Waitlist/Enrolment/CWA

CWA= Complying Written Arrangement (Compliance requirement for Child Care Subsidy)

Date:      /     /      Child’s Full Name:

**FEE BOND:**

I/We agree to pay a fee bond\* for any new booked days (once they have been offered) and understand that our weekly fees are payable in advance each Tuesday.

**PAYMENT METHOD:**

I/We will pay our fees by direct debit.

**or**

I/We will pay our fees by cash, eftpos or credit card (over the phone) on a Tuesday each week.

\*Fee bond amount = the full daily fee for each booked day x 2(weeks), it is returned on departure from the centre providing you have given two weeks notice **and** have no outstanding fees.

**EXPECTED PATTERN OF CARE REQUIRED:**

**Routine Sessions:**  **(My child requires the following usual booked sessions and has the**

**(Flexible Care) option to add aditional casual sessions when required)**

Monday Tuesday Wednesday Thursday Friday

**7am-6pm**  **7am-6pm**  **7am-6pm**  **7am-6pm**  **7am-6pm**

**7am-12pm**  **7am-12pm**  **7am-12pm**  **7am-12pm**  **7am-12pm**

**1pm-6pm**  **1pm-6pm**  **1pm-6pm**  **1pm-6pm**  **1pm-6pm**

(Please note: half day sessions are subject to availability and are not available in all rooms)

**or**

**Casual Care:**  (No booked days are required, I will request days when needed)

Preferred Start Date:      *.* End Date *(If Known):*      *.*

Any additional notes:

***Note: you do not need to print and sign this page, however by returning this form via email you are acknowledging all information given in this form is true & correct and is agreed to. Signature will be required at a later date.***

Name of Parent/Guardian:

Signature of parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

As of \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ the following days have been confirmed.

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**CHILD DETAILS:**

Given Name/s:       Usually called:       Sex: M  F  Non-Binary/Unspecified

Last Name­:      Date of Birth      /     /

Cultural background of child/child’s parents:

Aboriginal Torres Strait Islander Other

Language/s Spoken at Home:

**NAME & CONTACT DETAILS OF PARTIES TO THE ARRANGEMENT:**

*A Parent, Guardian or Person with parental responsibility for the child under a decision or court order must be listed.*

|  |  |
| --- | --- |
| *Parent 1* | *Parent 2* |
| Given Names:  Last Name:  Sex: M  F  Non-Binary/Unspecified  Home Address:        Postcode:  Home Phone:  Work Phone:  Mobile:  Email:  Occupation/Workplace:  Date of Birth     /     /  Does the child live with Parent 1? Yes No | Given Names:  Last Name:  Sex: M  F  Non-Binary/Unspecified  Home Address:        Postcode:  Home Phone:  Work Phone:  Mobile:  Email:  Occupation/Workplace:  Date of Birth     /     /  Does the child live with Parent 2? Yes No |
| *Guardian 1 (if applicable)* | *Guardian 2 (if applicable)* |
| Given Names:  Last Name:  Sex: M  F  Non-Binary/Unspeified  Home Address:        Postcode:  Home Phone:  Work Phone:  Mobile:  Email:  Occupation/Workplace:  Date of Birth     /     /  Does the child live with Guardian 1? Yes No | Given Names:  Last Name:  Sex: M  F  Non-Binary/Unspeified  Home Address:        Postcode:  Home Phone :  Work Phone:  Mobile:  Email:  Occupation/Workplace:  Date of Birth     /     /  Does the child live with Guardian 2? Yes No |

**CHILD CARE SUBSIDY:**

**CCS: Are you eligible for Child Care Subsidy?** YesNo Not sure

**If Yes,**

Customer CRN:       Child CRN:

**Which parent is your customer CRN assigned to?**  **Parent 1**  **Parent 2**

**Emergency Contacts / Authorised Nominee’s / People with Authority to Authorise**: (Do not include parent/s name/s) Your consent is required for other people to: collect your child from Play CC&K on your behalf; be called in an emergency when you cannot be immediately contacted;Acknowledge incident ,illness, injury notification. authorise staff to administer medicine/medical treatment; and authorise the taking of the child outside the service by an educator on excursions/regular outings. Please complete the below details of those people you authorise to act on your behalf in these matters.

\*\* Please ensure these contacts are willing and able to collect your child in the event of an emergency.

\*Please inform these contacts that they will need to provide photo ID when collecting your child until they are known to staff.

**\*A typed name in the signature box is sufficient for initial contacts listed, however any contacts added later will need to be signed.**

|  |  |
| --- | --- |
| ***Contact 1*** | ***Contact 2*** |
| First Name:  Last Name:  Address:    Home Phone:  Mobile:  Work Phone:  Relationship to Child:  Parent/Guardian Signature:  Date:      /     / | First Name:  Last Name:  Address:    Home Phone:  Mobile:  Work Phone:  Relationship to Child:  Parent/Guardian Signature:  Date:      /     / |
| ***Contact 3 (if applicable)*** | ***Contact 4 (If applicable)*** |
| First Name:  Last Name:  Address:    Home Phone:  Mobile:  Work Phone:  Relationship to Child:  Parent/Guardian Signature:  Date:      /     / | First Name:  Last Name:  Address:    Home Phone:  Mobile:  Work Phone:  Relationship to Child:  Parent/Guardian Signature:  Date:      /     / |
| ***Contact 5 (if applicable)*** | ***Contact 6 (if applicable)*** |
| First Name:  Last Name:  Address:    Home Phone:  Mobile:  Work Phone:  Relationship to Child:  Parent/Guardian Signature:  Date:      /     / | First Name:  Last Name:  Address:    Home Phone:  Mobile:  Work Phone:  Relationship to Child:  Parent/Guardian Signature:  Date:      /     / |

**Medical Information:**

Medicare Number:

Doctor/Medical Centre:

Address:

Phone:

**Child Health Record**

Does your child have a child health record? Yes  No **If yes**, please provide to the service for sighting

*Child health record means a record that documents a child's health & development assessments and immunisations*

***Name and position of person at Play CC&K who has sighted the child's health record: (office use only)***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Needs**

Does your child have any additional needs? Yes  No

**If yes,** please provide details of any special needs and attach any management procedures to be followed with respect to their additional need?

**Cultural Requirements**

Does your child have any special cultural requirements? Yes  No

**If yes**, the following requirements apply:

**Anaphylaxis**

Has your child been diagnosed at risk of anaphylaxis? Yes  No

Does your child have an auto injection device (eg EpiPen)? Yes  No

Has the anaphylaxis medical management plan been provided to the service? Yes  No

What are the known allergens that cause Anaphylaxis for your child:

*If your child is at risk of anaphylaxis you will be provided with a copy of our Medical Conditions Policy and a risk minimisation plan will be completed in consultation with you. You will be required to provide Play CC&K with an individual medical management plan, signed by the medical practitioner who is treating your child. This will be attached to your child’s enrolment form and displayed on the wall of the service. You must also provide the exact medication that is listed on the plan for your child for use at the service.*

**Other Medical Conditions**

Does your child have any other medical conditions that are relevant to the care of your child? eg. Asthma, Convulsions, Diabetes etc. Yes  No

**If yes, please outline the condition/s below and provide an Action Plan signed by your medical practitioner outlining details of each medical condition and management procedures to be followed with respect to this medical condition.** (eg.Asthma Action Plan). You must also provide the exact medication that is listed on the action plan for use at the service (eg. If the plan states ‘Ventolin’ you must provide ‘Ventolin’ not ‘Asmol’)

**Allergies/Sensitivities**

Does your child have any allergies/sensitivities? eg. foods, medicine, sunscreen, etc Yes  No

**If yes, please outline these below and provide an Allergy Plan or Letter signed by your medical practitioner outlining details of each allergy/sensitivity and management procedures to be followed with respect to the allergy/sensitivity.**

**Immunisations**

Has your child been immunised? Yes  No

**If No, you do not meet the requirements for ‘NO Jab, NO Play’ and your child will not be able to commence care until this information is provided.**

**If yes**, provide the details by:

* attaching a copy of your child’s immunisation history statement from the Australian Immunisation Register.

**Consent to Emergency Medical Treatment**

I/We *(please type full parent or Guardian name/s)*

a person/s with lawful authority of the child referred to in this enrolment form,

* Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at Play CC&K;
* Consent to the ‘responsible person on duty’ to seek medical treatment for the child from a medical practitioner, hospital or ambulance service & to the transportation of the child by an ambulance service.
* Agree that I/we will be in all respects liable to meet and pay all costs, fees and expenses associated with the provision of any such services.

***Note: you do not need to print and sign this page, Play CC&K staff will present the hard copy for you to sign once you have been offered a space. However by returning this form via email you are acknowledging that all information in this form is true & correct.***

Parent/s / Guardian/s signature: Date:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

**Authorisations**

I give the management/staff of Play CC&K the authority to:

* To use name &/or photo of my child for centre displays (eg. Locker tags, etc) Yes  No
* To share group photos/videos that my child is in, with families in the service Yes  No
* To display Anaphylaxis/Asthma/Allergy Plan on the wall N/A  Yes  No

\*If you answered ‘NO’ to any of the above please provide further information.

**Court Orders Relating to the Child**

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

Yes  Please complete the following No  (go to the next section)

1. Bring the **original** court order/s for staff to see and copy to attach to this enrolment form

2. If these orders:

a) Change the powers of a parent/guardian to:

* + - * Authorise the taking of the child outside the service by a staff member of the service;
      * Consent to the medical treatment of the child;
* Request or permit the administration of medication to the child; AND/OR
* Collect the child from the service,

b) Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

**Were you referred to Play CC&K by;**

**Another Early Childhood Service:** **or** **A friend:**

**If not,**

**How did you hear about us?**  **Google Search** **Other:**

**Confidentiality of Enrolment Records**

The Approved Provider ensure that information in the child’s enrolment record is not divulged to another person unless necessary for the care or education of the child. Education and Care Services Regulations, 2011.

**FEE ARRANGEMNTS & ADDITIONAL AGREEMENTS**

I/we understand that:

* The fee scheulde is set out in the Fee Policy which is reviewed & varied annually, all fees are payable in advance on the Tuesday of each week and late fees will be charged each day until full payment is made.
* A fee bond is payable per child on enrolment prior to commencing care. This fee bond will be only be refunded when I leave the service providing I have given the required notice to cease care (2 Weeks) and my fees are paid up to date.
* If fees are in arrears for more than one week, my child’s booked days will be suspended or cancelled (fees will continue to be charged for the required two week notice period) and we will be liable for all additional costs incurred by the Centre in collecting any outstanding fees.
* Fees will continue to be charged for booked days including public holidays and non-attendance due to illness & being away on holidays (I am aware that ccs may not be claimable for extended absences from care).
* Full fees are payable until Child Care Subsidy confirmation is received from the Family Assistance office & subsidy is not payable until the first actual attendance or for any notice period that is not attended (as per family assistance law).
* If my child care subsidy is ceased or revoked at anytime throughout the year, those fees are payable in full as invoiced the following week (ccs adjustments are generally paid to the family, in the case that an adjustment is made to the service a credit will be reflected on a future invoice).
* I/we must notify office staff of any absent days as soon as possible, including details of any contagious illnesses or planned holidays.
* I/we must notify staff if my child is to be collected by any person other than those nominated on the enrolment form and sign them in on enrolment form as soon as possible.
* The staff at Play CC&K may check my child’s hair in the event of a case of head lice being detected.
* The staff at Play CC&K will apply (or assist in applying) a band-aid, sunscreen, insect repellent &/or nappy rash cream to my child when required unless an allergy to any of these items is identified in the allergy section of this form (there are preference forms to complete if a alternate brand/product is to be used).
* My child may be observed by students & trainees as they are mentored by Play CC&K Educators.
* I/we understand and agree that your child may be subject to video surveillance which will be used in accordance with privacy laws. Any cameras that are in the service will be visible, notice of the surveillance will be provided by way of signage visible in the foyer and recorded footage will not be available for families to view at any time.
* I/We confirm that all information contained in this form is true and correct and undertake to notify the centre immediately for any changes.
* I/We have an obligation to abide by all of the centre policies & procedures and agree to engage with staff in a positive and respectful manner in relation to all aspects of my child’s care/education and if required, follow appropriate grievance procedures.

***Note: you do not need to print and sign this page, Play CC&K staff will present the hard copy for you to sign once you have been offered a space. However by returning this form via email you are acknowledging that you understand & agree to the above agreement.***

Parent / Guardian #1 name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

*(Signature)*

Parent / Guardian #2 signature and name (if applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

*(Signature)*

**Ongoing Educa Permission Form**

Play CC&K uses a program called Educa. The web based program allows us to share photos, learning stories, news snippets & reminders quickly and securely with our families. It is our system of documentation and provides a record of your child’s learning.

Educa allows linked family members (parents/grandparents etc) to view learning updates sent from Play CC&K throughout the day in a secure electronic environment.

Once we have added you to our Educa system and we have linked all desired family members, Play CC&K educators will be able to post photos, learning stories and reminders at any time during the day. You will then be able to access them at anytime on your smart phone, ipad or computer.

If you wish to be a part of the Play CC&K Educa system please complete the form below.

----------------------------------------------------------------------------------------------

**Ongoing Play CC&K Educa Permission Form**

**My Children/s Names & Date of Birth(& Rooms if know):**

I       allow Play CC&K educators to;

add my family to Educa; invite the family member’s nominated below; and post photos of & learning updates for my child/ren to Educa.

I understand that family members I have nominated (below) will see all posts my child/ren is tagged in and any news or reminders and group photos added to Educa. Group photos that feature my child may also be shared with other Play CC&K families via Educa.

**Family Member/s & email addresses (you can have just 1 or up to 4):**

#1: Title (eg.Full name):

Relationship to child (eg.mum)

Email:

#2: Title (eg.Full name):

Relationship to child (eg.mum)

Email:

#3: Title (eg.Full name):

Relationship to child (eg.mum)

Email:

Title (eg.Full name):

Relationship to child (eg.mum)

Email:

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

Expression of Interest for the

Play CC&K 4 Year Old Kindergarten Program

Child Name:       DOB:      /     /

**Requires 4 Year Old Kindergarten Program in:**      *(year eg.2022)*

**Please notify me of Kindergarten Information sessions:**

*(Phone number or email address)*

The Play CC&K Kindergarten Program is run by a full time Bachelor Trained Teacher. The program is run on Monday, Tuesday, Wednesday, Thursday & Friday. Each child needs to have a minimum of 2 of these days booked per week in order to have access to a Kindergarten Teacher for the required 15 hours of universal access.

We offer priority for children who are eligible for funding. Your child is eligible for this funded place if he/she is booked to attend the Play CC&K Kindergarten Program for a minimum of 15 hours of contact with our Bachelor Trained Teacher per week (for 40 weeks of the year), is not attending another funded program and will be attending school the following year.

I/We understand that we are required to advise the Director if our 4 year old child is receiving funding at more than one kindergarten program. Funding is only allocated to ONE kindergarten program and cannot be claimed by both programs.

* My child will be attending School in (year):
* My child will turn 4 by the 30th April in (year):
* My child will not be attending another funded Kinder program that year
* My child will have a minimum of 2 booked days per week in the

Play CC&K Kindergarten Program in that year

***Note: you do not need to print and sign this page, Play CC&K staff will present the hard copy for you to sign once you have been offered a space. However by returning this form via email you are acknowledging that all information in this form is true & correct.***

Name of Parent/Guardian

Signature: Date: