outside school hours care
enrolment forms
2014
Thank you for choosing Centacare for your child care needs.

To assist us in placing your child/ren, we ask that you fully complete the Enrolment Forms in this booklet and forward them to us with all the information that is needed in the checklist. We respectfully request that these forms are completed every year to ensure our records are up-to-date and compliant.

We look forward to supporting your family by providing education and care in a safe and fun environment.

CHECKLIST

Before returning these forms, please complete the following checklist to ensure you have included all the required information.

I have completed and signed the following forms:

☐ Request for Booking
☐ Family Enrolment Form
☐ Child Enrolment Form*
☐ Enrolment Agreement*
☐ Information Required for Child Care Benefit

I have included copies of the following documents:

☐ Health records showing immunisation status

I have included copies of the following documents: (if required):

☐ Additional Child Enrolment Forms if enrolling more than one child
☐ Medical action plans (if your child has an allergy or intolerance)
☐ Documents regarding custody
☐ Documents regarding additional needs or diagnosed disability

* A Child Enrolment Form and Enrolment Agreement needs to be completed for each child. If you require an enrolment form for an additional child, please ask your service.

Please return the entire booklet.
Do not remove the perforated pages from this booklet.
**ACCOUNT NAME**

<table>
<thead>
<tr>
<th>Address of Primary Account Holder:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Mobile Number:</td>
</tr>
<tr>
<td>Email Address:</td>
</tr>
</tbody>
</table>

**Have you been assessed for Child Care Benefit?** □ Yes □ No

**CHILDREN’S DETAILS - BOOKING SCHEDULE**

<table>
<thead>
<tr>
<th>Child 1 (Full Name):</th>
<th>Child 2 (Full Name):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Days of Attendance:</strong></td>
<td><strong>Days of Attendance:</strong></td>
</tr>
<tr>
<td>Before School Care:</td>
<td>Before School Care:</td>
</tr>
<tr>
<td>□ M □ T □ W □ T □ F</td>
<td>□ M □ T □ W □ T □ F</td>
</tr>
<tr>
<td>After School Care:</td>
<td>After School Care:</td>
</tr>
<tr>
<td>□ M □ T □ W □ T □ F</td>
<td>□ M □ T □ W □ T □ F</td>
</tr>
<tr>
<td><strong>Child’s Date of Birth:</strong></td>
<td><strong>Child’s Date of Birth:</strong></td>
</tr>
<tr>
<td>School attending in 2014:</td>
<td>School attending in 2014:</td>
</tr>
<tr>
<td><strong>Health Record Sighted (Immunisation Record):</strong> □ Yes □ No</td>
<td><strong>Health Record Sighted (Immunisation Record):</strong> □ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child 3 (Full Name):</th>
<th>Child 4 (Full Name):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Days of Attendance:</strong></td>
<td><strong>Days of Attendance:</strong></td>
</tr>
<tr>
<td>Before School Care:</td>
<td>Before School Care:</td>
</tr>
<tr>
<td>□ M □ T □ W □ T □ F</td>
<td>□ M □ T □ W □ T □ F</td>
</tr>
<tr>
<td>After School Care:</td>
<td>After School Care:</td>
</tr>
<tr>
<td>□ M □ T □ W □ T □ F</td>
<td>□ M □ T □ W □ T □ F</td>
</tr>
<tr>
<td><strong>Child’s Date of Birth:</strong></td>
<td><strong>Child’s Date of Birth:</strong></td>
</tr>
<tr>
<td>School attending in 2014:</td>
<td>School attending in 2014:</td>
</tr>
<tr>
<td><strong>Health Record Sighted (Immunisation Record):</strong> □ Yes □ No</td>
<td><strong>Health Record Sighted (Immunisation Record):</strong> □ Yes □ No</td>
</tr>
</tbody>
</table>

**Parent/Carer Agreement**

- This is a □ Permanent Booking □ Casual Booking
- My/Our child/ren will attend Outside School Hours Care on the days indicated above and for the period from (start date) ____/____/_____ until end of term 4 2014, or from (start date) ____/____/_____ until ____/____/2014 unless otherwise notified in writing.
- I/We have read the Outside School Hours Care Cancellation Policy and agree to give the prescribed notice periods for any cancellations to this booking as per the Information Handbook.
- The information supplied on this form is current and up to date
- It is my/our responsibility to notify the service of any change to booking details, as per the Information Handbook.

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Date &amp; Time Received:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Entered:</td>
</tr>
<tr>
<td>By Whom:</td>
</tr>
</tbody>
</table>
# Family Enrolment Form 2014

## Parent/Carer 1 Details

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Customer Reference Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Child</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td>Mobile Phone:</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Post Code:</td>
</tr>
<tr>
<td>Occupation</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Organisation/Employer</td>
<td></td>
</tr>
<tr>
<td>Work Address</td>
<td>Post Code:</td>
</tr>
<tr>
<td>Primary Language Spoken</td>
<td>Nationality:</td>
</tr>
<tr>
<td>Cultural background</td>
<td>Religion:</td>
</tr>
</tbody>
</table>

## Parent/Carer 2 Details

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Customer Reference Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Child</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td>Mobile Phone:</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Post Code:</td>
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<td></td>
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<td>Work Address</td>
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</tr>
<tr>
<td>Primary Language Spoken</td>
<td>Nationality:</td>
</tr>
<tr>
<td>Cultural background</td>
<td>Religion:</td>
</tr>
</tbody>
</table>

---

**Office Use Only:** Date & Time Received: Date Entered: By Whom:

Orientation Completed: □ Yes □ No Date: Enrolment Fee Paid: N/A □ Yes □ No Date: Amount: $

Original Enrolment form held at [Service name and suburb]:

Comments:
### Authorised Nominee 1 - This person is authorised to carry out the following responsibilities for my child

<table>
<thead>
<tr>
<th>Full Name</th>
<th>☐ consent to medical treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to child:</td>
<td>☐ authorise administration of medication</td>
</tr>
<tr>
<td>Address:</td>
<td>☐ authorise an educator to take the child outside the education and care services premises</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>☐ collect the child from the education and care service</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>☐ authorise the collection of the child from the education and care service by another person not authorised on the child's enrolment form</td>
</tr>
<tr>
<td>Mobile:</td>
<td></td>
</tr>
</tbody>
</table>

### Authorised Nominee 2 - This person is authorised to carry out the following responsibilities for my child

<table>
<thead>
<tr>
<th>Full Name</th>
<th>☐ consent to medical treatment</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<tr>
<td>Home Phone:</td>
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</tr>
<tr>
<td>Work Phone:</td>
<td>☐ authorise the collection of the child from the education and care service by another person not authorised on the child's enrolment form</td>
</tr>
<tr>
<td>Mobile:</td>
<td></td>
</tr>
</tbody>
</table>

### Authorised Nominee 3 - This person is authorised to carry out the following responsibilities for my child

<table>
<thead>
<tr>
<th>Full Name</th>
<th>☐ consent to medical treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to child:</td>
<td>☐ authorise administration of medication</td>
</tr>
<tr>
<td>Address:</td>
<td>☐ authorise an educator to take the child outside the education and care services premises</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>☐ collect the child from the education and care service</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>☐ authorise the collection of the child from the education and care service by another person not authorised on the child's enrolment form</td>
</tr>
<tr>
<td>Mobile:</td>
<td></td>
</tr>
</tbody>
</table>

### Authorised Nominee 4 - This person is authorised to carry out the following responsibilities for my child

<table>
<thead>
<tr>
<th>Full Name</th>
<th>☐ consent to medical treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to child:</td>
<td>☐ authorise administration of medication</td>
</tr>
<tr>
<td>Address:</td>
<td>☐ authorise an educator to take the child outside the education and care services premises</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>☐ collect the child from the education and care service</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>☐ authorise the collection of the child from the education and care service by another person not authorised on the child's enrolment form</td>
</tr>
<tr>
<td>Mobile:</td>
<td></td>
</tr>
</tbody>
</table>
CHILD’S DETAILS

Child’s Full Name:

Child’s Address

Name child is known by:

Commencement Date:__________ Child’s Age at Enrolment:

Customer Reference Number: __________

Child’s Date of Birth:__________ Gender:__________ Child’s Weight:

Date child started or starts school:__________ Child’s Year Level/Grade in 2014:

School attending in 2014:

Child’s Country of Birth:

Cultural background:

☐ Not Aboriginal or
Torres Strait Islander

☐ Aboriginal not
Torres Strait Islander

☐ Torres Strait Islander
not Aboriginal

☐ Aboriginal and
Torres Strait Islander

Other:

First (Primary) Language:__________ Second Language:

Child’s Medicare Number: __________ Expiry Date: __________/__________

CARE ARRANGEMENTS

Name of the Primary Carer(s):

Are there any current written arrangements? ☐ Yes ☐ No Copy Provided ☐ Yes ☐ No

Relevant documentation may include parenting plans, parental responsibility plans, residence orders and contact order.

TO ENABLE SERVICES TO COMPLY WITH COURT ORDERS A COPY MUST BE PROVIDED.

Is there anyone legally denied access to the child? ☐ Yes ☐ No Copy Provided ☐ Yes ☐ No

Full name of person legally denied access:

Address:__________ Phone:

Work Name & Address:

The following people are NOT authorised to collect my children: (please discuss with Coordinator of service)

1. __________________________ Relationship to child:________________________

2. __________________________ Relationship to child:________________________

CULTURAL CONNECTIONS AND FAMILY TRADITIONS

Does your family observe any particular religious or cultural practices that are significant to your child?

Do you celebrate any cultural/religious traditions? How do you celebrate these traditions?

What ‘family’ traditions do you celebrate together? (e.g. Dinner at grandmas every Sunday, camping on long weekends.)

Are there any specific songs/stories that you share with your child/ren?

As a family do you have any favourite foods? Please provide details.
## MEDICAL INFORMATION

**Child’s Full Name:**

Does your child regularly experience any of the following? Please tick (✓) and provide details in space provided below. If yes, an individual action/medical care plan by an authorised medical practitioner may be required.

### KNOWN ALLERGIES

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**What causes the allergy?**

☐ Mild ☐ Severe ☐ Anaphylactic *(Epipen must be provided to the service at all times child is in care)*

**Symptoms:**

Please provide details of any allergy management plans.

**Action plan attached:** ☐ NO ☐ YES *(A current year action plan from a medical practitioner together with a current photo is required in order to proceed with this enrolment)*

### DIETARY RESTRICTIONS

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Special dietary restrictions (provide details)**

### INTOLERANCES

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**What causes the intolerance?**

☐ Mild ☐ Severe

**Symptoms:**

**Current Action plan:** (provide details)

### ASTHMA

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**What symptoms does your child present with when experiencing asthma?**

**Asthma plan provided?** ☐ NO ☐ YES *(updated plan required when a change occurs)*

### IMMUNISATION STATUS

**UP TO DATE**

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measles, mumps &amp; rubella</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Whooping Cough</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diphtheria, tetanus &amp; pertussis</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Polio</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hib</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

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<table>
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<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

If your child’s immunisation status is not up to date your eligibility to receive Child Care Benefit may be affected (if applicable for service type).

If NO, I have completed the “Agreement to Withdraw my Child” form ☐ NO ☐ YES

If a child’s vaccination record is incomplete the parent/carer will need to contact ACIR (Australian Childhood Immunisation Register) on 1800 653 809 to obtain current information. Please ensure the service is provided with updated records as your child is immunised. *(Reg 162)*

### HIGH TEMPERATURES

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Current Action plan:** (provide details)

### SEIZURES

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Known triggers:**

**Current Action Plan:** (provide details)

### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Is an individual medical care plan by an authorised medical practitioner required?**

Yes ☐ No ☐ Date plan supplied to service _____/____/_____ expiry date _____/____/_____  

Yes ☐ No ☐ Risk Minimisation Action Plan required *(Reg 162)*

Yes ☐ No ☐ Medical conditions policy provided to families

Yes ☐ No ☐ Health records for child sighted
Does your child take medication on a regular basis?

- NO  YES

Provide details:

Do you have any queries/concerns regarding your child’s development?

- NO  YES

Provide details:

Is your child accessing any specialist support services?

- NO  YES

- Speech therapy:
- Occupational therapy:
- Hearing:
- Vision:
- Mobility:
- Other:

Does your child present with any additional needs or have a diagnosed disability?

- NO  YES

Provide details: (attach doctor’s certificate, written diagnosis or other relevant medical information)

Any other relevant health management information (e.g. premature birth)

- NO  YES

Provide details:

MEDICAL CONTACT DETAILS

Child’s Doctor:  
Address:  
Phone Number:  

Child’s Dentist:  
Address:  
Phone Number:  

Child’s Paediatrician:  
Address:  
Phone Number:  

MEDICAL CONSENT STATEMENT (CONDITIONS OF ENROLMENT)

- I/We understand, acknowledge and agree to the following:
- I/We authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency. I/We give permission for staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment. I/We understand that every effort will be made to contact me/us in the event of any illness or accident (Reg. 161).
- On enrolling my/our child/ren I/we understand that the service is unable to care for children who are sick or who have a contagious illness. I/we further acknowledge that a medical clearance may be necessary before my/our child is able to return.

- I/We understand that the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed (e.g. antibiotics) and non-prescribed medication (e.g. paracetamol).
- Prescribed medication will only be administered when it is accompanied by written instructions from the child’s medical practitioner, is in the original container and the service medication form is completed.
- I/We agree to complete the service medication form detailing the dose, time and date of last dose of any medication given to my/our child so as to reduce the risk of overdosing.
- I/We give permission for first aid qualified staff to administer first aid and/or medication to my/our child as required.

Parent/Carer 1 Signature  
Date  

Parent/Carer 2 Signature  
Date  

OFFICE USE ONLY

Date & Time Received:  
Date Entered:  
By Whom:  
Orientation Completed:  YES  NO  
Date:  
Commencement Date:  

Centacare Child Care Services  -  Child Enrolment Form 2014  
Page 3 of 3
In order to finalise and confirm your child's enrolment, you are required to read and respond to the permissions and consents below. Please note that the Permissions provide parents with options to consider, however, Consent Statements are a compulsory requirement of enrolment.

Please complete an Enrolment Agreement 2014 for each child enrolled at this Centacare Child Care Service.

<table>
<thead>
<tr>
<th>PERMISSIONS (Please Circle Yes or No)</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td></td>
</tr>
<tr>
<td>- To support my/our child further whilst at the service, I/we give permission for the Coordinator/Director or service representative to liaise with school and/or specialist staff.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>- I/we authorise students under the supervision of staff to undertake observation of my/our child for the purpose of curriculum planning and Educators in training.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Activities Permission</td>
<td></td>
</tr>
<tr>
<td>- I/We encourage my/our child to start their homework while attending the program. (Outside School Hours Care &amp; Family Day Care only)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>- I/We give permission for my/our child to view PG Rated movies, programs and games while at the service. (Outside School Hours Care &amp; Family Day Care only)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>- I/We give permission for my/our child to participate in face painting activities.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Health and Safety Permission</td>
<td></td>
</tr>
<tr>
<td>- I/We give permission for staff to apply adhesive bandages (e.g. band aids) to my/our child. If no, please provide an alternative.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>- I/We give permission for my/our child to have 30+ sunscreen/insect repellent applied as required. If no, please provide an alternative.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>- In case of an emergency or accident, I/we authorise a Qualified Medical Practitioner to administer anaesthetic, blood transfusions and perform operations if the emergency requires such treatment.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>- I/We will provide teething gel (with pharmacy label) and give permission for staff to apply the gel to my/our child. (Long Day Care &amp; Family Day Care only)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>- I/We will provide nappy cream (with pharmacy label) and give permission for staff to apply as required to my/our child. (Long Day Care &amp; Family Day Care only)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Media</td>
<td></td>
</tr>
<tr>
<td>- I/We understand that photos, videos and digital images are an integral part of the service’s program and that my/our child’s surname will not be displayed.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>- I acknowledge that should my child/ren’s images be required for use outside the service (e.g. Centacare Child Care Services’ presentations, websites, promotional material) a separate permission form will be signed for each event.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>- I/we give permission for the following in-service displays of images of my/our child to be used for service newsletters, service noticeboard displays, school newsletters etc.</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

If there are child protection or custody issues in relation to the display of media, please see the Coordinator/Director.

<table>
<thead>
<tr>
<th>Parent/Carer 1 Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Carer 2 Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CONSENT STATEMENT

I/We understand and acknowledge the following:

MEDICAL (CONDITIONS OF ENROLMENT)

• in the event of an emergency, illness or accident (when unable to contact parent/carer or authorised persons) I/we consent to medical or hospital attention being obtained for my/our child, and, I/we agree to pay any expenses incurred for medical treatment and transport sought to care for my/our child
• I/we understand that the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed (e.g. antibiotics) and non-prescribed medication (e.g. panadol)
• I/we agree to complete the service medication form detailing the dose, time and date of last dose of any medication given to my/our child so as to reduce the risk of overdosing
• I/we give consent for first aid qualified staff to administer first aid and/or medication to my/our child as required
• I am aware that an appropriately qualified staff member will administer anaphylaxis and/or asthma medication should it be deemed necessary even if my/our child has not been previously diagnosed or prescribed such medication
• I understand that my/our child will not be able to attend the service unless a current supply of any prescribed medication is maintained at the service if a dosage is required during attendance times at the service.

GENERAL (CONDITIONS OF ENROLMENT)

• that I/we have read the Information Handbook and agree to abide by the Service policies, procedures and Mission, Vision and Values of Centacare Child Care Services
• that it is my/our responsibility to ensure all information associated with my/our child’s enrolment is current and notify the service of any changes to details provided
• that my/our child is required to be signed in as attending a session of care by either parent/carer or authorised nominee to ensure all legal obligations are met
• that I/we must notify the service if a person, who is not on the services’ current records as authorised to collect my child, will be collecting my child from any session of care and that photo ID will be required on collection
• to provide alternative care arrangements when my/our child is suffering from an infectious or contagious illness, as described in the exclusion guidelines in the Information Handbook or is generally unwell, or is deemed by service staff to be unable to participate in the service program
• that information on this enrolment form may be provided upon request to either parent/carer detailed on this form
• I/we have completed a booking form nominating days of attendance required for my/our child
• I/we have nominated an email address to which account statements, newsletters and other communications may be sent for my/our child to participate in all activities offered by the service. I will advise the service in writing if I/we do not wish my/our child to participate in a particular activity
• that the service will not accept responsibility for loss or damage to any property/items brought into the service by children or families.

FEES (CONDITIONS OF ENROLMENT)

• the conditions outlined in the services Fact Sheet 2 (Fee Schedule)
• if cancelling a booking written notice of the final day will be provided
• I/we understand that Child Care Benefit and Child Care Rebate will only apply at this service until my/our child’s last day of actual attendance (not applicable for stand-alone Kindergartens on Catholic School Sites)
• that childcare fees incurred will be paid in advance as per Fact Sheet 2 (Fee Schedule) and any remaining credit will be reimbursed by EFT or cheque within 30 days of my/our child last day of attendance
• if my/our child is not collected from the service by closing time that Late Fee penalty will be incurred as specified in the Fees Schedule – Fact Sheet 2 (Fee Schedule)
• that I/we are financially responsible for any willful damage of equipment or property by my/our child
• that an administration fee may be applicable should I/we request archived information relevant to my/our child’s attendance
• that the above information is correct and precisely matches information submitted by me/us to Centrelink. I/we understand that any discrepancies between the two may lead to the service being unable to claim CCB and CCR on my/our behalf. In this instance I/we will be required to pay full fees
• failure to pay fees incurred within prescribed timeframes may result in withdrawal of child care until account is paid in full or a payment plan negotiated. Failure to adhere to negotiated agreement may result in account referral to a debt collection agency, the cost of which will be added to account.

Parent/Carer 1 Signature
Date
Parent/Carer 2 Signature
Date

OFFICE USE ONLY
Date & Time Received:
Date Entered:
By Whom:
This service is required to register all children enrolled and attending care in the DEEWR Child Care Management System (CCMS). This system processes CCB claims for eligible parents/carers as well as calculating and lodging information for the payment of a Tax Rebate.

Under this system the parent/carer and child CRN (Customer Reference Number) and DOB (date of birth) are the validators to enable reduced fees to be charged. It is essential that the information below precisely matches that submitted to Centrelink. Any discrepancies will lead to the service being unable to process the CCB claim to ensure the appropriate reduction in your fees.

Where parents/carers hold separate CRN’s a separate form for each parent will need to be completed. To ensure that you are able to take advantage of the reduction in fees under CCMS, please complete the information below and return to the service.

<table>
<thead>
<tr>
<th>MULTIPLE CHILD PERCENTAGE:</th>
<th>Do you have other children who will be attending an approved service other than this service? □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL Number of Children in Care:</strong> (including at this service)</td>
<td><strong>OPTION 1:</strong> For more information, please go to <a href="http://www.familyassist.gov.au">www.familyassist.gov.au</a></td>
</tr>
</tbody>
</table>

**OPTION 1:**

| Parent /Carer1 Full Name: | Parent/Carer1 CRN: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□○