



# Enrolment Form

Willi Wag Tails Child Care Service

## Child Enrolment Details

Date of Registration: \_\_\_/\_\_\_/\_\_\_

Gender:  Male  Female

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Customer Reference Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Is your child of Aboriginal origin:  Yes

Torres Strait Islander:  Yes

Neither:  Yes

Is there any relevant information relating to cultural, religious, dietary or other additional needs that the child may have? \_\_\_\_\_

Does your child attend school?  Yes  No Name of School: \_\_\_\_\_

Have you previously enrolled any other children into this service?  Yes  No

## Enrolling Parent / Guardian

Gender:  Male  Female

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Customer Reference Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Preferred Method of contact: Home Phone:  Yes Work Phone:  Yes Mobile:  Yes Email:  Yes

Are you of Aboriginal origin  Yes

Torres Strait Islander  Yes

Neither  Yes

**Contracted Hours of Care** Date Starting Care: \_\_\_/\_\_\_/\_\_\_ Permanent  Casual  Fortnight

Monday		Tuesday		Wednesday		Thursday		Friday	
Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart

**Priority of Access:** 1 – At Risk  2 – Work/Study  3 – Respite

**Places will be allocated as per the Priority of Access outlined in the Parent Handbook.**

**Parent (Spouse) / Guardian**

Gender:  Male  Female

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Customer Reference Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Preferred Method of contact: Home Phone:  Yes Work Phone:  Yes Mobile:  Yes Email:  Yes

Are you of Aboriginal origin  Yes Torres Strait Islander  Yes Neither  Yes

**Family Status:** Both Parents at home:  Yes Sole Parent:  Yes Shared Custody:  Yes Other:  Yes

Are there any court orders relating to the guardianship custody of, or access to, the child?  Yes  No

If yes please provide a copy of the documents, details of court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child and any other court orders relating to the child's residence or the child's contact with a parent or other person.

Documents provided:  Yes  No

**1 - AUTHORISED Person other than Parent/Guardian**

Full name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

This person has authority to:

- **Collect/Deliver child to/from** service:  Yes  No
- Give permission for **excursions out of the service**:  Yes  No
- Authorise **administration of medication** to the child:  Yes  No
- Consent to **receiving medical treatment**:  Yes  No
- Permit **transport of child by an Ambulance** service:  Yes  No
- If the parent/guardian cannot be contacted, this person should be **notified of any accident, injury, trauma or illness**.  Yes  No

## **2 - AUTHORISED Person other than Parent/Guardian**

Full name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_ \_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

This person has authority to:

- **Collect/Deliver child to/from** service:  Yes  No
- Give permission for **excursions out of the service**:  Yes  No
- Authorise **administration of medication** to the child:  Yes  No
- Consent to **receiving medical treatment**:  Yes  No
- Permit **transport of child by an Ambulance** service:  Yes  No
- If the parent/guardian cannot be contacted, this person should be **notified of any accident, injury, trauma or illness**.  Yes  No

## **3 - AUTHORISED Person other than Parent/Guardian**

Full name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_ \_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

This person has authority to:

- **Collect/Deliver child to/from** service:  Yes  No
- Give permission for **excursions out of the service**:  Yes  No
- Authorise **administration of medication** to the child:  Yes  No
- Consent to **receiving medical treatment**:  Yes  No
- Permit **transport of child by an Ambulance** service:  Yes  No
- If the parent/guardian cannot be contacted, this person should be **notified of any accident, injury, trauma or illness**.  Yes  No

### Health and Medical Information

Medicare Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_ Medical Centre Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Private Health Insurer: \_\_\_\_\_ Membership #: \_\_\_\_\_

Ambulance subscription	Yes/No
Do you give consent for the service to seek medical treatment for your child from a registered medical practitioner, hospital or ambulance service?	Yes/No
Do you give consent for the service to seek transportation of your child by an ambulance service?	Yes/No
Has your child been diagnosed as at risk of Anaphylaxis – if yes please attach their action plan	Yes/No
Does your child have Asthma – if yes please attach documentation as per below	Yes/No
Any allergies to food, medication, animals, insects or latex (Band-Aids)?	Yes/No
Any dietary requirements – if yes please attach documentation as per below	Yes/No
Any problems with hearing, sight or speech?	Yes/No
Any medical conditions, operations, illnesses or disabilities	Yes/No
Does your child take any regular medication? Please list.	Yes/No
Does your child have a disability or delay, including intellectual, sensory or physical impairment?	Yes/No

**If you have answered YES to any of the above, please attach the Medical Management Plan or Risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy.**

### Payment of FEES Information

- Fees are to be paid 1 week in advance upon commencement at Willi Wag Tails Childcare Service.
- Two week's written notice must be given if you choose to cancel care for your child. If this is not received then two weeks will be added to your final account to compensate this period.
- 1 weeks' notice or more will result in **NO** fees charged.
- Less than 1 weeks' notice for an absence will result in **50%** of fees charged.
- After 4pm prior to next booked session of care will result in **FULL** fees charged.
- Any accounts outstanding more than 3 weeks will be passed on to a debt collection agency and your child's position will immediately be suspended until paid. You will be personally liable for all debt collecting and legal costs incurred for the retrieval of the outstanding debt.

**Families' non-compliance with any part of our fee & Centre's policy may result in immediate cancellation of the child's position.**

How would you like to receive your invoice?	Emailed	Hard Copy		
Preferred payment option	EFT/Credit Card	Cash	Cheque	Bank Transfer

**Permission:**

I/we give permission for: *(please circle YES or NO)*

1. The staff at this Centre to take my child on excursions within the local community. Destinations may include: Playground next to Shire Hall, Williams Post Office, Williams Newsagency, Williams General Store, Williams Community Resource Centre, Williams Primary School and walks along the river. **YES / NO**
2. My child being observed by staff and students for programming purposes. **YES / NO**
3. My child's photograph being published in the local community and Centre displays. **YES / NO**
4. My child's photograph to be emailed. (To family / Other Centres in Newsletters). **YES / NO**
5. Sun cream to be applied (Home Brand – SPF 30+ Broad Spectrum Water Resistant) **YES / NO**
6. Stingoes **YES / NO**

Signature of Parent/Guardian (1): \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature of Parent/Guardian (2): \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**Privacy Statement**

The Centre is required to collect and use personal/health information about families on the enrolment form.

This information is required to ensure the health and safety of your child whilst in our care, and to meet legislative requirements set down in: Education and Care Services National Regulations and National Quality Framework

The information you give is used by Centre staff who need to access the information to meet the above requirements, and may also be disclosed to the following authorities:

Education and Care Regulatory Unit  
Department for Communities Child Protection Officers  
Other relevant Government Department Officers  
Family Assistance Office Review Officers (Child Care Subsidy)

All personal information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

You are entitled to access personal and private information kept about you and your family on request, and may ask for inaccurate information to be up-dated or corrected.

Failure to provide the required information will result in non-acceptance of your child's enrolment.

# Parents/Guardians Enrolment Agreement

**Please read and complete this form and return to the Centre.**

*(The use of the word "we" will also include the singular "I" where applicable in this section.)*

1. We have viewed the Centre and consent to the enrolment of the admitting child (hereafter referred to as the child).
2. We acknowledge having received and read the Centre's Parent Handbook and we understand any changes to such will be displayed on the Centre's notice-board in the foyer of the Centre or through newsletters.
3. We agree to comply with all Government requirements in relation to the Centre and its service.
4. We agree that in the case of an accident or injury, the centre will attempt to contact us and, where we cannot be contacted, medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of an Ambulance and we agree to meet the expense of an Ambulance. In the case of an emergency, as determined by the Staff at the Centre, we authorise the Centre to contact an Ambulance and send the child to hospital.
5. We agree to pay the weekly fee on the due day as determined by the Centre's payment policy requirement or as agreed to by the Centre.
6. We are aware that any failure to pay due fees may result in cancellation of care at the Centre's option. We are aware that fees need to be adjusted from time to time with due notice given to parents.
7. We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Subsidy purposes.
8. We understand that to have access to Child Care Subsidy we need to meet all current Child Care Subsidy requirements.
9. We are aware that fourteen (14) days' notice in writing of cancellation of care must be given in advance. Where the required notice is not given and the child does not attend the service then the parent will be charged a penalty fee equal to the fee that would have been charged had their child attended the service. This fee will be charged separately to any childcare fee and, therefore, will not attract Child Care Subsidy.
  - a. We are aware that fees for public holidays are payable.
  - b. We are aware that fees are payable for days where absences are taken.
  - c. I agree that on days where my child is absent the Coordinator (or authorised person) can sign the absence on my behalf as required.
10. We understand that a system of payment for late collection operates at the Centre to cover overtime payments due to staff. Any late collection will result in a fee being imposed.
11. We understand that children who are third priority in the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child.
12. We are aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner.
13. We are aware that if the child has not been immunised against measles, or in the absence of proof of earlier contact with the disease, the child will be excluded from the Centre if there is an outbreak of measles. We understand that the child will be accepted for further care by the Centre after receipt of medical advice that the infectious period has passed.

14. We are aware that the Centre may require the presentation of a medical certificate in the event of the child developing a long term medical disability.
15. We agree to provide the centre with all relevant information regarding the health of our child and any other information required by the centre.
16. We are aware that if we fail to provide information correctly as required by the Centre, the Centre will be able to terminate services forthwith.
17. We are aware that confidential information about the child may be exchanged in the normal course of work between staff members when this is reasonably needed for the proper operation of the centre and the wellbeing of users and staff.
18. We are aware that there may occasionally be visitors to the Centre. We consent to our child being in the presence of visitors or volunteers, with the Centre's appropriate supervision by qualified/experienced staff.
19. The Centre reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of the Centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
20. We have read this Contract, and received relevant information about the service offered by this Centre for the care of:

I agree to abide by the conditions of use of the Centre and this Contract.

Parent / Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Name of Senior Management: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**ANNUAL UPDATE of Child / Family details:**

I verify that the above information in this enrolment contract is accurate and current.

Parent / Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Parent / Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Parent / Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Parent / Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_