

Benowa Children's Centre

198-200 Ashmore Road Benowa QLD 4217

Ph: (07)5539 6144 Fax: 5597 3165

Email: benowacc@qldnet.com.au



Enrolment Form - 2018

Please note: ALL sections must be answered.

If the question is not relevant to your child, place N/A in the relevant section

Days of attendance: Monday Tuesday Wednesday Thursday Friday**Room:** Nursery Toddlers Jnr Kindy Snr Kindy Kindergarten / Pre Prep BSC ASC Vacation Care**Start Date:**

CHILD DETAILS			
Surname		Given Name	
Date of Birth		Place of Birth	
Gender	M / F	Cultural Background	
Child's CRN		Each child has their own CRN number, for more info contact Centrelink 136150	
Residential Address			
		Postcode	
Number of Siblings (younger/older) in other care?			
Does your child speak a language other than English at home?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please indicate languages		
Does your child have any cultural or religious requirements? Eg - eating, food or sleeping preferences to be catered for	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details		
Does your child attend another program?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details		
Are there any court orders, parenting orders or parenting plans in relation to the child or access to the child?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details		

Office Use Only:	Attached Document Checklist
Starting Date ___/___/20___	<i>Please ensure all of the following documents are attached before submitting this form</i>
Days Attending Mon Tues Wed Thurs Fri	Please tick to indicate documents are attached
Birth Certificate Sighted Yes No	Childs Birth Certificate
Birth Certificate Copied Yes No	Immunisation Records
Immunisation Sighted Yes No	medical records (where needed)
Immunisation Copied Yes No	Health Care Card (if applicable)
Signature: _____	

Legal Guardian 1 DETAILS			
Surname		First Name	

Date of Birth		Gender	M / F
Relationship to the child	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other <input type="checkbox"/> Please specify
Customer Reference Number (CRN)			
CRN and DOB are essential to claim CCM and CCR. If you do not intend to claim CCB to reduce your fees, we still require your CRN to comply with Govt reporting requirements			
Are you the parent/guardian who received CCB through Centrelink?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you eligible to claim Childcare Rebate (CCR)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your CCR paid directly to the Centre?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cultural Background			
Residential Address		Postcode	
Home phone		Mobile phone	
Work		Email	
Work Status	Working Full-time or Part-time <input type="checkbox"/>	Stay at Home <input type="checkbox"/>	Studying/Training <input type="checkbox"/>
	Disability/Disabled Carer <input type="checkbox"/>		
Occupation			
Employer			
Legal Guardian 2 DETAILS			
Surname		First Name	
Date of Birth		Gender	M / F
Relationship to the child	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other <input type="checkbox"/> Please specify
Customer Reference Number (CRN)			
Are you the parent/guardian who received CCB through Centrelink?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you eligible to claim Childcare Rebate (CCR)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cultural Background			
Residential Address		Postcode	
Home phone		Mobile phone	
Work		Email	
Work Status	Working Full-time or Part-time <input type="checkbox"/>	Stay at Home <input type="checkbox"/>	Studying/Training <input type="checkbox"/>
	Disability/Disabled Carer <input type="checkbox"/>		
Occupation			
Employer			
AUTHORISED/EMERGENCY CONTACTS (must be over 18 years old)			

AN authorised contact is a person who the parent/guardian has given permission to collect their child from the Centre, should the parent/guardian be unavailable, in the event of incident, injury, trauma, illness, emergency etc.

Contact 1			
Surname		First Name	
Relationship to child		Gender	M / F
Home phone		Mobile	

Is this person authorised to collect your child from the service? Yes No:

Is this person authorised to be contacted in an emergency situation? Yes No:

Is this person authorised to consent to medical treatment of or authorise administration of medication to the child? Yes No:

Is this person authorised to authorise an educator to take the child outside the education and Care services premises? Yes No:

Contact 2			
Surname		First Name	
Relationship to child		Gender	M / F
Home phone		Mobile	

Is this person authorised to collect your child from the service? Yes No:

Is this person authorised to be contacted in an emergency situation? Yes No:

Is this person authorised to consent to medical treatment of or authorise administration of medication to the child? Yes No:

Is this person authorised to authorise an educator to take the child outside the education and Care services premises? Yes No:

Contact 3			
Surname		First Name	
Relationship to child		Gender	M / F
Home phone		Mobile	

Is this person authorised to collect your child from the service? Yes No:

Is this person authorised to be contacted in an emergency situation? Yes No:

Is this person authorised to consent to medical treatment of or authorise administration of medication to the child? Yes No:

Is this person authorised to authorise an educator to take the child outside the education and Care services premises? Yes No:

Contact 4			
Surname		First Name	
Relationship to		Gender	M / F
Home phone		Mobile	

Is this person authorised to collect your child from the service? Yes No:

Is this person authorised to be contacted in an emergency situation? Yes No:

Is this person authorised to consent to medical treatment of or authorise administration of medication to the child? Yes No:

Is this person authorised to authorise an educator to take the child outside the education and Care services premises? Yes No:

Parent Signature			Date	
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HEALTH	
Is your child immunised?	Yes <input type="checkbox"/> If yes, immunisation records must be attached No <input type="checkbox"/> If no 'Immunisation Exemption Conscientious Objection form' must be attached. (this form can be found at www.medicareaustralia.gov.au)
Does your child have any allergies, intolerances or dietary restrictions? Eg - Food, medicine, grass,	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details and complete a medical conditions management plan
Does your child any medical conditions? Eg - Asthma, diabetes, epilepsy etc	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details and complete medical conditions
Does your child have a medical action plan?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide a copy
Has your child been diagnosed as a risk of anaphylaxis?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please attach anaphylaxis plan and medical conditions management plan
I _____ give consent to Educator's at Benowa Children's Centre to administer ventolin and/or epipen injection for _____ when this is considered reasonably necessary in an emergency. No <input type="checkbox"/> Yes <input type="checkbox"/>	
Does your child take any regular medication? Eg - Ventolin etc	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details and complete a medical conditions management plan
Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive enviroment? Eg - ADHD,	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details
Does your child have a need for additional assistance in any of the following areas? Learning needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Mobility Needs <input type="checkbox"/> interpersonal needs <input type="checkbox"/> Other <input type="checkbox"/>	
Does our child have a diagnosed disability? Is there anything that you do or modify at home?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details
Any other relevant medical history, and/or details:	
Parent Signature	Date
MEDICAL INFORMATION	
Name of doctor/medical service	
Address of Doctor:	
Phone Number	Medicare number
Private Health No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, Fund name & Member #
Preferred Local Hospital	
Parent/Guardian Permission I give permission for Benowa Children's Centre to seek information from the No <input type="checkbox"/> Yes <input type="checkbox"/>	
Parent Signature	Date

PERMISSIONS AND AGREEMENT TO TERMS

The below section outlines various procedures and policies of Benowa Children's Centre as followed by Educator's. Please read over and carefully circle **Yes or No** (Y/N) to indicate understanding and then sign the bottom of the

<p>1. I/We understand that Management has the ultimate decision in whether they are able to provide care for my child. Rights of Management can't be challenged and all decisions made are final. Y/N</p>
<p>2. I/We understand that on the enrolment form the person listed as the Primary Guardian is the only person who has authorisation to make any changes to the Child's enrolment. This includes authorised pick up people for their child. Any person that is not on the authorised list as per the enrolment form will be denied access to the child and the Primary Guardian will be notified. Y/N</p>
<p>3. I/We understand that Parents are expected to arrive in plenty of time to ensure they have left the centre by closing time. Children who have not been collected by the centre's closing time will be billed a Late Collection Fee of \$2 per minute for any time after the centre's closing time according to the centre entrance or foyer clock. Y/N</p>
<p>4. I/We understand that 30 minutes after closing if we have had no contact from parents as to their location and estimated time of arrival, your child will be removed from the centre and taken to the local police station for collection. This will also be reported to the local Department of Child Safety. Y/N</p>
<p>5. Emergency or Accidents In the event of an emergency, illness or accident (when the Centre is unable to contact the Parent/Guardian or Authorised Contact/s), I/We give Educators at the centre consent to provide First aid, Medical or Hospital attention for our child. I/We give permission for my child to be transported by Ambulance to Hospital if needed. I/We agree to pay any expenses incurred for Medical treatment and Transport. Y/N</p>
<p>6. Administering of Panadol I/We agree for Educator's to administer <u>ONE</u> emergency dose of Paracetamol in the event of our child's body temperature rising above 38.5 degrees. I/We understand that Educator's will make contact with either the Parents/Guardians or the Emergency Contacts to inform them that Paracetamol is being administered and discuss at the time further actions to take in the event that the temperature does not subside within 15 minutes. Y/N</p>
<p>7. Permission for Publication I/We hereby give consent for our child's photograph, name and age to be used for room programming, Centre display's, on Kindsnap, Facebook and/or publications (eg-Newsletters or emailed to other parents in a group email about room activities). Where this information may be utilised outside of the Centre (advertising/website/media/media), further permission will be sought. Y/N</p>
<p>8. Permission for Observation I/We give permission for our child to be observed by educator's, students or visitors. Students will be from accredited training programs and will work in conjunction with your child's educator's. If questioning or testing is to be carried out, I/We will be asked for further permission. Y/N</p>
<p>9. Payment of fees I/We agree to maintain our fees weekly by 11am every Friday as per the Centre's fee policy. We will ensure our fees are kept up to date by making payments on the required day via direct debit or as agreed with the Centre. I/We are aware that failure to pay due fees causing our account to fall behind by more than one week, will attract a \$10 late fee and may jeopardise my child's position in the Centre. Y/N</p>
<p>10. Direct Debit Transfers Where a direct debit arrangement has been entered into, I/We authorise the centre to make withdrawals from my/our account as specified in the Direct Debit Request Form, as determined by the centre in accordance with the terms and conditions herein and in any subsequent agreement with the centre. I/We acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us. I/We understand that any costs incurred by the centre in collecting any arrears owed may be charged to my/our account. Y/N</p>
<p>11. Permission for evacuations</p>

I/We hereby give permission for our child to participate in regular evacuation drills. I/We understand that our child will be relocated from the centre under the supervision of their caregivers and educator's to a safety zone for evacuation purposes. (please refer to the centre's Evacuation Plans and Procedures for further information). Y/N

12. Sunscreen Application

I/We agree for the centre educator's to apply 30+ sunscreen regularly to our child for outdoor play purposes. I/We understand that the centre may use a variety of sunscreen brands from time to time. If my child requires special sunscreen, I/We agree to supply this product to the centre. Y/N

13. Insect Repellant and Other Sunstance Application

I/We agree for educator's to apply Insect Repellant, Nappy Change Lotion & Teething Gel (must have a chemist label). I/We understand that the centre may use a variety of Insect Repellant. If my child requires special Insect Repellant, I/We agree to supply this product to the Centre. Y/N

14. Bottle Permission

I/We understand that if our child requires a bottle on his/her bed to transition to rest time, as the parent, I take full responsibility understanding that this is an individual requirement for my child. I/We also understand that educator's will give my child the bottle, and they will be supervised at all times when having their bottle and that the bottle will be removed and placed away when my child has finished and drifted off to sleep. Y/N

15. Child Care Benefit (Lump Sum Claims)

I/We understand that it is our responsibility to notify the centre of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Benefit as reduced fees on a weekly basis. Y/N

16. Parent Handbook

I/We acknowledge that we have received and/or read the centre's Parent Handbook. I/We understand any changes to this Handbook will be displayed on Communication Boards in the Centre Foyer and rooms. Y/N

17. Centre Policies

I/We acknowledge that the Centre Policies are available in the office at all times to view. I/We understand that any changes made to these policies will be carried out where appropriate in consultation with parents and any changes to the policies will be displayed on Communication Boards in the office. Y/N

18. Cancellation of Care

I/We understand that two week's **written** notification is required in advance when cancelling care and all fees must be paid in full on completion. Y/N

19. Fees for Public Holidays and Absent Days

I/We understand that Public Holidays, Absent Days and Pupil Free Days are charged at the normal daily fee rate and that complimentary make-up days will not be available. Y/N

20. Unexplained Absences

I/We understand that if after one week's unexplained absence from the centre and if the centre is not notified by the following Monday of further absences, my child's booking at the centre will not necessarily be held open, and may be filled by another child. I also agree to pay any costs incurred as a result. Y/N

21. Priority of Access

I/We understand that if our family falls under the Priority Access, we may be required to alter our days or give up our place in the Centre in order to provide a place for a higher priority family according to the following Priority Access Guidelines and our centre policy. First Priority - children at risk or serious abuse or neglect; Second Priority - children whose parents satisfy the work, training and study guidelines specified by the Government and Third Priority - all other children. Y/N

22. Infectious Diseases/Clearance Certificates

I/We understand that our child will be excluded from the Centre if they contract a contagious disease or condition. I/We understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to our centre policies for further information. Y/N

23. Non-Immunisation

I/We understand that if our child is **NOT** immunised in accordance to the Government requirements, our child will be excluded from the centre if there is an outbreak until the infectious period of the disease or condition has passed. (Please refer to our centre policies for further information). Y/N

24. Presence of Visitors and Volunteers

I/We understand that occasionally, the centre may have visitors and/or volunteers assisting in the centre. I/We consent to our child being in the presence of visitors and/or volunteers under the Educator's supervision. Y/N

25. Excursion to the Other Centre

I/We understand that my child will be involved in shows or activities in the other centre. I/We agree to allow Educator's to walk our child across the car park and into the other centre. Y/N

*** I/We are lawfully authorised in relation to the Child referred to in this enrolment form;**

*** All information provided in this Enrolment Form are true and correct; and**

*** I/We have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 25 above, and any other policies and procedures advised by the centre either directly or by making them available for perusal at the office.**

Signature of Primary Parent/Guardian: _____ Date: _____

Signature of Secondary Parent/Guardian: _____ Date: _____

ABOUT THE CENTRE

- | | |
|--|-----|
| * I am aware that the centre provides meals at no extra cost | Y/N |
| * I am aware that there is a \$30 booking fee & \$150 Bond due at time of enrolment | Y/N |
| * I am aware that I must give 2 weeks written notice if withdrawing my child or dropping | Y/N |
| * I have received the Parent Handbook and agree to abide by all centre policies and procedures | Y/N |
| * I am aware of the comprehensive list of policies and procedures that the team abide by is kept in the office at all times for me to view | Y/N |
| * I am aware that the days I book are payable each week even if my child is absent or on holidays | Y/N |
| * I am aware that fees are payable each week by Friday 11am, via Direct Debit and there is a \$10 fee for overdue accounts | Y/N |
| * I am aware that I must sign my child in and out each day and sign any absent days or CCB will not be applied to my account | Y/N |

Parent/Guardian Signature: _____ Date: _____