



ENROLMENT FORM

178 Anzac Highway GLANDORE 5037
Phone: (08) 8293 6744 Fax: (08) 8293 6754
Email Glandorechildcare@bigpond.com
www.glandorechildcarecentre.com.au

Please notify the service of any changes to details on this form as soon as possible

CHILD'S INFORMATION

Full name M / F D.O.B / / Home ph
Centrelink CRN (if known)..... If applicable) yr of arrival in Australia
Home Address.....
Main language/s spoken at home Country of birth
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please Circle) Yes / No
Which parent/guardian is / will be registering with Family Assistance Office?

PARENT'S OR LEGAL GUARDIAN'S INFORMATION

Relationship to the Child.....Legal status.....
Full name D.O.B / / Centrelink CRN (if known)
Home address
Email Mobile phone..... Home phone
Occupation.....Employer/place of work.....
Address of employment Work phone
Country of birth (If applicable) yr of arrival in AustraliaDriver's licence No.....
Cultural background I wish to receive accounts and information by email Yes / No

PARENT'S OR LEGAL GUARDIAN'S INFORMATION

Relationship to the Child.....Legal status.....
Full name D.O.B / / Centrelink CRN (if known)
Home address
Email Mobile phone..... Home phone
Occupation.....Employer/place of work.....
Address of employment Work phone
Country of birth (If applicable) yr of arrival in AustraliaDriver's licence No.....
Cultural background I wish to receive accounts and information by email Yes / No

Authorised Nominee for Emergency contact.....

Relationship to child Driver's License Number

AddressHome Phone

Mobile Phone.....Work phone.....

Details of any custody information – (You must supply us with a copy of Legal orders for us to follow them)
Attach another sheet if insufficient space.

Court Orders.....

Parenting Orders

Parenting Plans.....

Please list any other people who will have your permission to collect your child (Staff will ask to see ID)

Name..... Phone Nos..... Address

Name..... Phone Nos..... Address

Name..... Phone Nos..... Address

MEDICAL INFORMATION

Family Doctor Phone no

Address

Family Medicare numberChild's no on card Ambulance Cover Yes/No
(We recommend that you have an ambulance subscription, ambulance services cost close to a thousand dollars per service)

I consent to the Approved Provider, Director, Nominated Supervisor or Educator at Glandore Childcare Private Kindergarten and Child Care Centre seeking emergency medical, dental, hospital or ambulance service for my child if they believe it to be necessary. I understand that I am responsible for any expenses incurred.

Name of preferred medical practitioner or medical service.....

Address..... Ph.....

Parent's / guardian's signature..... Name Date / /

If your child is thought to be unwell staff will check his/her temperature. If temperature is high, there can be a high risk of febrile convulsion. We will attempt to notify you as soon as possible should a high temperature occur. We are unable to administer any medication without written permission from the doctor. However, if there is a delay in contacting you we will call an ambulance.

Has your child been diagnosed as being at risk of anaphylaxis? (please circle) Yes / No
If Yes, You will need to fill in an Anaphylaxis Medical Management Plan before commencing care. The Director will provide you with the form to take to your Medical Practitioner. Please provide relevant details.

Triggers for Anaphylaxis

Usual Treatment

Please provide information about previous serious illnesses, other allergies, dietary needs, special needs etc.

.....

.....

.....

.....

Please consult the Manager about these issues. We may need to develop special health care plans to meet your child's specific health care or dietary needs.

What language would you like important information in?.....

Notices about Centre activities, and management information is usually communicated through daily verbal reporting to parents. Additionally we place newsletters , announcements and billing information in Parent Pockets located in both buildings. Notices are also displayed in foyers and rooms, and on our website. I require an alternative method of communication or translation services (please specify).....

CHILD'S HEALTH CARE RECORD AND IMMUNISATION RECORD

Please provide your child's Health Care Record and Immunisation Booklet as proof of immunisation.

Health Care Record sighted by Director _____ Date _____

Immunisation record sighted and photocopied by Director _____ Date _____
(Please note that your Centrelink fee subsidy will be suspended if you do not keep your child's immunisations up to date. After taking your child for immunisation, please again show the record to the Director, otherwise your child may be excluded from care if a vaccine preventable disease is present in the Centre – See Immunisation Policy)

If applicable, please sign
I have chosen not to have my child immunised and understand that my child will be excluded from care for the prescribed period during any outbreak of a vaccine-preventable disease within the facility. I also understand that this will affect my eligibility for Childcare Assistance, and will be responsible for Full Fees

Parent/guardian signature..... Date / /

Does your family hold any of the following cards? Please circle yes or no.
(If you hold any of these cards you may be eligible for reduced fees for pre-school children over 4 years old. The child must attend for a minimum of 3 days, and be enrolled in the Universal Access Scheme)

Health Care Card yes / no Pensioner Concession Card yes / no

Card Number.....

Start Date..... End date.....

Temporary Protection/Humanitarian Visa yes / no Asylum Seeker on Bridging Visa yes / no

Department of Veteran Affairs Gold Card yes / no

Why have you chosen our service?
.....
.....

CONTRACT FOR CARE WITH GLANDORE PRIVATE KINDERGARTEN AND CHILD CARE CENTRE

Contract commencement date / /

Family surname..... Child's name.....

Days and hours of care required—(Approximate times for pick up and drop off help us to ensure there are sufficient staff)

Vacation Care is \$75 for a full day(School Age children only)

TIME & FEE	MON	TUES	WED	THURS	FRI
Full Day O3\$105/U3\$110 6.30-6.30					
Full Week O3\$102/U3\$107					

Once a childcare place is booked, the selected days and times for care will become your regular booking for childcare. These times will be allocated to your child and held for you, including during sickness, holidays, public holidays, rostered days off, or other absences that may occur. **The following conditions apply as part of your contract for care (as per Commonwealth Government Guidelines for Childcare Centres) –**

- **One week's notice is required to alter the above contract for days/sessions for care.** Extra (casual) non-booked days are sometimes available if needed – talk to the Directors about this.
- **A booking fee of \$400 per family is required in advance, to ensure that the place is kept available. This amount is non refundable if you do not commence attendance,** as holding your place prevents others from booking in. When you leave the centre, after the week's attendance have been submitted and validated by Centrelink, the bond will be deducted from any unpaid fees, **providing one full week's notice is given that care is ending.** Any remaining credit will then be reimbursed to you by cheque.
One week's notice is required when care is ceasing - or the bond paid will be forfeited.
- **Fees must be paid promptly, each week. If not paid, your child's care may be cancelled.** Accounts are provided showing attendances and total Centrelink benefit paid for the previous week, and estimated charges for the current week. We recommend that you use our Debit system to avoid any penalties. Parents are asked to assign their 50%, out of pocket rebate from Centrelink, to be paid directly to the Centre, to reduce their gap fees. **If Debt Collector is required their commission fee will be added to your account.**
- When a **public holiday** falls on a day when your child would normally be in care, the normal daily fee applies. No make up days can be offered for any reason.
- Holidays are charged at half fees– this is to hold your child's place during this time. Two weeks' notice is required for **holiday bookings** (ie. your annual leave)
- Normal fees are payable if a child is **absent from care due to illness.** If you receive Childcare Benefit we advise you to provide a sickness certificate if your child is sick, as there are limits to your fee subsidy entitlement for absences (30 Days per financial year-Sick days are not counted as one of the 30, providing a medical certificate is provided).
- **PLEASE NOTE:** If your fail to keep up with your child's Vaccination Schedule, your Centrelink Benefit and Rebate will be cancelled and you will be responsible for paying **FULL Fees** in advance.

WE REGRET, WE WILL BE UNABLE TO TAKE CHILDREN INTO CARE IF FEES ARE NOT PAID PROMPTLY

Name of Person who will be responsible for paying fees

Relationship to Child.....Phone no.....Mob phone.....

Address.....

I Parent/Guardian of _____ agree to pay child care fees weekly as per account, and remain liable for any reasonable expenses, costs or disbursements, including solicitors and mercantile agents fees, incurred by Glandore Private Kindergarten and Child Care Centre to recover said money and fees due to them.

I have read the terms and agree to accept the conditions of enrolment as stated above, and the Fees and Bookings Policy of the Glandore Private Kindergarten and Child Care Centre. I agree to accept the terms of enrolment and abide by the Fees and Bookings Policy.

Date / / SignedName