

Enrolment Record

Please indicate the date you wish to commence care: / /20.....

This form must be completed by a parent or guardian who has lawful authority in relation to the child. A brief explanation of lawful authority can be found on page 2.

INFORMATION ABOUT YOUR CHILD

Family Name: _____

Given Names: _____ Usually called: _____

Date of Birth: _____/_____/_____ Sex: M F (please tick)

Home Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Language(s) spoken in the home: _____ Place of Birth: _____

FAO Registered Parent Name and CRN: _____

Child CRN: _____

Is the child of Aboriginal and/or Torres Strait Islander descent? (please tick)

- No, not Aboriginal or Torres Strait Islander Yes, Aboriginal
 Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander

Cultural background of the child and if applicable, the child's parents:

INFORMATION ABOUT THE CHILD'S PARENTS/GUARDIANS

Mother/Guardian	Father/Guardian
Full Name:	Full Name:
Date of Birth:	Date of Birth:
Address - as per child or:	Address - as per child or:
Home Telephone/s: (Mobile)	Home Telephone/s: (Mobile)
Home email:	Home email:
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Mother/Guardian Work/Study Details	Father/Guardian Work/Study Details
Occupation/Employer:	Occupation/Employer:
Address:	Address:
Telephone: (W) (Mobile)	Telephone/s: (W) (Mobile)
Work email:	Work email:
Country of Birth:	Country of Birth:
Language/s:	Language/s:

COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? No go to the next section.

Yes **please complete the following:**

1. Bring the **original** court order/s for staff to view and a copy to attach to this enrolment form;

2. If these orders:

a) change the powers of a parent/guardian to:

- authorise the taking of the child outside the service by a staff member of the service;
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child, AND/OR

b) give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The *Education and Care Services National Law and Education and Care National Regulations 2011* refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether they live together or are married.

A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the *Education and Care Services National Law and Education and Care National Regulations 2011* also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

PRIORITY OF ACCESS (Please refer to the handbook for further details)

I understand that when there are no vacant places and my child is considered 'third priority', my child may be required to leave the service in order for the service to provide a place for a higher priority child.
http://www.beechworthchildcare.com.au/documents/parent_information_booklet.pdf

Signature: _____ Date: _____

APPLICATION FOR MEMBERSHIP to Beechworth Community Child Care Centre Incorporated hereby known as the Association

Being a member of the Association enables you to:

1. **vote** at Annual General Meetings and/or Special Meetings and be part of the decision making for your child's centre.
2. **be elected** onto the Committee of Management so to take an active role in the planning and decision making of your child's centre

I/we, _____ (parent/guardian) wish to apply to be a member of the Association, support the purposes of the Association and agree to comply with the rules of the Association. An annual fee of \$5.50 will be added to fees

Signature/s : _____

Date: _____

OTHER PERSONS TO BE NOTIFIED IN AN EMERGENCY AND COLLECTING THE CHILD FROM THE SERVICE

There may be times when a child has an accident; injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child in such situations. If required these people will also need to be contacted for their permission to administer medication in an emergency or if the child becomes ill whilst attending the centre.

Ideally the person should live locally

Your consent is required for other people to collect the child from the children's service on your behalf. They will need Photo ID for initial pickup.

Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child
This person has authority to: Tick those that apply <input type="checkbox"/> Collect /Deliver to and from the service <input type="checkbox"/> Consent to Medical treatment <input type="checkbox"/> If parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness <input type="checkbox"/> Request/permit medication to be administered <input type="checkbox"/> Permit transport by an ambulance <input type="checkbox"/> Give permission for excursions out of the service	This person has authority to: Tick those that apply <input type="checkbox"/> Collect /Deliver to and from the service <input type="checkbox"/> Consent to Medical treatment <input type="checkbox"/> If parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness <input type="checkbox"/> Request/permit medication to be administered <input type="checkbox"/> Permit transport by an ambulance <input type="checkbox"/> Give permission for excursions out of the service

Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to Child	Relationship to Child
This person has authority to: Tick those that apply <input type="checkbox"/> Collect /Deliver to and from the service <input type="checkbox"/> Consent to Medical treatment <input type="checkbox"/> If parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness <input type="checkbox"/> Request/permit medication to be administered <input type="checkbox"/> Permit transport by an ambulance <input type="checkbox"/> Give permission for excursions out of the service	This person has authority to: Tick those that apply <input type="checkbox"/> Collect /Deliver to and from the service <input type="checkbox"/> Consent to Medical treatment <input type="checkbox"/> If parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness <input type="checkbox"/> Request/permit medication to be administered <input type="checkbox"/> Permit transport by an ambulance <input type="checkbox"/> Give permission for excursions out of the service

Add an extra page to back for more names.

CHILD'S IMMUNISATION DETAILS

By law, education and care services are required to request and retain immunisation status information for each child upon enrolment.

As of January 2016 the Victorian State Government has legislated a "No Jab No Play" law. All children attending Child Care must be fully immunised and parents must provide up to date Immunisation Records

Has the child been immunised? Yes No (please tick)

❖ If yes, provide the details by:

- Attaching the Child History Statement from the Australian Childhood Immunisation Register (Copies Immunisation Record from Child Health Record Book is now not accepted.)

Please note: Child Health Record needs to be sighted by the centre.

❖ If no - Your child can not enrol until fully immunised Child Care or proof of 'catch up' programme.

(Signed)..... (Date).....

Staff Use Only:

Health Record sighted by Centre? No Yes Date sighted _____

Initials _____

Original Immunisation Record sighted by Centre? No Yes Date sighted _____

Initials _____

DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

Long Term Medication Authorisation form, Asthma or Anaphylaxis Plans are also needed to be completed for child, please see centre staff prior to child's first day of care.

I _____ (Print full name) a person with lawful authority of the child referred to in this enrolment form,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.

Signature _____ Date _____

CHILD'S MEDICAL AND HEALTH INFORMATION

Name Doctor/Medical Service: _____

Telephone: _____

Address Doctor/Medical Service: _____

Does the child have any allergy or sensitivity? No Yes (please tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached): _____

Does your child have any Dietary restrictions: No Yes (please tick)

If so please list: _____

Does the child have any medical conditions and needs (eg anaphylaxis, epilepsy, diabetes, etc.) that are relevant to the children's service? No Yes (please tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached): _____

Is your child known to have a reaction to bee or wasp sting or to any other insects? If so, how severe and what treatment is most effective? _____

Maternal Health Centre: _____

Maternal and Health Nurse: _____ Telephone: _____

Has your child had their 3½ year old assessment?

No Yes (please tick)

If yes, provide details by attaching a copy of the 3½ assessment from the Maternal and Child Health Nurse

Medicare Number: _____

Are you an Ambulance subscriber? No Yes (please tick)

Ambulance Subscription No.: _____

Private Health Fund Name (if applicable): _____

Health Fund number _____

Relevant illness/accident history: _____

The following information is vital to educators/staff in providing quality care that meets the particular needs of your child.

NB - A helpful tool for us is to be able to have a clearly typed out copy of your child's 24 hour routine, both at home, during the day and at night. This helps us to understand your child's needs. Babies are to fill out a separate information sheet called Nursery Information sheet.

Please provide WRITTEN notice of any changes to food or diet that may affect your child's health.

Food

Please supply details of special diet/restricted diet/food intolerance

Does your child drink breast milk, cow's milk formula, soy formula, goat's milk formula, soy milk, or full cream cow's milk?

Does your child eat all solids?

Sleeping

Sleeping habits

Any security objects when going to bed

Toileting

Is your child toilet trained, in nappies, fully independent or in need some assistance

Other information

If there is anything else that the children's service should know about the child (eg excessive fears, favourite activities, specific behaviour guidance strategies etc) this is as follows:

Family celebrations/festivals/cultural or religious issues that educators should be aware of:

Are there any aspects of your child's cultural, ethnic and /or religious background that you would like us to be aware of? Yes No

Details: _____

Name and ages of siblings:

Name _____ Age _____ Lives with sibling: YES / NO

Name _____ Age _____ Lives with sibling: YES / NO

Name _____ Age _____ Lives with sibling: YES / NO

Name _____ Age _____ Lives with sibling: YES / NO

EXCURSION PERMISSION for excursions within the May Day Hills grounds ONLY

I give permission for my child to participate in the above mentioned excursion throughout the year

Purpose: For the children to experience and feel connected to their community that they live in

Signature: _____ Date: _____

See Parent Information Booklet for more information www.beechworthchildcare.com.au

EMERGENCY EVACUATION DRILLS

- I give permission for my child to participate in emergency evacuation drills outside the child care environment.

Signature: _____ Date: _____

KINDERGARTEN TRANSFER: Please complete the following if your child will be attending services on either a regular or casual basis.

- I hereby authorise educators/staff of Beechworth Community Child Care Centre, Beechworth Kindergarten and Beechworth Montessori Children's Group to take my child to and from the kindergarten (Below tick which Kindergarten your child attends)

- Beechworth Kindergarten - Mayday Hills, Albert Road, Beechworth (03) 57281532
 Beechworth Montessori Children's Group - Gilchrist Ave, Beechworth (03) 57282940

Signature: _____ Date: _____

SUNSCREEN

Does your child have any allergic reaction to sunscreen?

YES NO

If yes:

- I give permission for educators/staff to apply sunscreen to my child which has been supplied by me.

Signature: _____ Date: _____

If no:

- I give permission for educators/staff to apply sunscreen to my child which has been supplied by the centre.

Signature: _____ Date: _____

PHOTOGRAPHS

- I give permission for my child to be photographed whilst attending the Centre:

YES NO

- For use in (please tick):** Within the centre for displays Newspaper/media articles
 Website/internet
 Your child's photo to be included on other children's' CD's which we distribute at the end of the year.

Signature: _____ Date: _____

STUDENTS:

As part of commitment to the continuance of quality care within the Early Childhood industry, Beechworth Community Child Care Centre will have students from the tertiary education sector. As part of their studies they may be required to take observations, written and photographic.

- I give permission for tertiary students to take written observations and photographs for the purposes of their education and learning as an Early Childhood student

Signature: _____ Date: _____

NAPPIES

For families with children in nappies: I give permission for educators/staff to apply the following to my child. Please tick which items you give permission for educators/staff to apply

Desitin Cream YES NO

Provide Own Product Name:

Signature: _____ Date: _____

DECLARATION AND CONSENT to follow policies and procedures:

I, _____ (Parent/Guardian) have read the 'Parent Information Book' provided or found on the centre website www.beechworthchildcare.com.au and agree to abide by the information described therein. Policy Folder is located outside the centre office and I agree to abide by the policies and procedures described therein. Policies will be updated as per the review date with parent and educators input. Updated and new policies will be advertised/displayed via the centre noticeboard and through the parent newsletter.

Signature _____ Date _____

DECLARATION AND CONSENT to pay fees, late fees and miscellaneous fees for services managed by Beechworth Community Child Care Centre

I understand that:

I will be charged a once off \$100 Registration fee which is refundable when my family ceases care at the centre

All fees must be paid on a weekly or fortnightly basis unless prior arrangement has been made with the coordinator. Failure to do so may result in my child's position being cancelled.

In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs

I will be charged any Bank/ChildCare EasyPay cancellation or failed payment fee

I will be charged a Miscellaneous Fee of \$1 per family per week for the Education, Learning and Improvement Fund

I will be charged a late pick up fee and will be charged \$30 for any time up to half an hour after the end of either session. After that time, an additional fine of \$50 will be imposed. Fine will be added to that weekly account.

I will be charged an annual Association fee of \$5.50 when I join the association.

Signature: _____ Date: _____

PAYMENT:

How would you like to receive your invoice? Email Hard copy

How will you pay?

- ChildCare EasyPay (Direct Debit from you to BCCCC see form attached)
- Direct Debit into our account: BSB: 033207 Account No: 161187
- Cash

DECLARATION:

I, _____ (please print full name), a person of lawful authority of the child referred in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform Beechworth Community Child Care Centre in the event of any change to the information:

Parent /Guardian Signature: _____ Date: _____

Parent Set Up Form






CENTRE DETAILS:

Centre Name	Beechworth Community Child Care Centre	Centre ID	552
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PARENT DETAILS:

Parent Name	
Family ID (from centre)	
Address	
Email Address For welcome email & payment alerts	
Mobile Phone	04 <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Other Daytime Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth For ID purposes only	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child Name(s) and ID's (from centre)	

PAYMENT DETAILS:

Payment Method	You authorise your nominated Child Care service to debit the full balance of your child care fees at the regular intervals as per your agreement with them.
Payment Account Choose credit card, debit card or bank account.   	Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Card Name:
	BSB: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Bank Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Payment Confirmation Receive payment confirmations	<input type="checkbox"/> Yes <input type="checkbox"/> No SMS or EMAIL (Circle)

SIGNATURE:

DECLARATION: I hereby register with ChildCare EasyPay (CEP) & authorise CEP and/ or my ChildCare service provider (CCSP) to process payments from my nominated account in accordance with this Parent Set up Form (PSF), Direct Debit Service Agreement (DDSA) & the Terms & Conditions (TC) at www.childcareeasy.com.au. I understand that transaction fees apply of incl. GST \$1.50 for bank account payments, 1.2% for Visa/ Mastercard payments or 2.2% for American Express payments. By signing this PSF, I confirm the information above is true & correct, that I have read, understand & agree to be bound by the PSF, DDSA & TC. I understand that this arrangement will remain in place until such time as it is cancelled by me, my CCSP or CEP. **DIRECT DEBIT REQUEST:** I/ we request that moneys due in terms of the repayment arrangements covered by this document, be drawn by Zenith payments Pty. Ltd ABN: 71 083 359 684. t/a ChildCare EasyPay (User ID 429018) under the Direct Debiting System from my/ our account stated above. I/ we acknowledge that this Direct Debiting arrangement is governed by the terms of the Direct Debit Service Agreement received from you. Please note: Payments will appear on your account as 'CHILDCARE PAYMENT CEP AUSTRALIA AU'.

Account Holder Signature(s):	_____ PLEASE SIGN – Are two signatories required for joint accounts? Date:
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CENTRE USE ONLY:	
Once received, set up by logging into www.childcareeasy.com.au For assistance, email: centresupport@childcareeasy.com.au	SET UP DATE:

Why use Child Care EasyPay:

- ✓ **Save time & hassle** – drop off/ pick up your children without payment hassles.
- ✓ **Be rewarded** – earn credit card reward points on one of your biggest expenses.
- ✓ **Easy** – payments are automatically processed in the same you may already pay other bills.
- ✓ **Improved security & service** – we spend time looking after your kids not counting cash.
- ✓ **Multiple payment options** – choose credit card, debit card or bank account:



- ✓ **SMS/ Email payment confirmation** – be informed when payments are made.
- ✓ **Low cost transaction fees**

Please complete the form & return to your centre
You'll receive a confirmation email when everything is set up.

Direct Debit Service Agreement

Drawing arrangements:

We will advise you, in writing, the details of the direct debit drawing arrangements.

(amount – frequency – commencement date) at least 1 calendar days prior to the first drawing. Where the due date falls on a non-business day, we will draw the amount on the next business day. We will not change the amount or frequency of drawing arrangements without your prior approval. We reserve the right to cancel the direct debit drawing arrangements if two or more drawings are returned unpaid by your nominated Financial Institution & to arrange with you an alternative payment method. We will keep all information pertaining to your nominated Financial Institution account private and confidential.

Your rights:

You may terminate the drawing arrangements or stop payment of a drawing at any time by giving notice to us, which should be received by us at least 5 business days prior to the due date. You may request change to the drawing amount and/ or frequency of drawings by contacting us and advising your requirements no less than 5 business days prior to the due date. Where you consider that a drawing has been initiated incorrectly, you should take the matter up directly with us.

Your responsibilities:

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date. It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by your Financial Institution. It is your responsibility to advise us if the account nominated by you to receive drawings is transferred or closed and to arrange with us a suitable alternative payment method if the drawing arrangements are cancelled either by you or your Financial Institution.