



Park Beach Child

Care Centre

45 Park Beach Road

Coffs Harbour NSW 2450

P. 66500280 F. 66500820

ABN. 57153600241

E. pbccc@bigpond.com

APPLICATION FOR ENROLMENT FORM

HOURS 6.30am – 6.30pm

OPEN 52 weeks a year

Ages 2– 5 Years

Minimum 2 Days

(Fees subject to change)

Fees to be paid by Direct Debit (Ezi Debit) or Direct Deposit, EFTPOS or Cash

A Fee Advance payment of \$200 is payable on your first day together with your child's first week fee payment.

PLEASE:-

- Complete the enrolment form.
- Complete other forms in enrolment package.
- Ensure you have your child's birth certificate.
- Ensure you have your child's immunisation record
- Return to Park Beach Child Care Centre

Child's Name: _____ D.O.B _____

Child's Address _____

Child's Customer Reference Number: _____

Nicknames (if any): _____ Sex: M / F

Mother's Name: _____ Signature: _____

Father's Name: _____ Signature: _____

Date child to start _____

Days child to attend (circle) Monday Tuesday Wednesday Thursday Friday

Does your child attend another Commonwealth Funded Child Care Service? YES NO (please circle)

If yes, please state how many hours your child attends other services. _____

Birth certificate sighted and photocopied by staff member (staff to sign): _____
(Ensure certificate is consistent with the details of child and family written on the enrollment form)

1) CHILD'S DETAILS

Child's Full Name - _____

Former Names the child has been known by - _____

Is your child of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Cultural Background - _____

Primary Language spoken by child - _____

Are there any special customs of your culture or religion you would like us to know about - _____

2) FAMILY DETAILS

Mother's Full Name - _____

Mother's Customer Reference Number- _____

Other Names the Mother is known by- _____ DOB: _____

Home Address - _____

Phone - (Home) - _____ Mobile/Pager No. - _____

Email Address- _____

Occupation or Course of Study - _____

Employer or Place of Education - _____

Business Address - _____

Phone Number & Extension - _____

Father's Full Name - _____

Father's Customer Reference Number- _____

Other Names the Father is known by- _____ DOB: _____

Home Address - _____

Phone - (Home) - _____ Mobile/Pager No. - _____

Occupation or Course of Study - _____

Employer or Place of Education - _____

Business Address - _____

Phone Number & Extension - _____

CHILD'S FAMILY CIRCUMSTANCES

Please provide staff with information regarding your child's family circumstances, including information affecting residence and contact with parents. If the space below is not sufficient please add an attachment.

COURT ORDERS -

DO YOU HAVE ANY COURT ORDERS?

YES / NO

You must give the centre a copy of any Order or Orders of the family Court which detail(s) contact arrangements.

Emergency contacts

If we cannot contact you, in the event of an emergency please provide contact details of at least three other contacts. Please nominate people who may be contacted in the event of an emergency when the parents cannot be contacted.

Ideally, the contact person should be someone who lives in the neighbourhood of the school.

Please ensure that you have discussed with the people listed on this page their willingness to be emergency contacts.

Person name 1 _____

Address _____

Relationship to child _____

Home phone No. _____ Work/pager _____

Emergency contact. Yes/No _____

Authorised to collect child. Yes/No _____

Person name 2 _____

Address _____

Relationship to child _____

Home phone No. _____ Work/pager _____

Emergency contact. Yes/No _____

Authorised to collect child. Yes/No _____

Person name 3 _____

Address _____

Relationship to child _____

Home phone No. _____ Work/pager _____

Emergency contact. Yes/No _____

Authorised to collect child. Yes/No _____

Please nominate and authorise a primary contact to authorise the use of medication if necessary, in the event that such action appears to be necessary because the child has been injured, or is ill, on the premises.

I, (Parent/Carer) _____ give my written permission for (Name of authorised person/s) _____ to authorise the giving of medication and or the seeking of medical attention if required, in the event that I cannot be contacted.

(Parent/Carer signature) _____

I, Parent, Carer wish for the following (Person/s name) _____ to be notified of an emergency involving the child if I, as the parent/Carer of the child cannot be immediately contacted.

I, Parent, Carer wish for the following (Person/s name) _____ as having the authority to be able to authorise an educator to take my child/ren from Park Beach Child Care Centre-(e.g. for excursions, emergencies).

Parent/Carer signature _____

If you wish to remove from or add a person to the list of emergency contacts or people who are authorised to collect your child, you must AMEND it personally, sign and date the changes.

4) MEDICAL INFORMATION

Child's Doctor's Name - _____

Doctor's Address - _____

Doctor's Phone - _____

Child's Dentist's Name - _____

Dentist's Address - _____

Dentist's Phone - _____

Medicare Number - _____

Name of Health Fund - _____ Membership Number - _____

Does your child have any special dietary restrictions - YES / NO. _____

Does your child have any allergies? - (including, for example, allergies to sun creams, antiseptics, etc?)
YES / NO. _____

Has your child been diagnosed as at risk of anaphylaxis? _____

Does your child have any medical management plans or risk minimization plans to be followed with respect to a specific healthcare need, condition or allergy? _____

If yes, have copies of these been provided to Park Beach Child Care Centre? _____

Does your child currently have any serious illness - YES / NO. If yes, give details _____

Does your child have any ongoing disability - YES / NO. If yes, please give a copy of referral or assessment by an appropriate professional.

Name of referring agency/doctor & disability- _____

Does your child require any medical procedures to be performed on a regular basis - YES / NO. If yes, please give details and complete the appropriate medical forms. _____

Is your child receiving regular medication - YES / NO.

- If yes, name of and reason for medication
- Does the medication have any side effects of which centre staff need be aware –
- Any medical certificates or medical plans sighted and photocopied by staff member. YES/NO

(Staff to sign): _____

5) EMERGENCY MEDICAL ASSISTANCE

- Do you agree that if your child has a temperature higher than 38.C whilst in Park Beach Child Care Centre care, a staff member may administer a single dose of paracetamol mixture (such as Panadol) to your child? After all other efforts to cool your child down (such as tepid bath). Please note that an attempt to contact you before paracetamol is administered will be made.

Please tick for authorisation - **I agree** **I do not agree**

- Do you agree to Band-Aids and antiseptic cream, (such as savlon or betadine), or other appropriate cream to be applied to my child when necessary.

Please tick for authorisation - **I agree** **I do not agree**

Comments -

Signed - _____ (Parent/Guardian)

- Although every care will be taken of your child while at the centre, unforeseen accidents may occur. Do you agree that if your child has been injured or is ill while at the centre or otherwise in Park Beach Child Care Centre care, and if Park Beach Child Care Centre staff think it is necessary, they may arrange
 - Urgent medical or dental care from a doctor or a dentist for your child , and or
 - An ambulance for your child/ren, and or
 - For your child/ren to be taken to the nearest hospital.
 - To meet all/any costs related to any such treatment or transportation.

NB - Every possible effort will be made to contact the parent(s) and those listed as emergency contacts on the list provided.

Please tick for authorization - **I agree** **I do not agree**

Comments -

Signed - _____ (Parent/Guardian)

6) PREVENTATIVE HEALTH

Please tick the appropriate box and sign accordingly:

- I consent for the centre staff to discreetly check my child for head lice and agree to abide by the Centre's head lice policy.
- I consent to the centre staff applying sunscreen lotion to my child at the discretion of staff.

Signed - _____ (Parent/Guardian) Date - _____

7) IMMUNISATION RECORD

Please tick the appropriate box and sign accordingly:

- My child has been immunised in accordance with the NSW Health Department routine child immunisation schedule as shown on my child's actual immunisation record. I have an original copy of my child's immunisation to show staff. I understand that Park Beach Child Care Centre will take a photo copy of my child's immunisation record.

I agree to provide up-to-date records of my child's immunisation status to Park Beach Child Care Centre. I understand that if I fail to provide this documentation my child will be treated as unimmunised during an outbreak of a vaccine-preventable illness at the centre – my child will be excluded for the prescribed period.

Parent signed: - _____ Date: _____

- My child is not immunised. I have chosen not to have my child immunised and understand that my child will be excluded for the prescribed period during any outbreak of a vaccine-preventable illness at the Centre.

Parent signed: - _____ Date: _____

IMMUNISATION RECORD SIGHTED BY STAFF MEMBER _____
(Photocopy to be retained by the centre)

8) FEES

Are to be paid by EziDebit, Centrepay or Direct Debit into Park Beach Child Care Centre at Commonwealth Bank B.S.B 062-602 Account No 1052 6888 unless other arrangements have been made with management.

Families attending Park Beach Child Care Centre are eligible for Child Care Benefit through Centrelink. Please apply to Centrelink for your fee relief.

I _____ the (undersigned) hereby agree to abide by the centre policy that **fees are to be paid** for ALL days that my child is **absent from the centre due to illness, holidays or public holidays**. I further acknowledge that if my fees fall behind more than (2) weeks, without arrangement with the Centre Director my child's position in the Centre will be cancelled.

I also agree to give the Centre 2 weeks' notice of any changes to my child's booked days or pay the **FULL FEE** in lieu.

Signed - _____ (Parent/Guardian) Date - _____

9) STUDENTS.

Students from TAFE and University come to the centre for practical experience regularly. Please tick and sign if you agree or disagree for your child to be involved in the studies of the students.

Please tick for authorization - I agree I do not agree

10) MEDIA

Occasionally the centre is involved in publicity and the media. Please tick and sign below if you agree or disagree for your child to be involved on these occasions.

Samples of my child’s work may be displayed in the centre. **I agree** **I do not agree**

Photographs of my child may be displayed in the centre. **I agree** **I do not agree**

Photographs that may contain images of my child being taken and may be used for advertising and promotional material and may be distributed to other parents. **I agree** **I do not agree**

Photographs of children will be included in your own as well as in other children’s portfolios
I agree **I do not agree**

Signed _____ **(Parent/Guardian)**

11) AUSTRALIAN CHILDREN’S EDUCATION AND CARE QUALITY AUTHORITY AND NSW EARLY CHILDHOOD EDUCATION AND CARE DIRECTORATE, DEPARTMENT OF EDUCATION AND COMMUNITIES

Under *the Education and Care Services National Law Australian Children’s Education and Care Authority and NSW Early Childhood Education and Care Directorate, Department of Education and Communities* ensure all Commonwealth funded services adhere to very strict guidelines and minimum standards. NSW Early Childhood Education and Care Directorate, Department of Education and Communities conduct assessments, ratings and spot checks of services to ensure compliance.

- Do you agree information regarding your child’s progress and development to be disclosed to NSW Early Childhood Education and Care Directorate, Department of Education and Communities

Please tick for authorisation - **I agree** **I do not agree**
Comments -

Signed - _____ **(Parent/Guardian)**

The centre has many policies and procedures. I am aware of these policies and procedures and agree to their content.

Please see a staff member for further information, if required.

I am aware of the policies and procedures of Park Beach Child Care Centre.

Signed _____ **(Parent/Guardian)**

Please give any other details you feel would benefit your child and the care we provide at Park Beach Child Care Centre.

**These details you have provided will change over the time your child is in our care, perhaps even next week!
Feel free to update as regularly as you feel needed.**

Acknowledgments:

I understand that payments are to be kept two weeks in advance.

I understand that Park Beach Child Care Centre requires 2 weeks' notice to cancel my bookings. Otherwise a cancellation fee of two weeks will apply.

I agree to pay any outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses including mercantile agent fees, court and legal fees which are reasonably incurred by the childcare Centre.

In the case of a default the parent/ caregiver acknowledges that any enrolment information specifically required for the purposes of debt recovery and identification of individuals in default may be forwarded to Legal & Commercial Recoveries for legal recovery action.

I understand that in case of a default on payment for childcare fees, enrolment detail may be listed on the National Default Registry for a period of 6 years or 30 days or until paid. This information may be accessed by other providers at the time of enrolment.

I acknowledge that care may be refused in the case of default.

.....
Signature of parent/ guardian

Date...../...../.....

Information Management Statement

At Park Beach Child Care Centre protection of privacy and the need for confidentiality, is fundamental in providing high quality childcare.

- The primary purpose for collection of information at Park Beach Child Care is to enable us to provide your child with an individual developmentally appropriate program that is educational, stimulating, nurturing and safe.
- Park Beach Child Care requires certain information to be collected in accordance with administration of child care benefit, regulations or legislation that directly relate to the operation of our service.
- Park Beach Child Care discloses personal and sensitive information to the centre staff, for the specific purpose of administration and education of your child. This information remains private within our centre.
- Park Beach Child Care Centre will obtain parent /care giver permission before disclosing a child's personal and sensitive information to a professional attending our centre for the specific purpose of providing a service for your child. This includes early intervention teachers, speech, therapists, occupational therapists, doctors and counsellors.
- Personal information collected about children is regularly disclosed to their own parents or caregivers. On occasion's information such as children's personal achievements, child portfolio and photos are displayed within the centre.
- Parents/Caregivers have the right to access personal information collected about them or their child. However, there may be occasions when this access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in breach of the Centre's duty of care to the child or where the child has provided information in confidence.
- Park Beach Child Care Centre will include your child's name, age, and specific needs in their development folder. Your child's name and emergency contact details will be recorded in an enrolment directory and class roll, these are limited to staff only.
- If you provide Park Beach Child care Centre with Personal information of others, such as doctors or emergency contact persons, we encourage you to inform them that you are disclosing that information and why.
- Park Beach Child Care Centre takes all reasonable precautions to ensure personal information that we collect, use and disclose is accurate, complete and up to date. **Please ensure you inform our centre of any changes to the information supplied**

Park Beach Child Care Centre would also like to inform new families that CCTV cameras were installed on the premises on 4th October 2013. These cameras are for the safety of staff, children, families and visitors and for the protection of property and buildings.
Cameras record in a continuous mode of operation.

I have read the Information management Statement for Park Beach Child Care Centre and will inform the staff of any changes to the information supplied

Signature _____

Date: _____

3.2 Priority of Access Policy

This policy has been developed to ensure that our Centre complies with the Priority of Access Guidelines set by Family Assistance Law and defined by NSW State Government Funding Agreements. Failure to meet these Guidelines is a breach of the conditions of continued approval for receiving Child Care Benefit and State Government funding.

Our service will use the Priority of Access Guidelines to prioritise the waiting list and to allocate available education and care places to families. The waiting list application will reflect these guidelines to ensure that care is provided to families using these priorities.

The Priority of Access Guidelines followed by Long Day Care and Outside School Hours Care services are set by Family Assistance Law.

These are:

- Priority 1: a child at risk of serious abuse or neglect
- Priority 2: a child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999
- Priority 3: any other child.

Within these three priority categories, precedence will also be given to:

Aboriginal and Torres Strait Islander children • Families which include a person with a disability • Families on lower incomes • socially isolated families • Single parent families • Children in their year before school (with highest priority given to children closest to school entry)

A child care service may require a Priority 3 child to vacate a place to make room for a child with a higher priority. They can only do so if you:

- are notified when your child first entered care that your service follows this policy
- are given at least 14 days' notice of the need for your child to vacate.

You may be eligible for Child Care Benefit (CCB) if your income is under the Governments set limit.

Application forms for CCB are available from this service or an application can be made by calling the Family Assistance Office on 13 61 50.

There is a limit of 24 hours of care per child per week for parents/carers who do not meet the Governments work, study and training test.

I have read the Priority of Access guidelines and agree to abide by the conditions stated in this policy.

Signature _____

Date: _____