

ENROLMENT FORM

An enrolment form needs to be completed for each child you are wanting to attend



ENROLMENT FORM

Childs Details

Surname: _____ First Name(s): _____

Customer reference number (CRN# Centrelink): _____

Date of Birth: _____ Sex: Male/Female (Circle)

Country of Birth: _____ Language/s spoken: _____

Child's Address: _____ Postcode: _____

Parent/Guardians Details

Parent/Guardian (1)

Surname: _____ First Name: _____

Relationship to child: _____ CRN# _____

Address: _____ Postcode: _____

Home Telephone No: _____ Work No: _____ Ext _____

Mobile: _____ Occupation: _____

Email Address: _____

Place of Work/Study: _____

Work/Study Address: _____ Postcode: _____

Country of Birth: _____ Date of Birth: _____

Language/s spoken: _____

Parent/Guardian (2)

Surname: _____ First Name: _____

Relationship to child: _____ CRN# _____

Address: _____ Postcode: _____

Home Telephone No: _____ Work No: _____ Ext _____

Mobile: _____ Occupation: _____

Email Address: _____

Place of Work/Study: _____

Work/Study Address: _____ Postcode: _____

Country of Birth: _____ Date of Birth: _____

Language/s spoken: _____

Custody of Child

Have any orders been made by any court regarding your child/ren? YES / NO (circle)

If NO, are there any disputes concerning custody of the child/ren?

Please provide details:

If YES, please provide the following:

Details of Guardianship and Custody, and terms of any specific Custody or Access provision (if applicable)

Enrolling Parents initials: _____

Please attach copies of relevant court forms and documentation.

Are you eligible?

Before you attend our centre it is advisable that you contact Centrelink to apply or see if you are eligible for the below. It can assist in reducing your fees greatly!

- GCB: Grandparents benefit. For grandparents that care for their grandchildren where Centrelink pays the parent portion of fees.
- 60 HOURS CCB: For parents who work / travel / study for long hours will increase their Centrelink portion therefore reducing the parent portion.
- JET: For parents that are studying or seeking work. This reduces parent fees to make it affordable from \$1.20 a day. Great for students etc.
- AMES: Apply at your TAFE. Suitable for non-permanent residents.

Priority of Access:

1st Priority: A child at risk of serious abuse or neglect.

2nd Priority: A child of a single parent who satisfies, or parents who both satisfy the work/training/study test under section 14 of the Family Assistance Act.

3rd Priority: Any other child.

(To Confirm Priority of access, please circle)

Preferred Days and Start Date

Date Care to Commence: _____

Circle Day/s: Monday Tuesday Wednesday Thursday Friday



EMERGENCY CONTACT (1), ID will be required

AUTHORISED TO TAKE CHILD FROM PREMISES

Surname: _____ First name(s): _____

Address: _____ Postcode: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Work or Study Address: _____ Postcodes: _____

Relationship to child: _____

EMERGENCY CONTACT (2), ID will be required

AUTHORISED TO TAKE CHILD FROM PREMISES

Surname: _____ First name(s): _____

Address: _____ Postcode: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Work or Study Address: _____ Postcodes: _____

Relationship to child: _____

In the event of an emergency, illness or accident I/we consent to hospital attention being sought for the child, I/we agree to pay any expenses incurred for medical treatment and transport.

Signature of Parent/Guardian _____ Date _____

Failure to provide the information above will unfortunately result in Non-acceptance the enrolment of your child/ren.

FAMILY DOCTORS NAME

Dr Name/Hospital: _____

Address: _____ Postcode: _____

Telephone Number/s: _____

Medicare No: _____ Private Insurance No: _____

Please ensure your Doctor is advised that he/she attends Canning Bridge Early Learning Centre and may be consulted, and has your permission to treat the child.

Please provide copy of your child's immunisation status:

Received: Yes / No

Please provide a copy certificate of your child's birth or extract:

Received: Yes / No

Health of the Child:

Does your child require REGULAR MEDICAL ATTENTION: Yes / No (circle)

If YES, please provide details:

Does your child suffer from?

Allergies	YES /NO	Details
Hearing or speech problems		
Asthma or recurrent chest		
infections		
Diabetes		
Seizures or epilepsy		
Eczema		

Does your child have a disability? YES / NO

If YES, what type of disability? _____

If YES, which agency is your child registered with? _____

Special considerations:

Does your child have a special need (e.g. Dietary requirements, religious customs, requirements etc.)?

YES / NO

If YES, please comment:

Programmed activities

I am willing for my child/ren to participate in all activities offered at Canning Bridge Early Learning Centre. I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child/ren to participate in particular activities. *For all programmed excursions Permission slips will be provided before your child/ren may attend.*

Signature of Parent/Guardian: _____ Date: _____



Head Lice

I authorise staff at Canning Bridge Early Learning Centre to check my child's hair for head lice and nit (eggs).

Signature of Parent/Guardian: _____ Date: _____

Photo and Video permission

I give permission for Canning Bridge Early Learning Centre staff to take photographs of my child; for use in my child's portfolio (both electronic and hard copy), for displays within the centre and for use in the centre newsletter. I am aware that photos of my child may be included in group photos and in other children's portfolio (both electronic and hard copy).

Signature of Parent/Guardian: _____ Date: _____

Transition permission

I give permission for Canning Bridge Early Learning Centre staff to transition my child into the next age group (room) when the qualified staff member deems my child is developmentally ready and he/she is six months away from being placed with the next age group.

Signature of Parent/Guardian: _____ Date: _____

Excursion for soft fall permission

I give permission for my child to participate in the use of the Church soft fall area, accessed through a gate in the centre's western courtyard that opens onto the ELC.

Signature of Parent/Guardian: _____ Date: _____

Excursion for grassed area permission

I give permission for my child to participate in the use of the Church enclosed grass area, accessed via the church soft fall area, following the perimeter of the church building.

Signature of Parent/Guardian: _____ Date: _____

Any other comments:



PARENT/GUARDIANS REGISTRATION AGREEMENT

- We have viewed the Centre and consent to the enrolment of our child.
- We acknowledge having received and read the Parent Handbook and understand any changes to such will be displayed in the Centre's Policies and Procedures Manual available on request from the office.
- We agree to comply with all Government Requirements in relation to the Centre and its service.
- We agree that in the event of an accident or injury to my child which requires medical care, the centre will attempt to contact us. In the event of an emergency where we are not contactable we authorise the centre to arrange an Ambulance transport our child to hospital and agree to pay any expenses incurred including Ambulance costs.
- We agree to pay the weekly fee on the due date as determined by the centre.
- We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.
- We understand that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.
- In the event that we overlook to sign the attendance record we authorise staff at the centre to sign on our behalf for normal attendances, absent days and or holidays.
- We are aware that fourteen (14) days paid notice in writing of cancellation of care or reduction of days must be given in advance, otherwise full fees apply.
 - a. We are aware that the centre closes for Public Holidays & weekends.
 - b. We are aware that fees for Public Holidays are payable if the day is a usual day of attendance and is not transferable.
 - c. We are aware that fees are payable for days where allowable absences are taken.
- We understand that late fees apply if a child is collected after the 6:30pm closing time.
- We are aware that any failure to pay fees within 7 days may result in cancellation of care at the centre.
- Fees may be adjusted from time to time with due notice given to parents.
- We are aware that the child will be excluded from care at the centre if he/she is unwell or has contracted a contagious disease or condition. I/We understand that the child may return to the centre upon provision of a 'Clearance Certificate' from a medical practitioner.
- We are aware that if the child is not immunised he/she/ will be excluded from the centre if there is an outbreak of measles. I/We understand that the centre will accept the child for further care after the receipt of medical programs in the centre.
- We give permission for the child to receive individual observation by students on accredited training programs at the centre.

- We are aware that the centre may occasionally have visitors and/or volunteers, with the Centre's appropriate supervision.
- We agree to provide the centre with all information regarding the Health of the child.
- We are aware that if we fail to provide information correctly as required by Canning Bridge Early Learning Centre, the Centre will be able to terminate its services forthwith.

I/We have read this agreement, and received relevant information about the service offered by this Centre.

I/We are aware that the person/s nominated here as parent/guardian are the authorised parties to enrol, cancel enrolment, pay fees, release and have Canning Bridge Early Learning Centre release the Child to.

We agree to abide by the conditions of use of Canning Bridge Early Learning Centre and this Agreement.

Parent/Guardian

Full Name: _____

Signature: _____ Date: _____





Direct Debit Request

Member number _____

tre
plst Church

Request and authority to debit the account named below and to pay the amount debited to

Authority to debit	<p>I/We _____ / _____ / _____ (Given Names or Company name) (Surname or ACN/ARBN) (Date of Birth)</p> <p>Of _____ (Street address)</p> <p>_____ (City or Town) (State) (Postcode) (Drivers Licence No)</p> <p>Tel. (H) _____ (M) _____ (W) _____ (E) _____</p> <p><small>Request and hereby authorise Quickpay Pty Ltd ACN 108 135 146, User ID 390388, to debit any amount it may lawfully charge through the Bulk Electronic Clearing System to the account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement set out on the reverse side of this form and in accordance with the information and instructions contained in Schedules A,B,C,D and E below.</small></p>				
Schedule A Term of Authority	<p>Commencing on ____ / ____ / ____ Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/></p> <p>For a minimum number of ____ payments and then until further notice <input type="checkbox"/> Or, for ____ payments <input type="checkbox"/></p>				
Schedule B Amount to be debited	<p>Fee of \$ _____</p>				
Schedule C Special Conditions	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>VISA/MasterCard</td> <td>Amex/DC</td> </tr> <tr> <td>\$1.00 + 1.8%</td> <td>\$1.00 + 3.6%</td> </tr> </table> <p style="text-align: center;">Paid by Customer: _____ Customer Initial _____</p>	VISA/MasterCard	Amex/DC	\$1.00 + 1.8%	\$1.00 + 3.6%
VISA/MasterCard	Amex/DC				
\$1.00 + 1.8%	\$1.00 + 3.6%				
Schedule D Bank Account to be Debited OR	<p>Financial institution name _____</p> <p>Address _____</p> <p>Name of account holder(s) _____</p> <p>BSB number - </p> <p>Account number </p> <p>Account Holder(s) Signature _____</p>				
Schedule E Credit Card Account to be Debited	<p>Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Diners <input type="checkbox"/> AMEX Expiry Date: ____ / ____</p> <p>Card No. - - - </p> <p>CCV: _____</p> <p>Cardholders Name: _____</p> <p>Cardholders Signature: _____</p> <p style="text-align: right;"><input type="checkbox"/> Staff Verified Card Details _____ Staff Initial _____</p>				
Signature	<p>Signed _____ Date ____ / ____ / ____</p> <p>Staff Sign _____ Date ____ / ____ / ____</p>				

DEFINITIONS

- **Account** means the account held at your financial institution, from which we are authorised to arrange for funds to be debited
- **Agreement** means this Direct Debit Request Service Agreement between you and us.
- **Business Day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia
- **Debit Day** means the day that payment by you to us is due
- **Debit Payment** means a particular transaction where a debit is made
- **Direct Debit Request** or (DDR) means the Direct Debit Request between you and us (and includes any Form PD – C approved by us in the transitional period)
- **Us or We** means Quickpay Pty Ltd, you have authorised by signing a Direct Debit Request
- **You** mean the customer who signed the Direct Debit Request
- **Your Financial Institution** is the financial institution where you hold the account that you have authorised us to debit

1. DEBITING YOUR ACCOUNT

- 1.1 By signing a DDR, you have authorised us to arrange for funds to be debited from your account. You should refer to the DDR and this agreement for the terms of the arrangement between you and us.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the DDR OR
- 1.3 We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the DDR, a billing advice which specifies the amount payable by you to us and when it is due
- 1.4 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.
- 1.5 By signing this document you hereby accept that Quickpay or its associated entities are not liable for any prepayment made on products or services that yet to be rendered. Any prepayments made are the responsibility of your provider and not Quickpay. If the provider is for any reason is unable to refund any payments you hereby notified that Quickpay will not be liable for your prepaid funds.

2. CHANGES BY US

- 2.1 We may vary any details of this agreement or DDR at any time by giving you at least fourteen (14) days written notice.

3. CHANGES BY YOU

- 3.1 Subject to 3.2, 3.3, or 3.4 you may change the arrangements under a direct debit request by contacting us on 1300 659 537
- 3.2 Deferment, cancellation or alteration to the debiting schedule outlined over the page will be considered subject to the terms and conditions of any contract/agreement between you and the payee named over the page.
- 3.3 If you wish to defer a payment you must notify us in writing at least fourteen (14) days before the next debit day
- 3.4 Any cancellations made directly with Quickpay do not affect or terminate any contracts, agreements and/or payment obligations you have with the payee named over the page.

4. YOUR OBLIGATIONS

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request (DDR)
- 4.2 If there are insufficient clear funds in your account to meet a direct debit payment:
- a) You may be charged a fee and/or interest by your financial institution
 - b) You may also incur fees or charges payable to Quickpay; and
 - c) You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be available by an agreed time so that we can process the debit payment
- 4.3 You should check your account statement to verify that the amounts debited to your account are correct

5. DISPUTE

- 5.1 If you believe there has been an error in debiting your account, you should notify us directly on 1300 659 537. Confirm the notice in writing to us as soon as possible so that we may resolve your query quickly
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will arrange with your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted
- 5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding
- 5.4 Any queries you have about an error made in debiting your account should be directed to us in the first instance so that we may attempt to resolve the matter between you and us. If we cannot resolve the matter you may still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf

6. ACCOUNTS

You should check

- a) With your financial institution whether direct debiting is available from your nominated account as direct debiting is not available on all account types
- b) Your account details are correct by checking them against your bank statement; and
- c) With your financial institution before completing the DDR if you have any queries on how to complete the DDR

7. CONFIDENTIALITY

- 7.1 We will keep any information (including your account details) in your DDR confidential. We will make reasonable effort to keep any such information we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information
- 7.2 We will only disclose information we have about you:
- a) To the extent specified by law; or
 - b) For the purpose of this agreement (including disclosing information in connection with any query or claim)

8. NOTICE

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to the address at the top of the page
- 8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the DDR
- 8.3 Any notice will be deemed to have been received two (2) business days after it has been posted

9. NOTICE OF DISCLOSURE (Privacy Act 1988)

- 9.1 We may give information about you to a credit reporting agency for the following purposes:

- a) To obtain a consumer and commercial credit report about you, and/or
- b) Allow the credit reporting agency to create or maintain a credit information file containing information about you.

- 9.2 This information is limited to:

- a) Identity particulars - your name, sex, address (and the previous two addresses), date of birth, name of employer, and drivers license number
- b) Your application for credit or commercial credit - the fact that you have applied for credit and the amount
- c) The fact that we are a current credit provider to you.
- d) Repayments which are overdue by more than 60 days, and for which debt collection action has started
- e) Advice that your repayments are no longer overdue in respect of any default that has been listed
- f) Information that, in the opinion of us, you have committed a serious credit infringement (that is, acted fraudulently or shown an intention not to comply with your credit obligations)

Dear Families,

We would really like to provide continuity of care for you child/ren in our centre and one way we can do this is by knowing more about you and your family.

If you are happy to, please fill out the following (where applicable):

Name of Child: _____

Childs Routine

	Time				
Bottle Feeds					
Food/Meals					
Sleep					
Other?					

What do you do at home to help your child settle to sleep?

Does your child have any comforters (i.e. dummy, blanket etc)?

What language/s are spoken at home?

Does your child have a preferred name or nickname? If so what is it?



Dear Families,

We would really like to provide continuity of care for your child/ren in our centre and one way we can do this is by knowing more about you and your family.

If you are happy to, please fill out the following (where applicable):

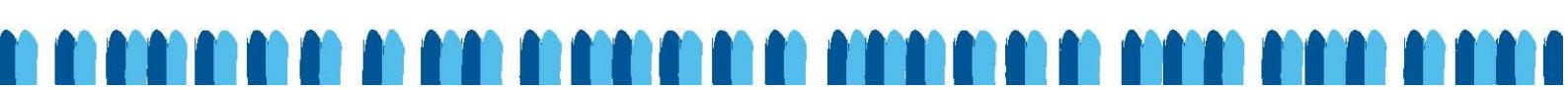
Name of Child: _____

	Your responses
How many siblings do they have? Name and age of siblings	
Do they have grandparents? What do you call them?	
What do you enjoy doing as a family?	
What things does your child enjoy doing?	
Does your child have a special toy? Name?	
Does your child have a favourite book? What is it?	
Does your child have a favourite song? What is it?	
Does your child play on any electronic devices? If yes, what?	
What special events do you celebrate or attend through the year? (e.g. Chinese New Year, Music, Art, Fun Runs, Football etc.)	
Does your child do any sport, music, dance, gymnastics?	
Anything else you think would be great for us to know?	
Weekend sheets -see info below	

What did you do on the weekend?

Please let us know what you did on the weekend or anything that your child did new or showed an interest in. We will use this information to extend that experience in our centre. We have a 'Weekend Information' sheet for you to fill out at the beginning of each week or you can send this information in an email, office@canningbridgeelc.org.au.

We look forward to working together to make your child's experience at our centre both valuable and enjoyable.



Our Weekend

Family Name:	Principle 2 Partnership EYLF
Child's Name:	Date:

Please let us know what you did on the weekend ñ even if you don't think it is significant or exciting.

Children are interested in the things you do as a family and by you providing us with that information we can use it as a valuable educational resource. We use this information to develop ideas and experiences for the children in our programs. Your child's learning from this one experience, no matter how small, could last for several weeks as we extend their experiences.

On the weekend...

