



SUNSHINE KIDDIES

EARLY LEARNING CENTRE

66 CONWAY ROAD, BANKSTOWN, NSW 2200 PH: 9709 4111. ABN: 33 656 877 994
 Email: sunshinekiddieselc@gmail.com Website www.sunshinekiddies.com.au

Admin Fee (non-refundable) \$.....
 Deposit (refundable) \$
 TOTAL AMOUNT RECEIVED: \$
 Method: 1. Cash 2. Credit Card 3. Cheque 3. Direct Deposit
 Paid date: Subsidy: hrs:

CHILDS DETAILS

Requested Starting Date: / /

Gender: (Please circle) (M) or (F)

1. Child's First Name:

Child's Surname Name:

DOB:

Age: years Months CHILDS CRN.....

Requested Starting Date: / /

Gender: (Please circle) (M) or (F)

2. Child's First Name:

Child's Surname Name:

DOB:

Age: years Months CHILDS CRN.....

Address:

Country of birth: Cultural background:

Language/s Spoken at home: Special Requirements: Religion.....

Traits and Characteristics

Shy	Bubbly	Happy	Energetic	Curious	Outgoing	Motivated
Inquisitive	Adventurous	Reserved	Egocentric	Independent	Relaxed	Sad

Requested Day /s of attendance: (Please circle) **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Hours Required: am to Pm

Items to bring on the first day: All items need to have your child's name (We are not liable for any lost property)

- School bag, lunch box, water bottle. Sun Hat. Formula with milk bottle.
- Change of clothing (4 items), Fitted sheets 131cmx70cmx19cm and a blanket.

- Birth Certificate, immunisation records, driving licences, Medicare card.

Parent's Details

Parent 1 CRN:.....

Full Name: Gender: M F DOB: / /

Address:

Name of Workplace: Home No: ()

Work address: Mobile No:

Occupation: Work No:

Driver's Licence No: Email:

Parent 2 CRN:.....

Full Name: Gender: M F DOB: / /

Address:

Name of Workplace: Home No: ()

Work address: Mobile No:

Occupation: Work No:

Driver's Licence No: Email:

Marital Status: (Optional) Married Divorced De Facto Separated Single Parent

Names of Other Children in the family: Age: Gender: M F

Authority to collect/Emergency Contacts

(Other than Parents)

Please list below, who you wish us to call if you cannot be contacted in an emergency and who you authorise to collect your child from Sunshine Kiddies Early Learning Centre if mother or father is unavailable to do so (note: must be over 18 years of age).

Please ensure that these emergency contact persons are willing and able to collect your child in the event of an emergency. **Authorised nominee** means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law. All Contacts listed below must consent to all three items

1. any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child; and
 2. any person who is authorised to authorise an educator to take the child outside the education and care service premises; and
 3. any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child;
- Please Note: Photo ID MUST be shown prior to the child being released.**

Contact No. 1 Full Name: Is this person authorised to collect? **Y / N**

Relationship to Child: **Address:**

Email: **Work No:** **Mobile:**

Contact No. 2 Full Name: Is this person authorised to collect? **Y / N**

Relationship to Child: **Address:**

Email: **Work No:** **Mobile:**

Contact No. 3 Full Name: Is this person authorised to collect? Y / N

Relationship to Child: Address:

Email: Work No: Mobile:

Health

Child's Doctor: Phone No: ()

Address:

Family Dentist: Phone No: ()

Address:

Has your child been immunised? (If yes, please provide relevant documents) YES NO

Does your child have any allergies? (If yes, please specify)

Has your child experienced any language or speech difficulties, physical problems, or other related difficulties? (If yes, please specify)

Is your child currently under medication? (If yes, please specify)

Has your child suffered from any medical condition that we should know about? (If yes, please specify)

Does your child suffer from asthma? (Please circle) YES/ NO (If yes, then an asthma record card must be completed with this enrolment form)

Does your child suffer from Epilepsy? (Please circle)

YES NO

Is your child allergic to paracetamol? (Please circle)

YES NO

If No, I give permission for the staff of Sunshine Kiddies to administer Paracetamol to my child if they feel it is necessary.

Parent Signature

In Excursions and multimedia (Please sign if yes to the

I give permission for my child to attend excursions

Parent Signature

I give permission for my child to have his/her photograph taken and displayed on the Sunshine Kiddies Website, Facebook page

Parent Signature

I give permission for my child to touch animals in the centre or excursion .

Parent Signature

Is your child allergic to the application of band aids or sunscreen? *(Please circle) YES/ NO* If No, I give permission for the staff of Sunshine Kiddies to administer this to my child if they feel it is necessary.

Parent Signature

Are there any court orders affecting the custody of your child? *(If yes, please attach copy))* YES/ NO

In the case of custody arrangements and restraining orders, staff are unable to follow personal requests unless legal documents are provided.

Parent Signature

As we are following the interest of your child and implementing an emerging curriculum as an education base, we are required to photograph your child along with many other mediums that are combined to complete your child’s individual portfolio. For us to do this at a high level of standard we require your permission to photograph him/her. I consent to my child being photographed.

Parent Signature

I am aware that the staff at Sunshine Kiddies will require me to keep an updated record of my child’s information summary and progress to ensure it assists with the quality care provided to my child.

Parent Signature

General Needs

Is there any further information, which you may feel will assist us in providing the service best suited to your needs and the needs of your child, e.g. religious beliefs, family situation, recent significant events?

.....

What would you most want for your child at the centre?

.....

Is there any area, which you are concerned about of which we need to be aware of?

.....

What guidance strategies do you follow at home and what strategies do you recommend we follow for your child?

.....

What resources or/and experiences do you use for your child during their physical play and what suggestion do you have that may improve the resources /experience at the centre for your child?

.....

What are your views regarding the safety of the service’s maintenance of buildings and equipment?

.....

What hygiene and dental care practices would you like the centre to establish with your child which will continue practices in your home?

.....

Fees/Withdrawal/Change of Days

I agree to abide by the centre’s policy of maintaining fees of a minimum of two (2) weeks in advance. I also understand that the fees are to be paid for all days my child is absent, public holydays or sick, and that if fees fall behind my child’s place at the centre may be in jeopardy.

I also understand that there is a four (4) week notice period which applies if I decide to withdraw my child from care. This must be written and forwarded to the office. This four (4) week notice period also applies to the reduction of my child's days. I also understand the four-week notice cannot be effective within the first six (6) weeks of my child's enrolment and the first and last six (6) weeks of the year.

Date / / **Parent's Signature**

Permission for approved provider, nominated supervisor or an educator to seek/act in case of emergency/administration of medication

In the event of any accident or illness requiring emergency medical treatment/administration of medication, every effort will be made to contact the parents or authorised persons on the enrolment form list as Authorised contacts before such treatment is sought. However, should this prove to be impossible, it will be necessary for authority to be given for the treatment to be undertaken?

I consent to Sunshine Kiddies Early Learning Centre seeking on my behalf **Administration of medication, DOCTOR, DENTAL, AMBULANCE or HOSPITAL** attention for my child and I accept liability medical expense as may be incurred.

I consent to Sunshine Kiddies Early Learning Centre to transporting your child by Ambulance in an emergency and accept whole responsibility in the event of my child needing medical assistance.

Medicare Number: Private Health Fund:

Private Health Number: **Date** / / **Parent's Signature**

I **Have read, understood, agree, and will abide with the Sunshine Kiddies Policies.**

Date / / **Parent's Signature**

Thank You and Welcome to the Sunshine Kiddies Early Learning Centre Family*

If you have downloaded this form from our website, then please ensure that **ALL** fields are filled correctly and accurately.

Please return the form to Sunshine Kiddies Early Learning Centre in person.

**Positions are based on availability, for more information regarding placement please contact the centre.*

Thank you.

Evaluation

Please circle answers below to help us to evaluate and improve our service.

1. Do you feel that you have a good understanding of the general running of the Centre? *(Please circle)*

Unsatisfactory Satisfactory Good Excellent

2. Where did you hear about Sunshine Kiddies Early Learning Centre? *(Please circle)*

Web	Newspaper	Yellow Pages	Flyer	NCAC
Driving Past	Local Government	Local Schools	Existing Families	Other

OFFICE USE ONLY

Copies Retained	Information for/from Parents	Follow Up
Y/N Birth Certificate	Y/N Parent Handouts	Y/N Informed Room Leader of Child's Details
Y/N Immunisation Records	Y/N Centrelink letter attached	Y/N Orientation Evaluation Given/Received
Staff's Signature		

Child's Details

Child's Full Name: Gender: (Please circle) M F
 DOB: Age: years Months
 Born at Full Term Yes / No Born Premature Yes / No Place of birth: Verified by sighting Birth Certificate
 Address:
 Description of child's family circumstances:

 Special Parental Requirements concerning: Culture Disability of child Religion
 Ethnic and Cultural Identity: Refugee Yes / No Aboriginal and Torres Straits Islander Background Yes / No

Parent Details

Primary Language / Language of parents:
 Information concerning the child's and family's: Religion Cultural Background
 is there any practice to be observed to the greatest extent at the service in respect of the religious / cultural background?
 Written authorization to seek urgent emergency medical, dental or hospital treatment or ambulance service
 Written consent to the carrying out of a medical, dental or hospital treatment

Enrolment Checklist

All parts of the enrolment form completed and signed where necessary.
All relevant information attached as required – court orders, parenting orders, parenting plans relating to powers, duties, responsibilities, or authorities of any person in relation to the child or access to the child, child's residence or child's contract with parents or other persons
All relevant information provided as required – cultural, religious, dietary requirements or additional needs.
All authorisations are noted and signed by parents in relation to – authority for medical treatment, dental treatment, administration of general First aid products and ambulance transportation.
All declarations of consent for being an emergency contact person are signed by the authorised nominee.
Relevant health information is included – medical practitioner or medical service, Medicare number, dental practitioner or service, healthcare Needs including medical conditions, allergies, and anaphylaxis or at risk of anaphylaxis.
All relevant information attached as required – medical management plan, anaphylaxis, medical management plan or risk Minimisation plan, dietary restrictions, and immunisation status.
Sunscreen and photography policies explained and signed where necessary.
Parent information pack discussed including relevant service policies and procedures.
Bond and administration fee paid in full.
Parent1, 2 DOB and CRN provided.
Child's birth certificate or equivalent cited.
All indemnity and permission notes signed.

Authorisation signed for the centre to take child on regular outings.
Authorisation signed for the centre for child to participate in incursions.
Sign in/out procedure explained
Tour of the centre and introduction to educators.
Medication and illness procedure explained.
Guiding children's behaviour policy explained and discussed.
Direct debit form completed / method of payment for fees established.

Director/Nominated Supervisor Details

Nominated Supervisor's Name: **Nominated Supervisor's Signature:**

(Please read)

TERMS AND CONDITIONS OF ENROLMENT

1. The child's enrolment period would not end unless a written notice is given. This would also cover periods during Christmas and New Year except for any periods the Centre advises the parent to be closed.
2. Allocated days are permanent and not flexible or transferable however, transfers may be negotiated depending on vacancies or ability to move other children of non-working parent.
3. Fees must be paid even if my child is absent on a day or days including periods of illness and parent's annual leave. Fees must be paid for Public Holidays. I will notify the Centre when my child will be absent. By agreeing and accepting this enrolment of your child to attend Sunshine Kiddies Early Learning centre, you also abide by paying all outstanding fees according to our fee policy. All monies owed by you under this agreement including interest on any outstanding debt, late fees and debt collection. Agent costs, repossession costs, location search costs, process server costs and solicitor costs on a solicitor/client basis will be liable for you to pay Sunshine Kiddies Early Learning centre.

"You shall pay for all costs incurred by Sunshine Kiddies Early Learning Centre (including costs that Sunshine Kiddies Early Learning Centre may be contingently liable) in any attempt to collect any monies owed by you under this Agreement including debt collection agent costs, repossession costs, location search costs, process server costs and solicitor costs on a solicitor/client basis."

4. A refundable bond needs to be paid on acceptance of a position. The bond is \$300 per child for children attending the centre. The bond will be returned to parents' accounts once the child leaves the centre. The bond becomes non-refundable if parents subsequently forfeit the acceptance to enrol. Parent understands that if my fees fall in arrears by more than two weeks my position may be declared vacant. The centre may charge a late payment fee of up to 10% of the outstanding amount if fees are more than four weeks in arrears. Once the position is declared vacant fee recovery action may be sought.
5. A non-refundable Administration fee of \$65.00 to is payable for families wishing to place their child on the waiting list.
6. Fees must be paid by direct debit, cash, direct deposit, or credit card ONLY.
7. I understand that the centre has a priority of access that is adhered to and the centre may need to change my days to accommodate a higher priority, this is a requirement of Child Care Benefit Payments Scheme. I understand that the Centre has the right to ask for proof of my work or study (e.g. payslips, proof of course etc.) to establish my priority.
8. A late fee of \$15.00 will be charged if my child is left after the Centre's closing time. This fee will be charged per child if there is more than one child from the family left after closing time the \$15.00 late fee will be charged for each child, up until 15 minutes after closing time and then \$5.00 for every 5 minutes thereafter.
9. I will notify the Centre of any change to my child's details (e.g. address, phone number, emergency contacts etc.)
10. A record of the child's immunisation is required. You will be required to keep this information up to date. 11. Sick children with infectious disease shall not attend the centre. NO over the counter medications will be given without a letter from your Doctor and all prescription medicine will be only administered as per instructions and ONLY with your written permission.
12. I understand that access to children cannot be denied to a natural parent unless there is a Court Order. A copy of the court order must be provided to the Centre.
13. I will give four weeks written notice (four weeks' notice period if including Christmas and New Year Holiday period or when your child first starting to attend the Centre) of my intention to withdraw my child from the centre even if I choose

to reduce the number of days. I agree to abide by the above-mentioned Terms and Conditions and declare that all information given in this form to be correct to the best of my ability.

Fee Policy Implementation

The following outlines the how fees can be paid. Fees must be paid on the first morning you child attends the service for the fortnight.

- Upon enrolment, families must pay a security deposit of two week's full fees.
- Fees must be paid two weeks in advance.
- Fees can be paid weekly, fortnightly, or monthly in advance by cash, cheque, direct deposit, or direct debit.
- Fees are payable in advance for every day that your child is enrolled at the service. This includes pupil free days, sick days, Public holidays, and family holidays but excludes periods when the service is closed.
- Fees will be reduced to half the current fee for family holidays up to 4 consecutive weeks, then will revert to full day fee payments. Child Care Benefit (CCB)/Childcare subsidy (CCS) is available to all families who are Australian Residents. To find out their eligibility families can apply online or families must contact the Family Assistance Office or Centrelink (phone 136150).
- A receipt will be issued for all fees/payments via an emailed statement. This will include the child/children's full name/s, date of care, date of payment, amount, etc. If the incorrect amount is paid, change will not be given but will be credited to the families account.

A **booking fee (administration fee) \$65.00** is required when lodging an enrolment form. This is non-refundable if your child does not take a place at our service. This **bond fee of \$300.00** will be taken as part of your security deposit once your child takes a place at our Service. Should you wish to end your child's place at the service or should management make the decision to terminate your child's place, 4 weeks written notice is required from the ending/terminating party. If this does not occur, 4 weeks fees will be billed to you.

Overdue Fees

Any family who is one or more weeks late with their fees will received a **Friendly Fee Reminder**.

Families can make appointments to speak with the approved provider or nominated supervisor regarding payments if there is a need to do so. Continually not paying fees will put your child/ren's place/s in the Service in jeopardy.

Fees of \$2.00 a day will apply to any overdue fees. (This can be waived by management due to some circumstances)

Dishonoured Cheques

If this happens, we regret to inform you a charge of \$19.95 will be billed to your account.

Dishonoured Credit card payment

If this happens, we regret to inform you a charge of \$19.95 will be billed to your account. Sunshine Kiddies will not be liable to pay monies or dishonoured fees that is incurred using your credit card or direct debit accounts.

Debt recovery

Families can make appointments to speak with the approved provider or nominated supervisor regarding payments if there is a need to do so. An interest free payment plan will be discussed over a 4-month period.

Late fee of \$19.95 will incur for all monies late in the monthly repayment plan.

If the debt is not recovered within the 4-month period. The debt will incur an interest charge of 1.5% of the remaining outstanding fee per month until it is paid in full. If there is no response in paying the childcare fees after being sent a notice of payment, all outstanding debts will be forwarded to a Debt Collection Agency to recover all monies due plus interest. A waiver may incur due to Management decision if payments are being paid on a regular basis.

Parent / Guardian Signature: _____

Date: _____ I agree to abide by all the above-mentioned Terms and Conditions and declare that all information listed will be liable by this agreement of Enrolment to Sunshine Kiddies Early Learning Centre.