



# NOOSA OUTLOOK CHILDCARE CENTRE

## ENROLMENT INFORMATION

### CHILD'S DETAILS

Child's Given Name: \_\_\_\_\_ Child's Family Name: \_\_\_\_\_

Other names/former names: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_

### Required Documents Provided

**Birth Certificate:** Y/N    **Immunisation Record:** Y/N    **Health Care Card:** Y/N

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

**Child's CRN:** \_\_\_\_\_ **Date of First Attendance:** \_\_\_\_\_

**Days of Attendance for your \*Flexible Care Arrangement: M T W TH F**

\*a Flexible Care Arrangement allows for some flexibility week to week surrounding your agreed days of attendance eg day swaps/make up days or additional days if vacancies permit.

The daily rate for sessions 6.30am – 6.30pm are listed on the fee schedule in your enrolment pack

**Parent One** Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ **CRN:** \_\_\_\_\_

**Parent Two** Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ **CRN:** \_\_\_\_\_

### CUSTODIAL DETAILS

Legal Guardian: \_\_\_\_\_

Is anyone prohibited from having contact with or collecting your child/ren? \_\_\_\_\_

Please provide copies of any documentation or court orders that may apply.

**CULTURAL BACKGROUND:** At Noosa Outlook Childcare Centre we honour the histories, languages, cultures and traditions of all families. Please share with us information about yours.

Language/s spoken at home: \_\_\_\_\_

Does either parent/guardian or your child identify as Aboriginal or Torres Strait Islander? Y or N

Child's Cultural Identity: \_\_\_\_\_

Family customs or practices to be respected by the Centre: \_\_\_\_\_

## **CHILD'S HEALTH DETAILS**

Medicare Number: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_

### **Medical Details:**

Does your child require regular medication or have any special needs, food sensitivities, asthma, epilepsy, diabetes, anaphylaxis, allergies or any other medical condition we should know about?

If so, please provide details: \_\_\_\_\_

If your child has a Management Plan for any medical conditions please discuss with the Director.

Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Dentist's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

## **EMERGENCY CONTACTS - AUTHORISED NOMINEES**

Please list at least 3 people (other than the child's parents) authorised to collect the child or be contacted in case of an emergency.

NAME	RELATIONSHIP TO THE CHILD	HOME PHONE	WORK PHONE	MOBILE PHONE

**It is the responsibility of parents to notify all emergency contacts of their inclusion on this form.**

In the event of an emergency, illness or accident concerning my child, I consent to the Centre, on my behalf, seeking urgent medical, dental or ambulance service for my child/ren and I accept liability for any costs that may be associated.

This includes the administration of lifesaving medication eg Ventolin or Epipen

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

## **IMMUNISATION DETAILS**

Is your child fully immunized according to the Qld Government Immunisation Program?

2-4 Months as per the Immunisation Schedule	YES	NO
6 Months as per the Immunisation Schedule	YES	NO
12 Months as per the Immunisation Schedule	YES	NO
18 Months as per the Immunisation Schedule	YES	NO
4 Years as per the Immunisation Schedule	YES	NO

**PLEASE PROVIDE YOUR IMMUNISATION RECORDS TO BE PHOTOCOPIED.**

## **PARENTAL CONSENT**

### **PLEASE CIRCLE THE FOLLOWING CLAUSES TO AUTHORISE:**

#### **GENERAL:**

I / We give Permission for this child to:

Have SPF 30+ or greater applied prior to sun exposure which is supplied by the service. If <b>NO</b> parents will be required supply their own preferred sunscreen.	YES	NO
Have Band-Aids or sticking plasters applied if necessary.	YES	NO
Have Educators apply nappy rash creams/paste that are provided by the parents.	YES	NO
Have Educators apply insect repellent that has been provided by the parents.	YES	NO

#### **PHOTOS and SOCIAL MEDIA:**

I / We give Permission:

For photos to be taken of my/our child for centre use and staff training purposes.	YES	NO
For photos of my/our child to be used in their developmental portfolio or in the portfolios of other children at the centre as part of observations and learning stories.	YES	NO
For photos to be used on the Noosa Outlook Childcare Centre Facebook page.	YES	NO
For group photos that may include my/our child to be shared with other families that attend the centre.	YES	NO
For photos of my/our child to be used for media purposes	YES	NO

## **FEE AGREEMENT**

The following agreement reinforces our Centre's policy regarding fees and the distribution of weekly statements and payment of accounts.

**Please read this agreement carefully and complete where required.**

### **Statements**

In accordance with our Centre policy statements will be issued to all families on a Tuesday. Our preferred method of distribution is via e-mail (please advise the Office if this is not possible). If requested, a printed copy of your account can be provided.

Your weekly statement shows all attendances, fees, payments, absences & relevant CCS information. This statement acts as your receipt / tax invoice.

### **Payment System Policy**

I ..... accept and acknowledge that I agree to pay our account to Noosa Outlook Childcare Centre fortnightly and statements are issued weekly.

I also understand that if payment is not forthcoming that the Late Payment Procedure will take effect unless other arrangements are made with Centre Management.

Please indicate your preferred payment schedule overleaf:

**Centrepay Deduction** \_\_\_\_\_

With signed authorisation your weekly gap fee can be deducted from any Centrelink payment you may receive such as Family Tax Benefit (FTB), Pension, Newstart Allowance, Parenting Payment, etc.

**The relevant authorisation forms are available from the office.**

(There is no charge to you for this service)

**Ezi Debit deduction, from your nominated Bank Account** \_\_\_\_\_

Ezi Debit is a direct debit from your nominated bank account (There is an initial set up fee of \$2.20 and no further charge to you) Dishonour fees may apply if insufficient funds available.

**The relevant authorisation forms are available from the office.**

**Cash payment paid fortnightly to the Office** \_\_\_\_\_

**EFTPOS at the office fortnightly** \_\_\_\_\_

**Electronic Funds Transfer fortnightly** \_\_\_\_\_

**I/We Confirm:**

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct and that I will notify the service of any changes in my circumstances. This enrolment form is considered my Complying Written Arrangement which is an agreement between myself and the service to provide care and education in return for a fee.
- I have agreed to days of care (as listed above) within the service and understand the start and end times of sessions of care are 6.30am – 6.30pm charged at a daily rate.
- That I am liable to pay fees for the care of my child as per the fee information provided to me by the service (eg parent handbook, fee agreement and fee schedule) which are subject to change over time based on advice from the provider and accepted by me. If legal action is required to pursue outstanding fees any costs involved (including debt collection agency fees or court costs) will be at the expense of the parent/guardian.
- That care is provided as a Flexible Care Arrangement. This allows for additional days, day swaps or make up days should vacancies permit within the same week. If routine days are changed on a permanent basis a new Complying Written Arrangement will need to be completed via a Change of Care Form.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only:**

Commencement Date: \_\_\_\_\_ Child's Room: \_\_\_\_\_

Days of Attendance: M T W TH F Court Orders: Y / N / NA Kindergarten Enrolment: Y / N

Copy of Birth Certificate: Y / N Health Care Card Copied: Y / N Copy of Immunisation: Y / N

Added family details to Emergency Contact List: Y / N

Added family details to both IT systems: Y / N

Have NOCCC T-Shirts been provided: Y / N

Enrolled by: \_\_\_\_\_