



## 2020 ENROLMENT FORMS

Child Information			
Family Name:		Given Name:	
Date Of Birth:	Gender:	Nickname:	
Address:			
City:	State:	Postcode:	
Country of Birth:		Child CRN number:	
Languages Spoken At Home:			
Start Date of Enrolment:			
Is child: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither			
<b>Office Use Only - Birth Certificate &amp; Immunisation Records Copied &amp; Supplied (staff sign):</b>			

Attendance Days				
Please tick days the child will be attending				
Daily Rate - \$110. A \$50 Enrolment Fee will be added to the first account for new enrolments (including the annual fee of \$15 which applies to all enrolments).				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Family Details	
<u>Parent One-Primary Parent</u>	<u>Parent Two- Secondary Parent</u>
<b>Parent 1 is claiming CCS from Centrelink. Child will come under Parent 1 CRN. Please note that parent and child have their own CRN numbers</b>	
Name:	Name:
Relationship to Child:	Relationship to Child:
Does the child live with Parent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared Care	Does the child live with Parent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared Care
If shared care please provide details:	If shared care please provide details:
Address:	Address:
Postcode:	Postcode:
Date of Birth:	Date of Birth:
Country of Birth:	Country of Birth:
Languages Spoken:	Languages Spoken:
Parent CRN:	Parent CRN:
Home Phone No:	Home Phone No:
Mobile Phone No:	Mobile Phone No:
Email:	Email:

Occupation:	Occupation:
Place of Work:	Place of Work:
Parent Sign:	Parent Sign:
Other children in the home (Name and Age):	Other children in the home (Name and Age):
No of children Parent 1 is claiming CCB for: (Including children enrolled at other child care/school care programs)	

Authorised Person/ Emergency Contacts	
If the parent/guardians 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, request/permit medication to be given, have permission to collect and deliver children and should be notified of any accident, injury, trauma or illness.	
Contact One	Contact Two
Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Postcode:	Postcode:
Home Phone No:	Home Phone No:
Mobile Phone No:	Mobile Phone No:
Email:	Email:
Tick box to authorise: <input type="checkbox"/> Deliver/Collect <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Excursion Permission <input type="checkbox"/> Medical treatment and/or medication	Tick box to authorise: <input type="checkbox"/> Deliver/Collect <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Excursion Permission <input type="checkbox"/> Medical treatment and/or medication
Contact 1 Sign:	Contact 2 Sign:

Court/Custodial Orders
Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, staff and carers of Merino Court Childcare Centre cannot enforce parents' requests.
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: <input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Are there any court orders relating to the child's residence or the child's contact with a parent or other person: <input type="checkbox"/> Yes <input type="checkbox"/> No Details:

## Child Medical / Health Information

You and your doctor may 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 health needs, including staff being appropriately trained to administer medication or other actions to manage the child's conditions.

Child's Doctor Name:

Service Name:

Phone No:

Address:

Postcode:

Medicare Number:

Ambulance Cover :

Yes

No

Health Insurance Fund:

Yes

No

Insurance Number:

Health Insurance Name:

Is your child fully immunised (please provide a copy of your child's immunisation record):

Yes

No

Does your child suffer from any allergies/been diagnosed anaphylaxis:

Yes

No

If yes, please provide details:

Does your child have a diagnosed disability or special needs:

Yes

No

If yes, please provide details:

Does your child take prescribed medication or treatment on a regular basis (asthma, diabetes, epilepsy etc.):

Yes

No

If yes, please provide details:

Has your child had any serious illnesses/incidents in the past (diagnoses, broken bones etc.):

Yes

No

If yes, please provide details:

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

- Coles/Woolworths Personal SPF50+ Sunscreen Lotion
- Stingoes
- Dettol
- Coles/Woolworths, 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

If no, please provide a more suitable option.

I understand that for all medications, I must complete and sign a "Authority To Give Medication Form" on the day(s) 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

Does your child have any special dietary or cultural restrictions:

Yes  No

Details:

Do you consent to your child eating nut free birthday cakes provided by other families:  Yes  No

Please sign below in acknowledgement of the above statements:

Sign:

Date:

### Additional Information

Has your child been left in care before, is the child used to being cared for by someone other than immediate family:

Yes  No

Details:

Are there any religious and/or cultural exclusion/inclusion requirements for your child (celebrations, prayers etc.):

Yes  No

Details:

Would you, the parent, have any skills or interests you would be willing to come in and share with the children:

Yes  No

Details:

Is there any other information that would assist us in providing quality care for your child (sleep habits, times, fears, phobias etc.):

Has your child been toilet trained:

Yes  No

Details:

How did you find out about Merino Court Childcare Centre:

Word of Mouth  Website  Internet search  Facebook  Advertising  Other

Please Provide Details:

## Fee payment

### Fees

Accounts are issued by email each fortnight and payment is by Direct Debit. 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 \$1.00
- Visa/Mastercard Calculated on transaction value 1.8% + \$1.00
- Amex Calculated on transaction value 3.6% + \$1.00

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 refer to the back page of enrolment form (a copy will be in the Family Handbook)

Yes  No

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.

Yes  No

Parent Name:

Parent Sign:

### Bank Account Details

Financial Institution:

Branch:

BSB:

Account No:

Account Name:

Sign:

Date:

### OR

### Credit Card Details

Visa or Mastercard?

Card No:

Card Name:

Expiry:

Security number:

Sign:

Date:

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

Parent Name:

Parent Sign:

Date:

## Photo / Video Authorisations

Merino Court Childcare Centre takes regular photos and videos of the children for curriculum and family communication purposes. Please indicate below your preferences for photos

Do you give permission for photos of your child to be taken and shared on the programming app (these photos are able to be viewed by all families of currently enrolled children):  Yes  No  Back View Only

Do you give permission for photos of your child to be taken and shared on the Merino Court Childcare Centre Facebook Page:

Yes  No  Back View Only

Do you give permission for photos of your child to be taken and used on the Merino Court Childcare Centre Website:

Yes  No  Back View Only

Do you give permission for photos of your child to be taken and used on the Merino Court Childcare Centre end of year DVD gift for families:

Yes  No  Back View Only

Parent Name:

Parent Sign:

## Transport/Excursion Authorities

Merino Court Childcare Centre takes regular excursions into our community for educational and fun purposes

Do you give permission for Merino Court Childcare Centre staff to transport your child to and from school in the centre van or private vehicles:

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 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 for the first time? Transport will be via Merino Court Childcare Van, staff private vehicles, or public transport (buses or trains)

Yes  No

Examples of outings:

- Bunnings and shopping centres for purchase of materials and resources for the garden and/or learning experiences
- Local parks for picnics
- Perth CBD

Do you understand that for all other excursions you will be notified at the time and a risk assessment provided for your reference. Fees and permissions will be required before your child can leave the centre.  Yes  No

Please sign below in acknowledgement of the above statements:

Sign:

Date:

## About Your Child

Merino Court Childcare Centre welcomes any information and feedback that will help us to provide quality care for your child

What are your child's current likes and dislikes?

What are your child's favourite foods?

What cultural celebrations and traditions do you celebrate as a family?

What would you like us to focus on for your child this year?

What activities do you do as a family?

What is it important for your child to understand while they are at Merino Court, what is your motivation for sending them to us?

Who lives in your home? (include pets) Do you spend a lot of time with extended family?

Which of the following areas are important for your child to be involved in, what are your personal priorities?

- Community and cultures     Sustainability     School readiness     Social skills     Independence     Health and safety  
 Other (please list)

## Parent Registration and Agreement Form

I agree to comply with all Government requirements in relation to the Centre and its services.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I agree that in the case of accident or injury, medical care may be sought and given and agree to meet any expenses incurred.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I agree to pay fees by direct debit at the beginning of the fortnightly account period.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I am aware that should my fees go into arrears by more than two weeks, my child's place may be cancelled, without notice.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I agree to pay all fees in full within two weeks of my child leaving the service	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I am aware that if my child is not picked up by closing time, then I will incur late fees at the rate of \$25 for each 15 minutes or part thereof to cover the staff wages of those staying late to care for my child. This charge will not be covered by Centrelink.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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. (All policies are available on the Merino Court Website)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I agree to inform the Centre of any changes that may affect the priority for care for my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have read this contract and agree to abide by the conditions set forth within it	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Name:	Parent Sign:	Date: