

ENROLMENT FORM

Child Details

Surname: _____ Given Names: _____

Other names by which the child is known: _____

Former Names: _____ Date of Birth: _____ Sex: M F

Address: _____ State: _____ Postcode: _____

Place of Birth (City & Country): _____ CRN: _____

If not born in Australia, how long has your child lived here: _____

Ethnicity/Cultural Identity (optional): _____

Languages other than English spoken at home: _____

Booking Information

Days Booked: (please circle) Monday Tuesday Wednesday Thursday Friday

Contact Details for Child's Parents or Guardians

Contact Details – Primary Guardian

Mr Miss Ms Mrs Other _____

Name

Address

Telephone (H)

Mobile Number

Email Address

Driver's Licence Number

Relationship to the Child

Contact Details –Secondary Guardian

Mr Miss Ms Mrs Other _____

Name

Address

Telephone (H)

Mobile Number

Email Address

Drivers Licence Number

Relationship to the Child

Employment Details for the Child's Parents or Guardians

Primary Guardian

Employer Name

Address

Telephone (W)

Email (W)

Occupation

Secondary Guardian

Employer Name

Address

Telephone (W)

Email (W)

Occupation

Emergency Contact Details

Our centre endeavours to ensure the safety and care of your child at all times, however there may be occasions where your child has an accident, illness or injury that requires them to be collected from the centre. If the child's Parent/Guardian cannot be contacted, then a staff member will need to contact an alternative person authorised to collect and care for the child. This person will need to present personal identification (drivers licence) in order to collect your child on your behalf.

Person 1

Name

Address

Telephone (H)

Telephone (W)

Telephone (M)

Relationship to Child

Authorised to Collect Child: Y N

Signature _____

Person 2

Name

Address

Telephone (H)

Telephone (W)

Telephone (M)

Relationship to Child

Authorised to Collect Child Y N

Signature _____

I give permission for those designated emergency contact persons to act upon my behalf in the event of an emergency.

Signature of Parent/Guardian

Date

Other Persons Authorised to Collect your Child

The following people are authorised to pick up your child on your behalf. Personal identification will need to be presented in order for them to collect your child. You are able to make changes to this list at any time throughout your child's enrolment at the centre. Any person who is not nominated as an authorised person will not be able to collect your child without prior permission.

Person 1

Name

Address

Telephone (H)

Telephone (W)

Telephone (M)

Relationship to Child**Person 2**

Name

Address

Telephone (H)

Telephone (W)

Telephone (M)

Relationship to Child**Person 3**

Name

Address

Telephone (H)

Telephone (W)

Telephone (M)

Relationship to Child**Person 4**

Name

Address

Telephone (H)

Telephone (W)

Telephone (M)

Relationship to Child

PLEASE NOTE: If you change address, update or change any phone contacts including emergency contact details and persons that can collect your child that you inform the CENTRE MANAGER immediately to ensure children that your child's details are up to date.

Child Custody Information

Are there any custody orders OR parenting orders OR parenting plans in place?

No (go to next section) Yes

Name of custodial parent: _____

Please ensure that a copy of any court orders are provided to the centre.

Health/Medical History

Medicare Number: _____ Number on card: _____

Private Health Fund: _____ Membership No.: _____

Family Doctor's Name: _____

Address: _____ Phone: _____

Family Dentist Name: _____

Address: _____ Phone: _____

Preferred Hospital in Case of Emergency: _____

Are you an Ambulance Subscriber? Yes No

In the event that such action appears necessary due to my child having been injured or is ill at the premises and requires immediate medical attention, dental or hospital treatment or ambulance service, I give permission for the Coolamon Early Childhood Centre to seek and have carried out:

- Appropriate medical attention at my cost
- Use of the ambulance at my cost
- Appropriate hospital treatment at my cost
- Appropriate dental treatment at my cost

Name of Parent/Guardian Signature Date

Are there any allergies or special requirements concerning the child (such as the child's needs in relation to any disability or medical condition for example asthma or epilepsy or anaphylaxis?)

YES NO

If yes, please supply any management plan, anaphylaxis medical management plan or risk minimisation plan to be followed.

Are there any special considerations for the child, for example any cultural, religious or dietary requirements or additional needs:

Permissions

Sunscreen Permission

I, _____ (parent's name) give the Coolamon Early Childhood Centre staff permission to apply sunscreen to my child _____ (child's name) throughout the duration of my child's care.

Parents Signature _____ Date _____

Administration of Panadol

I, _____ (parent's name) authorise the Coolamon Early Childhood staff to administer my child _____ (child's name) an appropriate dose of Panadol should their temperature exceed 38.5 degrees. (Please note that children that have a high temperature are required to be collected from the centre immediately and where possible attempts to cool the child will be used first)

Parents Signature _____ Date _____

Photographs

I give permission for my child to be photographed whilst attending the centre. I understand this includes still, TV and video footage and that these images are used as observational tools, for displays and promotions. This may include advertising and brochures of the centre.

Parent's Name _____ Signature _____ Date _____

Vaccinations

Please provide a copy of you child's vaccination/immunisation records to be kept on your child's file. Please note any child that has not been vaccinated against a disease will be excluded from the centre in the even of a breakout. Please ensure immunisation records are updated after each immunisation your child receives by giving an updated copy of your child's immunisation records. **The blue book can no longer be used as a record; the centre requires an ACIR statement that can be obtained through Medicare.**

YOUR CHILD CANNOT START CARE UNTIL WE HAVE RECEIVED YOUR CHILD'S IMMUNISATION RECORDS

Has your child's immunisation record been provided to the centre: YES/NO

Office use ONLY:

Has an up to date immunisation record been provided to the centre: YES or NO

CCB & CCMS Information

To ensure that you are linked to our Centre through the Child Care Management System ('CCMS') and to have Child Care Benefit ('CCB') applied to your Child care fees, you must contact Centrelink to confirm that they have the correct name and date of birth for both the Parent & Child who are registered for CCB.

Please complete the following information accurately to ensure your CRN is linked to our centre which will enable you to receive CCB.

Person Registered for Centrelink (details must be EXACTLY as per Centrelink records)

Full Name: _____

Date of Birth: _____ CRN: _____

Child Registered for CCB with Centrelink (details must be EXACTLY as per Centrelink records)

Full Name: _____

Date of Birth: _____ CRN: _____

Has this child attended another Centre this financial year? Y N

Is the child attending multiple childcare centres? Y N

Verification of Details held by Centrelink

I confirm that:

1. The information I have provided above is true and correct and that I have provided Centrelink with the same information.
2. I am responsible for communicating this information to Centrelink.
3. I understand that I am responsible for all fees charged by the Centre.
4. I understand that if any details are incorrect then full child care fees are payable by me directly to the Centre until the details are corrected with Centrelink.

Name: _____

Signature: _____

Date: _____

Application for Enrolment – Agreement & Consent to Terms

Child's Name _____ DOB _____

In order that the children may benefit from attendance at Coolamon Early Childhood Centre, it is essential that there be close co-operation between parents & staff at the Centre. For this reason parents are asked to undertake the obligations set out below.

1. Emergency or Accidents

In the event of an emergency, illness or accident (when the Centre is unable to contact the Parent/Guardian or the Authorised Contact/s), I/We give the staff at the Centre consent to seek and provide medical or hospital attention for our child. I/We agree to pay any expenses incurred for medical treatment or transport.

2. Permission for Observation

I/We give permission for our child to be observed by staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers.

3. Payment of Fees

I/We agree to pay our fees as per the Centre's Fee Policy. I/We will ensure that our fees are kept up to date by making regular payments to our childcare account. Failure to adhere to the terms of the Centre's Fee Policy may lead to cancellation of enrolment.

- i. **Legal Action** – I/We understand that unpaid fees will be subjected to legal action for their recovery and costs associated with this action will be added to our account.
- ii. **Fees to be in 2 weeks in advance** – I/We will ensure that our fees are paid two weeks in advance at all times. Failure to do so will result in suspension/cancellation of enrolment.
- iii. **Re-enrolment for the following year** – I/We understand that any accounts that remain unpaid at the end of the year will not be eligible for re-enrolment for the following year.

4. Parent Handbook

I/We acknowledge that we have received and read the Centre's Parent Handbook.

5. Cancellation of Care

I/We understand that two weeks notice is required in advance when cancelling care.

6. Fees for Public Holidays

I/We understand that Public Holidays are charged at the normal daily fee rate and are payable despite the Centre being closed.

7. Discounted Holiday Fees

I/We understand that in order to take advantage of the ½ normal fee rate for holidays, the Centre requires 2 weeks notice and for all accounts to be up to date (2 weeks in advance).

8. Late Fees

I/We understand that late fees will be charged if our child is not collected by 6pm, and that no Child Care Benefit can be claimed for this fee. Late fee charges are as follows: \$1 per minute for each minute that your child has not been collected after closing time. This will be charged to your account.

9. Communication with the centre

I/We agree to provide written communication in regards to authorised person collecting our child/ren from the centre at any time where needed and that authorisation over the phone will no longer be permitted. Information can be faxed to the service on 0269273 994 with a signature

10. Refundable Deposit

I/We agree to pay the centre a refundable deposit on enrolment based on the below tiered system. The deposit is payable per family not per child with the fee calculation determined by total fees paid excluding any CCR reduction in fees. The deposit is to be paid prior to our child's first day of daycare and will be refunded on cancellation of enrolment

COOLAMON EARLY CHILDHOOD CENTRE

provided there are no fees outstanding. I/We understand that should there be unpaid fees on cancellation of enrolment, money from the deposit will be used to settle the account and only the difference will be refunded.

Tier 1 (weekly enrolment fees under \$50) - \$20 deposit

Tier 2 (weekly enrolment fees under \$100) - \$50 deposit

Tier 3 (weekly enrolment fees over \$100) - \$100 deposit

By signing this form I/We declare and confirm:

- I/We are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in the Enrolment Form is true and correct; and
- I/We have read, fully understand and agree to comply with all policies and procedures detailed in this Enrolment Form including the items listed above, and any other policies and procedures advised by the Centre wither directly or by making them available for perusal at the Centre.

I would like my account/statement

- Placed in my family pocket
- Emailed to me

Signature of Primary Parent/Guardian: _____ Date: _____

Signature of Secondary Parent/Guardian: _____ Date: _____

Please provide a copy of identification in the form of a current driver's license or proof of identification for both primary and secondary parent/guardian of this enrolment.

Office use ONLY:

Has proof of identification been provided to the centre: YES or NO

This page has been left blank intentionally

Information Sheet for Children aged 0 – 5 years

Child's Name _____

Date of Birth _____ Primary language spoken at home _____

Routines for your child

Eating:

Does your child drink from: breastfed bottle cup sipper cup

Does your child drink infant formula? Yes No

How many MLS per bottle? _____

What times during the day would your child have a bottle/breast feed? _____

What is your child's appetite like? _____

Does your child: feed themselves independently?

Require help from staff?

Does your child have any allergies?

Does your child have any dietary restrictions either for health or cultural reasons? Please list

Favourite foods _____

Unfavoured foods _____

Toileting

Does your child: Wear nappies use the toilet independently use the toilet with assistance

What words does your family use for toileting? _____

Sleeping

Does your child sleep during the day? _____

What times during the day does your child sleep? _____

How long does your child usually sleep? _____

Does your child: Like to be rocked to sleep? _____

Sleep in a cot sleep in a bed wear a nappy at sleep

Have a bottle at sleep time have a dummy at sleep time sleep with a comforter

What position does your child sleep in? _____

Programme

What are your child's favourite activities? _____

Please list any cultural or religious practices observed by your family that you wish the Centre to observe also.

Please list any Australian cultural traditions that you do not wish your child to experience.

Are there any songs or lullabies that your child already knows or you would like us to sing with your child? _____

Other

Does your child have any fears, e.g. darkness, loud sounds, etc.

Does your child have any other special requirements?

Are there any factors relating to your pregnancy with your child or the birth that may be relevant to his/her development?

Is there any other information you can provide us with that will help us provide care and education for your child?



COOLAMON EARLY CHILDHOOD CENTRE

COOLAMON SHIRE COUNCIL DIRECT DEBIT REQUEST

I / We request the **COOLAMON SHIRE COUNCIL, USER ID. 125068** to arrange for funds to be debited from my / our nominated account at the financial institution below according to the schedule specified below.

Name

Address

Signature(s)

If debiting from a joint bank account, both signatures are required.

Date

Name & Branch of Financial

Institution

BSB No.

Account Number

Commencing on _____

Please debit \$_____ from the above account each:

Week Fortnight Month Other
Please specify

CUSTOMER DDR SERVICE AGREEMENT

COUNCIL'S COMMITMENT TO YOU

This document outlines Council's service commitment to you in respect of the Direct Debit Request (DDR) arrangements made between **COOLAMON SHIRE COUNCIL USER ID 125068** and you. It sets out your rights, Council's commitment to you and your responsibilities to Council together with where you should go for assistance.

INITIAL TERMS OF THE ARRANGEMENT

In terms of the Direct Debit Request arrangements made between Council and signed by you, Council will undertake to periodically debit your nominated account for \$_____

DRAWING ARRANGEMENTS

- The first drawing under this Direct Debit arrangement will occur _____ and will continue on a _____ cycle following this date.
- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- Council will give you at least 14 days notice in writing when changes to the initial terms of the arrangement are made. This notice will state the new amount, frequency, next drawing date and any other changes to the initial terms.
- If you wish to discuss any changes to the initial terms. Please contact Ms Samantha Jennings or Mrs Courtney Armstrong on 02 6927 3206 during office hours.

YOUR RIGHTS

CHANGES TO ARRANGEMENT

If you want to make changes to the drawing arrangements, contact Ms Samantha Jennings or Mrs Courtney Armstrong at Council's office. These changes may include:

deferring the drawing; or
altering the schedule; or
stopping an individual debit; or
suspending the DDR; or
cancelling the DDR completely.

ENQUIRIES

Direct all enquiries to Council, rather than to your financial institution, and these should be made at least seven (7) working days prior to the next scheduled drawing date. All communication addressed to Council should include your name and Customer reference / account number.

All person customer information held by Council will be kept confidential except that information provided to Council's financial institution to initiate the drawing to your nominated account.

DISPUTES

- If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with Council by contacting Ms Jennings or Mrs Armstrong at Council's office.
- If you do not receive a satisfactory response from Council to your dispute, contact your financial institution who will respond to you with an answer to your claim:
 - within 7 business days (for claims lodged within 12 months of the disputed drawing), or
 - within 30 business days (for claims lodged more than 12 months after the disputed drawing).
- You will receive a refund of the drawing amount if Council can not substantiate the reason for the drawing.

Note: Your financial institution will ask you to contact Council to resolve your disputed drawing prior to involving them.

YOUR COMMITMENT TO COUNCIL

It is your responsibility to ensure that:

- Your nominated account can accept direct debits (your financial institution can confirm this); and
- That on the drawing date there is sufficient cleared funds in the nominated account; and
- That you advise Council if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, Council will send a letter requesting payment. Any transaction fees payable by Council in respect of the above will be added to your account.