



## 2017 Enrolment

### Centre details

**Phone:** 9630 1199  
**Centre Mobile:** 0425 387 275  
**Fax:** 9630 2960  
**Bookkeeper :** 0406 154 726  
**Centres email:** nbasc@bigpond.com  
**Bookkeepers email:**accounts\_noosh@bigpond.com

Please completed and sign where required.

A non refundable enrolment fee will be charged once a position is confirmed.

New families must also provide a copy of immunisation records or a Conscientious Objection form. Action plans must be completed by a doctor for medical conditions such as asthma (a breathing spacer must also be provided), anaphylaxis, any allergies, diabetes, epilepsy, administration of long term medication or other additional needs. These **MUST** be made available to the centre before the child starts care in 2017.

### CENTRE FEES

Description	Cost
Annual enrolment fee	<b>\$40 for the first child \$20 for each child after</b>
Late fee	<b>\$30 for each 15 minutes or part there of</b>

	Permanent	Casual
Morning	<b>\$12.00</b>	<b>\$14.70</b>
Afternoon	<b>\$17.00</b>	<b>\$18.90</b>
Vacation care	<b>\$38.00</b>	

Educators name: \_\_\_\_\_ Date received: \_\_\_\_\_ Time received: \_\_\_\_\_ Educator signature: \_\_\_\_\_

### **SECTION 1 - CHILDREN DETAILS**

**Family Name:** \_\_\_\_\_

Child's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_ Childs CRN: \_\_\_\_\_

Child's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_ Childs CRN: \_\_\_\_\_

Child's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_ Childs CRN: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

**Please circle the days of care required for permanent bookings**

**Before school   Monday   Tuesday   Wednesday   Thursday   Friday   OR   Casual only**

**After school   Monday   Tuesday   Wednesday   Thursday   Friday   OR   Casual only**

### **SECTION 2 - PARENT / GUARDIAN DETAILS**

**Parent 1 - Full Name:** \_\_\_\_\_ **Relationship :** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Mobile :** \_\_\_\_\_ **Work Phone No:** \_\_\_\_\_ **Place of work:** \_\_\_\_\_

**Parents Reference number:** \_\_\_\_\_ (This is the number that Centerlink gives families who register with Family Assistance. It can be found on the letters you receive from Centerlink. It is located on the top left hand corner of the page it consists of 9 numbers and 1 letter)

**Parent 1 - Full Name:** \_\_\_\_\_ **Relationship :** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Mobile :** \_\_\_\_\_ **Work Phone No:** \_\_\_\_\_ **Place of work:** \_\_\_\_\_

**Parents Reference number:** \_\_\_\_\_

**Preferred email to receive information:** \_\_\_\_\_

### **SECTION 3 - PERSONS AUTHORISED TO COLLECT YOUR CHILD**

1. Children **must be signed in on arrival to the centre and signed out before leaving the centre. Written permission must** be provided by you to the Director/Assistant Director if you wish a person whose name does not appear below to sign out and collect your child from the Centre. **Photo identification will be required** prior to release of the child.
2. A person **must be at least 16 years of age** to collect a child /ren.

**List below persons authorised to collect your child/ren and inform them that they are listed as authorised people.**

<b>Name</b>	<b>Relationship to child</b>	<b>Address</b>	<b>Contact number</b>

**SECTION 4 - EMERGENCY CONTACT DETAILS**

Please list below details of people to be contacted in the event of an accident or emergency if no parent/carer can be contacted. The person to be contacted must be at least 16 years of age. Please inform these people that they are listed as emergency contacts.

Name	Relationship to child	Address	Contact number

**SECTION 5 - CHILDCARE BENEFIT**

Will you be claiming Child Care Benefit? YES NO If yes please provide details below.

Name of person claiming: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Will you be claiming CCB weekly or as a lump sum payment? (Please circle) YES NO

For Child Care Benefit purposes, it is important to advise the service if you use any other service simultaneously.

Do you have any other children in CCB approved care? YES NO

Childs name: \_\_\_\_\_ CRN: \_\_\_\_\_ DOB \_\_\_\_\_

Childs name: \_\_\_\_\_ CRN: \_\_\_\_\_ DOB \_\_\_\_\_

**SECTION 6- PRIORITY OF ACCESS INFORMATION**

Our service will comply with the Australian Government '*Priority of Access Guidelines*' to ensure places are allocated to families with the greatest need for child care support. These Guidelines will be strictly adhered to and failure to meet these Guidelines is a breach of the conditions of continued approval for receiving Child Care Benefit and State Government funding.

**Please tick the box/es below that are applicable to you and your family**

- Priority 1: a child at risk of serious abuse or neglect;
- Priority 2 : a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the '*A New Tax System (Family Assistance) Act 1999*'
- Priority 3: any other child.

**Within these main categories priority should also be given to the following children:**

- children in Aboriginal and Torres Strait Islander families;
- children in families which include a disabled person;
- children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$44,457 for 2016 - 2017, or who or whose partner are on income support;
- children in families from a non-English speaking background;
- children in socially isolated families; and
- children of single parents.

**SECTION 7 - CUSTODY INFORMATION**

Are there any court orders, parenting orders or parenting plans in relation to your child/ren, or access to your child/re

**YES NO** If **YES** please provide details.

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**NOTE:** The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Nominated Supervisor before enrolment.

**SECTION 8 - HEALTH AND MEDICAL INFORMATION**

Medicare card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Are you in a private health fund? **YES NO**

Health fund \_\_\_\_\_ Card number \_\_\_\_\_

**Immunisation**

Has your child/ren received the necessary immunisation for their age? **YES NO**

*(Please provide copy of child's immunisation records or other relevant information if not already provided)*

If **NO**, please complete & attach an Immunisation Exemption Conscientious Objection form available from Medicare.

**Medical contact details (doctor and dentist)**

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Dentist name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Medication**

Does your child require regular administration of medication while attending the centre? **YES NO**

If **YES** please **provide the centre with a letter from your doctor** with the following information; medication required, condition and dosage to be administered. Please provide a brief description.

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Note: Only prescribed medication will be administered at the centre. A medication form **must** be completed by parent for educators to administer medication at any time.

**Medical conditions/additional needs - These may include asthma, anaphylaxis, diabetes, epilepsy, allergies and other medical conditions or additional needs.**

Does your child/ren have a medical condition or additional needs? **YES NO** If **YES** please provide details including a copy of a medical management plan(required for asthma and anaphylaxis) or risk minimisation plan prepared by a doctor.

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**Dietary requirements/ food allergies and intolerances**

Does your child/ren have any dietary requirements? **YES NO** If **YES** please provide details and minimisation plan prepared by a doctor if applicable for food allergies/intolerances)

Child's name	Dietary requirement	Symptoms

**SECTION 9 - INDIVIDUAL INFORMATION** - This information assists staff in the daily care and education of your child.

Is there anything else our Educators need to know about your child? (E.g. Behaviour, communication, interests, dislikes, fears etc.)

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**SECTION 10 - FAMILY BACKGROUND INFORMATION**

**Ethnic background:** \_\_\_\_\_ **Languages spoken at home:** \_\_\_\_\_

**Details of any cultural or religious requirements that the educators need to be aware of:**

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**SECTION 11 - AUTHORISATION AND APPROVAL (PERMISSION) - Please read carefully**

**Permission to seek medical assistance in an emergency (medical, dental or hospital) and carry out appropriate first aid treatment in an emergency.**

In the event of an accident or illness requiring emergency medical treatment or transportation by ambulance, every effort will be made to contact parents before such treatment is sought. Should contact prove impossible, it will be necessary for authority to be given and the treatment to be undertaken. Parents are asked to sign and complete the follow

**I give permission for educators to seek medical attention for my child/children in the event of an accident or illness requiring emergency medical treatment or transportation by ambulance and to carry out appropriate first aid treatment in an emergency. I understand that relevant information on this form will be passed on to hospital/medical staff if required.**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**PERMISSIONS**

**Photos and videos** – These are used to display around the centre to document programmed activities and special events that take place at the centre and on excursions.

**Permission for photos and videos to be taken of my child/ren - YES NO**

**Sunscreen** is provided for the children. Hats must be worn during outdoor play.

**Permission for my child/ren to wear / have sunscreen applied - YES NO**

## CONDITIONS OF ENROLMENT

### I, THE UNDERSIGNED Parent/Guardian, acknowledge that;

- ✓ If a permanently booked day falls on a public holiday, fees will still apply.
  - ✓ I must give 1 weeks (5 working days) written notice to cancel permanent bookings.
  - ✓ I must contact the centre if my child will be absent on a booked day.
  - ✓ If there is not a place available for my child/ren, my child/ren will be placed on a waiting list.
1. I accept and will follow the policies, procedures and Education and Care Services National Regulations that the centre implements. These ensure the smooth running of the centre for the children, educators and families. It is my responsibility to read these policies. I am aware that all policies can be accessed at the centre and are subject to change.
  2. I am aware that the centres handbook is available for me to access. I have received a copy along with the enrolment form.
  3. The centres Management Committee, employees or persons authorised by them will not accept responsibility or reimburse families for the loss or damage of personal effects of my child/ren. This includes marks/stains on clothing and school uniforms due to craft activities and play.
  4. I have enclosed details of my child/ren's additional needs and/or medical history that may affect my child's well-being whilst at the centre.
  5. I accept responsibility for, and if deemed necessary by the Management Committee, will compensate the Centre for any loss or damage that may result from my child/ren's actions.
  6. I acknowledge that the educators and Management Committee reserve the right to implement the Behaviour Management policy which may result in suspension.
  7. I authorise the educators or Management Committee to obtain medical, hospital and/or ambulance assistance for my child/ren as required, and therefore accept financial responsibility thereby incurred.
  8. Fees (as advertised in the Centre) are subject to review annually. I understand that I am responsible for all fees and agree to pay in accordance with the centre policy stating **fees must be paid within 3 days of receiving a statement**. Failure to do so may result in my child's/children's placement being suspended. I accept that a late fee, as displayed in the centre, will be payable should I collect my child/ren from the Centre after 6 p.m. I understand that I am liable for payment of fees even if my child/ren do not attend.
  9. I understand that Northmead Before and After school care is a committee run centre and I must attend one meeting per year, excluding the A.G.M.
  10. I understand that Northmead Before and After School Care collect only enough information from families that are required for the smooth operation of the service. This includes providing some personal details to the book-keeper so family's payments can be processed. Families personal information will only be passed on to another party with your written consent or where required by law.

**Non - compliance of any of the above conditions will result in the attendance of your child/ren at the centre being reviewed. Non - compliance of any points in the parent handbook or the centres policy manual (located in the parent library near the sign in table) will result in the attendance of your child/children at the centre being reviewed.**

**I declare that the information given in this form is correct and true and I undertake to notify Northmead Before and After School Care if any of this information changes.  
I have read, understand and agree with the Conditions of Enrolment at Northmead Before and After School Care Inc. My signature appears below to signify my acceptance of these conditions.**

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(Parent/ Guardian full name)

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(Signature)

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(Date)