



2019 SCHOOL CHILD 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			
Office Use Only - Birth Certificate & Immunisation Records Copied & Supplied (staff sign):			

Attendance Days				
Please tick days the child will be attending				
Daily Rate - \$105. A \$35 Enrolment Fee will be added to the first account for new enrolments (including the annual fee of \$15 which applies to all enrolments).				
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<input type="checkbox"/> Before School (\$55)	<input checked="" type="checkbox"/> Before School (\$55)	<input type="checkbox"/> Before School (\$55)	<input type="checkbox"/> Before School (\$55)	<input type="checkbox"/> Before School (\$55)
<input type="checkbox"/> After School (\$65)	<input type="checkbox"/> After School (\$65)	<input type="checkbox"/> After School (\$65)	<input type="checkbox"/> After School (\$65)	<input type="checkbox"/> After School (\$65)
<input type="checkbox"/> Before AND After School (\$85)	<input type="checkbox"/> Before AND After School (\$85)	<input type="checkbox"/> Before AND After School (\$85)	<input type="checkbox"/> Before AND After School (\$85)	<input type="checkbox"/> Before AND After School (\$85)

Family Details	
<u>Parent One-Primary Parent</u>	<u>Parent Two- Secondary Parent</u>
Parent 1 is claiming CCB from Centrelink & child will come under Parent 1 CRN. Please note Parent and child have their own individual CRN number	
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
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.

<u>Contact One</u>	<u>Contact Two</u>
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	Tick box to authorise: <input type="checkbox"/> Deliver/Collect <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Excursion Permission
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:

Yes No

Details:

Are there any court orders relating to the child's residence or the child's contact with a parent or other person:

Yes 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, 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

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

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 in the Merino Court Childcare Centre Newsletter:
 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

Parent Name: _____ Parent Sign: _____

Fee payment

Fees

Accounts are issued by email each fortnight and payment is by Direct Debit in advance at the beginning of the invoice 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 \$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 go to the Hubworks site <https://hubhello.com/docs/DDRSA.pdf>

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

Card No:

Expiry:

Card Name:

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:

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 you child to and from school/excursions in the centre van or private vehicles: Yes No

Do you give permission for your child to attend excursions as part of the School Holiday Program given that a risk assessment will be undergone for each excursion Yes No

Do you understand that all children booked into the School Holiday program on any particular day will be involved in any outings planned for that day, that there is no facility for leaving children at the centre and excursion fees will be direct debited on the direct debit day directly before the School Holidays (paid in advance)? Transport will be via Merino Court Childcare Van, staff private vehicles, or public transport (buses or trains)

Yes No

Examples of outings:

- Bunnings for purchase of materials and resources for the garden.
- Local parks for picnics
- Shopping centres for purchase of materials and resources for learning experiences
- Perth CBD
- Perth Zoo

School Holiday plans advising of excursion will always be sent out in advance before school holidays notifying of excursions.

Please sign below in acknowledgement of the above statements:

Sign:

Date:

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. I am also aware that I need to sign the attendance files for these days.	<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 the amount of paying the 2 staff wages in half hour increments whom are staying late to care for my child	<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: