other place (Other Person/s).
- I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the Centre its employee's or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Person's.

Signed: _____

Date: _____

SECTION 12: DECLARATION

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

Parent and/or Guardian's Full Name (please print):

_____ Signature: _____

Acknowledgement of Service Requirements

Prior to the commencement at the service, it is a requirement that the parent/s or guardians sign the form below.

Parent/Guardian

I Have read and understand the information outlined in the Family Handbook. I acknowledge that I have received a copy of Family Handbook. In addition, I am aware of the service's Policies and Procedure Manual, which outlines the terms and conditions by which the service operates.

I acknowledge that the service reserves the right to amend the Policies and Procedures from time to time in response to changes in Regulations or Laws and/or matters impacting on the effective operation of the service and I understand that I will be advised of any major policy or procedural changes in advance.

Parent/Guardian (1)

Name (please print)

Signed

Date

Parent/Guardian (2)

Name (please print)

Signed

Date

Witness – Service Nominated Supervisor or Owners

Name (please print)

Signed

Date

OFFICE USE ONLY

CHECK LIST

\$20 ENROLMENT FEE PAID	YES / NO	DATE PAID _____
BOND PAID	YES / NO	\$ _____ DATE PAID _____
MEDICAL DETAILS	YES / NO	
IMMUNISATION COPIED & ON FILE	YES / NO	SCHOOL DAILY & FULL SCHEDULE YES / NO
FAMILY DETAILS PRINTED	YES / NO	HOME WORK SCHEDULE YES / NO
FULL SCHOOL LIST	YES / NO	
SCHOOL ATTENDING _____	START DATE _____	