



# Enrolment Form 2017

## Child's Details

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Nickname(s): \_\_\_\_\_

Start Date of Enrolment: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Languages Spoken At Home: \_\_\_\_\_

Child's CRN Number: \_\_\_\_\_

Birth Certificate Copied (signed by staff): \_\_\_\_\_

Immunisation Records Copied (signed by staff): \_\_\_\_\_

Please write times of attendance on days enrolled:

Enrolment Type	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day 6.30am-6.30pm					
Before School 6.30am-8.15am					
After School 3.30pm-6.30pm					

**Family Details**

Parent One

Parent Two

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Languages Spoken at Home: \_\_\_\_\_

Languages Spoken at Home: \_\_\_\_\_

Parent CRN: \_\_\_\_\_

Parent CRN: \_\_\_\_\_

Phone- Home: \_\_\_\_\_

Phone- Home: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Work/Study: \_\_\_\_\_

Place of Work/Study: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Sign: \_\_\_\_\_

Parent Sign: \_\_\_\_\_

**Other Children At Home:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Details of any court orders affecting the custody of your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A photocopy must be attached and the Coordinator needs to be notified if circumstances change.**

**Authorised Nominee:**

If the parent/guardian cannot be contacted, these people have been given the same authority as the parents to consent to medical treatment and transportation by ambulance services, give permission for excursions/incursions and permission for collection and delivery of children.

Nominee One

Nominee Two

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone- Home: \_\_\_\_\_

Phone- Home: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Child Medical Information**

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Previous illnesses, operations, broken bones etc.: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? The following potential allergens may be used at the centre; milk, eggs, fish, sesame, wheat. \_\_\_\_\_

\_\_\_\_\_

**Special Health Support Needs**

Does your child have any special health support needs? (i.e. asthma; diabetes; epilepsy; allergies (anaphylaxis); special dietary requirements; skin problems etc. **YES NO**

If your answer is **YES** please specify: \_\_\_\_\_

\_\_\_\_\_

*You and your Doctor will be required to complete a "Special Needs Health Support Plan" and/or an "Individual Emergency Action Plan", to ensure the centre is fully prepared to manage your child's special health needs, including staff appropriately trained to administer medication or other actions required to manage the child's condition.*

Does your child have any medical/cultural/religious dietary restrictions: \_\_\_\_\_

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### **Immunisation**

Is your child's immunisation up-to-date? We will need a copy kept at the centre.

**(Please bring booklet into the centre when you enrol)**

**Authorities** (Please read the following statements and sign at the bottom)

Do you consent to your child eating nut-free birthday cakes provided by other families? YES/NO

Merino Court Childcare Centre uses the following brands of creams and medications:

- Coles Persona SPF30+ Sunscreen Lotion
- Stingoes
- Dettol
- Coles, Elastoplast or Johnson & Johnson Band Aids

Do you consent to the use of the above products on your child should the need arise? YES/NO

**(Should these brands prove to be unsuitable for your child, please provide a more suitable option)**

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I understand that for all other medications I must complete and sign an '**Authority To Give Medication Form**' on the day which the medication is to be administered. YES/NO

In the case of an accident or injury when medical care may need to be sought do you give permission for treatment from a registered medical practitioner, hospital or ambulance service? YES/NO

In the case of an accident or injury when medical care may need to be sought and given that we cannot contact you, do you agree to meet any expenses incurred? YES/NO

In the case of your child becoming ill during the day and we are unable to contact you or an emergency contact, do you agree to meet the costs of extra staffing required to care for your child away from the other children? YES/NO

Do you give permission for your child to attend regular outings of interest in the community given that a risk assessment will be provided before each new venue is visited. YES/NO

Do you agree to meet the costs of recovering any unpaid fees and charges that are outstanding after you have left the service including, but not limited to, legal fees, debt collector fees and commissions? YES/NO

Do you give permission for your child to be involved in short walking excursions when numbers and staffing permit? These outings will be to the local parks and/or shops. YES/NO

Do you give permission for MERINO COURT CHILDCARE staff to transport you child to and from school in the centre van or private vehicles? YES/NO

Please sign below to acknowledge agreement of the above statements?

Parent Sign:

Parent sign \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ have read the policies of MERINO COURT CHILDCARE and agree to abide by them.

(Policies are available on the MERINO COURT CHILDCARE website <http://merinocourtchildcare.com.au> )

Parent sign: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTOS

MERINO COURT CHILDCARE CENTRE takes regular photos of the children for programming, advertising and family communication. Do you give your permission for photos to be taken of your child and used in the following ways? (Please circle as appropriate and indicate if you do not want their face shown). Thank you.

Programming	YES	NO	Back view only
Newsletters and family communication	YES	NO	Back view only
Website	YES	NO	Back view only
Videos for promotional purposes	YES	NO	Back view only
Facebook	YES	NO	Back view only
Newspaper	YES	NO	Back view only

Parent sign: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INFORMATION**

Is your child of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Has your child been left in care before? Is your child used to being cared for by someone other than immediate family? \_\_\_\_\_

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Are there any religious or cultural exclusion requirements for your child? \_\_\_\_\_

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Do you have any skills or interests you would like to contribute to the Centre's program?

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Is there any other information that would assist us in providing quality care for your child? \_\_\_\_

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How did you hear about our service? \_\_\_\_\_

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**Parent Registration Agreement Form**

	Tick when read
I agree to comply with all Government requirements in relation to the Centre and its services.	
I agree that in the case of accident or injury, medical care may be sought and given and agree to meet any expenses incurred.	
I agree to pay fees by cash or direct deposit within the fortnightly account period.	
I am aware that should my fees go into arrears by more than two weeks, my child's place may be cancelled, without notice.	
I will indemnify the Centre against and agree to reimburse it for any expenses it may incur in recovering or attempting to recover payment from me of overdue monies. These costs include legal, court, solicitors, debt collection agency commissions and fees.	
I am aware that two-week's notice, in writing, of cancellation of care must be given and that fees will be charged up to this date. I am aware that Childcare assistance will only be paid up to the last day of signed-in attendance and therefore failure to attend up until the end of two-week's notice, will incur full fees	
I agree to pay all fees in full within two weeks of my child leaving the service	
I agree to provide valid contact details of a guarantor who will be responsible for payment of my fees	
I am aware that fees for Public Holidays, sickness and non-attendance days (family holidays etc.) are payable to ensure my child's place at the Centre. I am also aware that I need to sign the attendance files for these days.	
I am aware that if my child is not picked up by closing time, then I will incur late fees at the rate of the amount of paying the 2 staff wages in 15 minute increments whom are staying late to care for my child	
I am aware that it is my responsibility to read all policies, newsletters and family notices provided by the Centre and to respond as required.	
I am aware that if a bucket or legionnaires hat is not provided for my child, and sun appropriate clothing (see our Sun Protection Policy) they will be required to stay in the shaded areas and excluded from the other areas of the yard, and may be required to stay indoors	
I agree to inform the Centre of any changes that may affect the priority for care for my child.	
I am aware that should a child with a higher priority, as determined by Government Regulations, need a position, then my child's days may need to be changed to accommodate this	
I am aware that my child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition. I understand that my child will be accepted back into the Centre upon provision of a "clearance certificate" from a doctor	
I am aware that should an immunisable disease be diagnosed at the Centre and my child is not immunised, then they will be excluded until the last case has been cleared and that normal fees will be charged	
I give permission for my child to participate in outings of interest in close proximity to the Centre	
I give permission for my child to be photographed for the purposes of internal promotion and documentation at the Centre and for children's files and Christmas DVD's and Facebook posts.	
The Centre reserves the right to terminate this agreement when it considers that to do so would be in the best interests of the Centre. It agrees to give the parent reasonable notice of its intention and will refund any payments in credit.	
I agree that the information provided in this application is true and correct and will be relied upon by Merino Court Childcare Centre and as such will notify them of any changes to details within seven days.	
I have read this contract and agree to abide by the conditions set forth within it	

Name(s) of child: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## FEE PAYMENT METHOD

### Fees

Accounts are issued by email each fortnight and payment is by Direct Debit on the last Friday of the account period. Fees are payable for **all** days the children are booked in regardless of whether they attend or not, this includes sick days, school holidays, family holidays and public Holidays.

### Direct Debit

Families are to nominate their desired account and sign the authority below. Your account will only be debited the amount owing on the selected date. This is not a set amount and will reflect your usage over the nominated period.

Fees associated with Direct Debit are passed on to the family. They are:

- |                      |  |                |
|----------------------|--|----------------|
| • Bank Account       | per transaction                            | \$0.75         |
| • Visa/Mastercard    | Calculated on transaction value            | 0.90% + \$0.75 |
| • Amex               | Calculated on transaction value            | 3.85% + \$0.75 |
| • Failed transaction | Per failed or returned transaction attempt | \$2.75         |
| • Claim/Chargeback   | Only charged when payment is reversed      | \$33.00        |
| • Refund             | Per refund (credit/debit card only)        | \$2.75         |

I agree to the terms and conditions governing the debit arrangements between Merino Court Childcare Centre and myself and acknowledge the fees associated with this. For the full Service Agreement, please go to the Hubworks site <https://hubhello.com/docs/DDRSA.pdf>

Parent Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Please select your preferred payment method.

### Bank Account

BSB \_\_\_\_\_

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

### Credit Card

Credit Card Number \_\_\_\_\_

Expiry \_\_\_\_\_

Credit Card Name \_\_\_\_\_

I hereby give authority for Merino Court Childcare Centre to set up a Direct Debit from my account to cover fees accrued for my child.

Parent Sign: \_\_\_\_\_ Date \_\_\_\_\_