

ENROLMENT FORM

OUTSIDE SCHOOL HOURS CARE

Please note: Acceptance of this enrolment is subject to all sections of the form being completed. This form must be completed by a parent/guardian who has lawful authority in relation to your child or care arrangements. Questions on this Enrolment Form reflect State and Federal Legislative requirements. They are also designed to identify and meet the individual needs of your child. The information provided will be used in accordance with our Privacy Policy – please refer to page 7 of this enrolment form pack.

SCHOOL/SERVICE:		GRADE:	
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CHILD DETAILS:

Surname:		Given Names:	
Preferred Name:		Date of Birth:	
Customer Reference Number: Centrelink (CRN):		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Language(s) spoken at home:			
Residential Address:			Post Code:
Is your child:	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/>		

PARENT/GUARDIAN DETAILS: *(Parent/Guardian 1 must be parent assessed and approved for childcare benefit)*

	Parent/Guardian 1	Parent/Guardian 2
Full Name:		
Address:		
Relationship to child:		
Date of Birth:		
Customer Reference Number Centrelink (CRN):		
Home Number:		
Work Number:		
Mobile Number:		
Occupation:		
Place of Employment/or study:		
Email Address:		

(Statements and Program Information will be sent to email address provided)

AUTHORISED/EMERGENCY CONTACTS:

In case of emergency we will contact the parent/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed. Authorised contacts can:

- Collect your child
- Consent to medical treatment of, or to authorise administration of emergency medication to your child
- Authorise an educator to take your child outside the premises

Please note: Identification must be produced on request from staff.

Name: Address: Contact Numbers: Relationship to Child:

CHILD'S MEDICAL PRACTITIONER OR SERVICE:

Name of Doctor/Practice:			
Address:			
Contact Number:		Medicare No.	

MEDICAL TREATMENT CONSENT:

I		<p>do / do not (please circle) give permission for my child to receive first aid, emergency medical treatment from a medical practitioner, emergency hospital services and/or to be transported in an ambulance if deemed by staff to be required.</p>
<p>Signature:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		

DETAILS OF ALLERGIES YOUR CHILD HAS BEEN DIAGNOSED WITH, OR BEEN DIAGNOSED AS AT RISK OF:

Allergies/Sensitivities	Symptoms

Action Plan/Anaphylaxis Plan Attached: Yes No

Note: These forms are important and MUST be completed before your child can commence care. If your child has been diagnosed with, or at risk of anaphylaxis; a prescribed, in-date and working 'auto-injecting device' must be provided. If your child has a medical condition, you will be provided with a copy of the policies relating to medical conditions, medication and authorisation forms to complete. Action Plan/Anaphylaxis Plan MUST be provided, you can obtain this from your GP.

IMMUNISATION STATUS: *(A copy of your child's up to date immunisation record must be enclosed with this form)*

<input type="checkbox"/>	I have provided the service with my child's immunisation record
<input type="checkbox"/>	I have provided CatholicCare with an 'Immunisation Exemption Conscientious Objection Form' [which can be found at this website or provided to you by CatholicCare] http://www.humanservices.gov.au/spw/customer/forms/resources/immu12-1302en.pdf

OTHER RELEVANT MEDICAL INFORMATION OR SPECIFIC HEALTHCARE NEEDS FOR YOUR CHILD:

Please include copies of supporting health records which will assist educators in caring for your child:

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DIETARY REQUIREMENTS:

Please note any dietary requirements for your child and, if applicable, any specific considerations that need to be adhered to [for example – kosher or halal food, vegetarian etc]

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CULTURAL BACKGROUND:

Please include any special requirements for your child, including cultural, religious or any other special needs:

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COURT ORDERS RELATING TO YOUR CHILD:

<input type="checkbox"/>	There are no court orders, parenting orders or parenting plans in place in relation to my child
<input type="checkbox"/>	There is a court order, parenting order or parenting plan in place and I have provided the details to the centre in a separate written document signed by all parties involved. This must include details relating to: <ul style="list-style-type: none">- Powers- Duties- Responsibilities- Authorities- The child's residence- The child's contact with the nominated person

IS THERE ANY OTHER RELEVANT INFORMATION YOU THINK CATHOLICCARE CHILDREN'S SERVICES SHOULD BE AWARE OF:

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CONSENT TO PERMISSIONS: - Please initial each permission to authorise Parent/Guardian consent

Title	Description	[Please initial each item]
Photo & Video	As part of the program planning and evaluation documentation process, we value the opportunity to take photographs [and sometimes video] of children. These photos are used to inform the planning process and to share with families the events of the day photos of your child may be included in group photos and in other children's portfolios or relevant documentation.	
Observations	Regular observations of children are documented to ensure their well-being, and that the education program fosters and enhances their development.	
Student Observations	Students on work placement are often required to practice taking observations and develop planning opportunities for children.	
Student Photographs	Students on work placement may also request the opportunity to photograph children as part of their studies.	
Media	On occasion we have request for photographs and videos footage by newspapers and television in relation to children and their interests and development. Personal information of children will not be included or released in regards to any pictures used.	
Social Media & Advertising	CatholicCare Children's Services participates in advertising opportunities both in print media advertising, website and social media. Children's Services has its own Facebook page. Personal information or details regarding children will not be included or released in regards to any pictures used.	
Routine Excursions	Your child may participate in routine excursions; walking in the local area; using public recreation facilities and playgrounds. This also includes: Fire Evacuation Practice (walking), School Playground Equipment (walking), Beach (East Devonport Only – walking), Tower Road Grounds (walking). Note: For any excursions outside this scope you will be notified and your permission sought.	
Head Lice Check	In the event of Head Lice being discovered with one child it is best to check all heads to break the cycle as quickly as possible.	
Sun Protection	At sun protection times of the year, staff and children will apply SPF30+ (or greater) broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. Sunscreen is stored in a cool, dry place and the use-by-date monitored.	

FEE SCHEDULE/BOOKINGS FOR OUTSIDE SCHOOL HOURS CARE:

BEFORE SCHOOL CARE <i>Corpus Christi, Holy Rosary, John Paul II, Our Lady of Lourdes, St Cuthbert's, St Finn Barr's, St Mary's College & St Thomas More's</i>	7am – 8.45am	\$14 Casual/Permanent
AFTERSCHOOL CARE <i>Corpus Christi, Holy Rosary, John Paul II, Larmenier, Our Lady of Lourdes, Sacred Heart Launceston, St Cuthbert's, St Finn Barr's, St John's, St Mary's College, St Paul's (Mon-Thurs), St Thomas More's & Summerdale</i>	2.45pm – 6pm	\$25 Permanent \$27 Casual <u>Afternoon Tea Provided</u>
VACATION CARE <i>Corpus Christi, Holy Rosary, Our Lady of Lourdes, Sacred Heart Launceston, St Finn Barr's, St John's and St Mary's</i>	8am – 6pm	\$65 Incl Excursion/Activity costs (as applicable). Program & booking information available prior to each vacation care period. <u>Afternoon Tea Provided</u>

BOOKINGS *(Please Specify your required booking)* *Casual Bookings can be made by contacting Administration*

START DATE: WEEKLY FORTNIGHTLY CASUAL VACATION CARE ONLY

(Please TICK which days your child will require care on)

WEEKLY	MON	TUES	WED	THURS	FRI
BSC					
ASC					

(Please TICK which days your child will require care on)

FORTNIGHTLY	MON	TUES	WED	THURS	FRI
BSC week 1					
BSC week 2					
ASC week 1					
ASC week 2					

FEE INFORMATION

- Initial enrolment administration fee of **\$15 per family**.
- **\$20 for every ten (10) minutes** or part thereof will be charged to families who arrive to collect their child/ren after the service/session closing time.
- **An additional fee of \$10 per booking/child** is charged if Administration is not notified that a child is going to be absent from care and full fees apply.
- Families are charged fees fortnightly in arrears and fees are to be paid within seven (7) days.
- For additional information please refer to www.catholicaretas.org.au

CANCELLATION OF BOOKINGS

- Permanent booking absence – please advise Administration 24 hours in advance to receive 50% discount, NOT applicable to BSC.
- Permanent booking cancellation – please advise Administration in writing 7 days prior to child's last day or full fees will be charged.
- Casual booking cancellation – 24 hours' notice to remove booking with no charge or full fees apply.

OTHER CHILDREN IN CARE/MULTIPLE CHILDCARE BENEFIT PERCENTAGE (CCB):

If you have other children who are registered for CCB at another service, please provide the following information to ensure that you have the “Multiple Child CCB Percentage” applied to your account. It is your responsibility to update this information with your service providers throughout the year to ensure the correct CCB percentage is applied.

	Full Name:	Date of Birth:
1.		
2.		
3.		

HOW WE MANAGE YOUR PERSONAL INFORMATION:

The personal information collected by CatholicCare Children’s Services meets the legal and funding requirements of the National Education and Care Services Act and Regulations 2011, the Commonwealth Department of Education, the Tasmanian State Department of Education- Early Education and Care Unit.

The information will be solely used by CatholicCare Children’s Services in accordance with the CatholicCare Tasmania Privacy Policy and Privacy Statement. Our agency will take all reasonable steps to destroy or de-identify your personal information once it is no longer needed for any purposes for which it may be used or disclosed.

We may be required to disclose personal information to Government Agencies for funding or reporting purposes including Department of Social Services and Department of Education and Training.

A copy of the CatholicCare Tasmania [Privacy Policy](#) and [Privacy Statement](#) can be found on our website at www.catholiccaretas.org.au or alternatively you can receive a copy by phoning 1300 119 455.

Please note: Where your personal information is received via an enrolment form, and without any commencement of services, the information received will be destroyed after a period of three months.

PARENT/GUARDIAN DECLARATION:

I/we hereby declare that I/we have read, understood and completed the above consent sections of this Enrolment Form.

The information given above is true and I/we understand that childcare placement may be reviewed if my / our employment circumstances are changed.

Parent/Guardian 1		Parent/Guardian 2	
Signed:		Signed:	
Name:		Name:	
Date:		Date:	

Office Use Only

Enrolment Form	<input type="checkbox"/>	Action Plan	<input type="checkbox"/>	N / A	<input type="checkbox"/>
Enrolment Questionnaire	<input type="checkbox"/>	Ezi-Debit Form	<input type="checkbox"/>	Copy to Service	<input type="checkbox"/>
Immunisation Record	<input type="checkbox"/>	File Completed	<input type="checkbox"/>	Date:	
					Initial:



CONTRACT OF CARE – CHILD CARE

1. I/we have received the Parent/Guardian Enrolment Guidelines and agree to abide by the procedures as they relate to my/our child's placement in a CatholicCare Children's Services.
2. I/we agree to comply with all Government requirements in relation to enrolling my child into the service.
3. I/we agree to fortnightly Ezi-Debit (direct debit) deductions for payment of my account. I/we understand that my childcare placement may cease if payment is dishonoured and not paid within 7 days.
4. I/we agree that if the account is not paid by the due date, and following contact by CatholicCare Children's Services staff, the account will be lodged with a debt collection agent for recovery, and in such circumstances I/we will bear an account surcharge of 25% to cover the agent's commissions. In addition, I/we agree to bear all legal costs and disbursements incurred in the recovery of the debt.
5. I/we am aware that it is my/our responsibility to maintain a current Income Assessment for Child Care Benefit purposes.
6. I/we understand that I/we must give seven (7) days' notice in writing of a permanent cancellation of care.
7. I/we understand that the fee charged, with Child Care Benefit, is based on the information provided by me to the Department of Human Services. CatholicCare Children's Services accepts no responsibility for the accuracy of information supplied for the purpose of calculating the Benefit. Any issues regarding Child Care Benefit should be directed to the Department of Human Services Family Assistance Line: 13 6150 (8 am – 8 pm).
8. I/we understand that all Outside School Hours Care fees must be up-to-date before any vacation care bookings will be accepted.
9. I/we understand that there will be no reduction of fees if I/we provide food for my/our child.
10. I/we understand and accept the fee charges for CatholicCare Children's Services. An administration fee of \$15 is charged for all new enrolments.
11. I/we understand that a **LATE FEE** of \$20.00 for every ten (10) minutes or part thereof will be charged for late collection of children (after closing time).
12. I/we understand an additional fee of \$10.00 per booking/child is charged if Administration is not notified that a child is absent from care and full fees apply.
13. I/we understand that, in the event of illness, parents or authorised persons are required to collect their child(ren) from the Service immediately upon request.
14. I/we understand that the decision of the staff as to the fitness of a child to attend the Service on a given day shall be binding.
15. I/we agree to release CatholicCare Children's Services from any liability to my child or myself in relation to any injury or illness that my child may suffer, and for loss or damage to property. I/we will pay all medical expenses incurred on behalf of my child.
16. I/we understand that CatholicCare Children's Services reserves the right to terminate this Contract when, in its discretion, it considers that to do so would be in the interest of the Service. CatholicCare Children's Services agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
17. I/we have read this Contract and received relevant information about the service offered by this Service for the care of:

Name of child:				
I agree to abide by the conditions of use Centre/Service and this Contract.				
Parent/Guardian 1	Signed:		Date:	
Parent/Guardian 2	Signed:		Date:	

ENROLMENT QUESTIONNAIRE

Child's Name:.....Age:.....

Class:.....Teacher's Name:.....

Food

Likes:.....

Dislikes:.....

What type of activities does your child enjoy?

.....
.....
.....

Are there any activities your child does not like to participate in?

.....
.....
.....

Would you like your child to do homework at After School Care: **Yes / No** *(please circle)*

Is there any further information you would like to share with us?

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.....
.....

Is there anything that you as a family could contribute to the program: *(eg: cooking, musical talents ,interesting job etc)*

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(Parent/Guardian Copy)

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**This page is a copy for your records and
does not need to be returned to us.**