



Berry Springs Childcare

Quality learning through discovery

ENROLMENT FORM

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

Immunisation record	
Parents / Carer photo ID	
Child's birth certificate	
Parent & Child CRN eligibility letter	
Arrangement Form completed & signed	
2 weeks full fee advance	
Pay way/ Variable form	
Bond for permanent booking \$475	
Enrolment fee with hat, shirt, bedsheet and wetbag \$175 for LDC and \$120 for OSHC	

Note: All important policies must be emailed to parents

Fee Policy, Exclusion of Infectious Disease, Medication Policy, Medical Cond Policy

Behaviour Guidance Policy, Parent Code of Conduct

If applicable to your child:

Medical condition form / action plan	
Daily & Nursery routine form	
Medical Risk Min Plan (Asthma/ Anaphylaxis)	

OFFICE USE ONLY

Date Entered:	Entered By:
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ENROLMENT FORM

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			

Date of Birth:		Sex (Please circle):	Male / Female
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Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address:	
Child lives with:	

Child's birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied	Yes / No
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Days of attendance (Please circle):	Mon	Tues	Wed	Thurs	Fri
Session Start Time:					
Session End Time:					

DEVELOPMENTAL INFORMATION

Please provide us with any other information we should know about your child <i>(For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)</i>	
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FAMILY INFORMATION

Does the child have any siblings? If so, please provide their names and ages.	
Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names and ages.	

ENROLMENT FORM

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Language spoken at home:	
Ethnicity:	
Religion:	
Is the Child of Aboriginal or Torres Strait Islander Descent?	Yes / No
Please outline any cultural practices you would like followed:	
Please outline the Child's religious background and if relevant any religious practices you would like followed:	
Religious celebrations:	

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

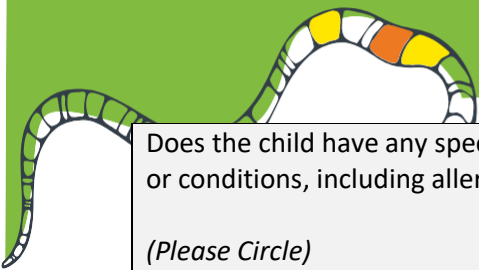
Medicare Number:			
Medicare Expiry Date:		Number of child on card:	
Please outline any dietary restrictions or considerations e.g. like and dislikes. (Details of allergies etc. will be requested in the Medical section of the form):			

Child's Registered Medical Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	

Private Health Cover (Please Circle):	Yes / No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes / No

ENROLMENT FORM



<p>Does the child have any specific health care needs or conditions, including allergies or anaphylaxis?</p> <p><i>(Please Circle)</i></p>	<p>Yes / No</p> <p>If yes, please provide a medical management plan, which the child's medical practitioner has prepared.</p> <p>The Plan should include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan <input type="checkbox"/> When the Plan should be reviewed. 		
<p>Does the child have any dietary restrictions?</p> <p><i>(Please Circle)</i></p>	<p>Yes / No</p> <p><i>(If yes, please attach relevant details.)</i></p>	<p>Attached</p>	
<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> • The label must contain the child's name and • Parents must provide any verbal or written instructions provided by the medical practitioner. <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. <i>Education and Care Services National Regulations Regulation 93</i></p>	<p>Parent 1 Signature:</p>		
	<p>Parent 2 Signature:</p>		
<p>Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?</p>	<p>Yes/No</p>	<p>Parent 1 Signature:</p>	
		<p>Parent 2 Signature:</p>	
<p>Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?</p>	<p>Yes/No</p>	<p>Parent 1 Signature:</p>	
		<p>Parent 2 Signature:</p>	

ENROLMENT FORM

IMMUNISATION DETAILS

I have chosen not to have my child immunised.	Yes/No Please note: Approved documentation must be provided before your child can attend <i>See Immunisation Policy</i>		Attached
Are your child's immunisations up to date?	Yes/No Please provide a copy of your child's: Immunisation History Statement provided by Medicare		Attached
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

The child's health record has been sighted by: _____ Position: _____

TRANSITION TO SCHOOL

Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school? Name of School & Grade: _____	Yes/No	Parent 1 Signature:	
	Yes/No	Parent 2 Signature:	
Permission to exchange information: Yes/No			
Permission to deliver and collect child/ren at school? Yes/No			
While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them in to your child's program:			

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PRIMARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:			
Parent Surname:			
Address:			
Phone Number/s:	(H)	(M)	(W)
Parent Date of Birth:			
Email address:			
Relationship to child:			
Country of Birth:			

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details:	
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Does the child live with you? (Please circle):	Yes / No
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Occupation:	
Place of employment:	
Hours of work:	

SECONDARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:			
Parent Surname:			
Address:			
Phone Number/s:	(H)	(M)	(W)
Parent Date of Birth:			
Email address:			
Relationship to child:			
Country of Birth:			

Parent Centrelink Reference Number (CRN):	
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ENROLMENT FORM

Please provide any relevant cultural background details:

Does the child live with you? (Please circle):

Yes / No

Occupation:

Place of employment:

Hours of work:

COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached

Please note that without this documentation we cannot legally enforce the Order/s.

FIRST EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

Please obtain the person's consent before listing them as an emergency contact

Full Name:	
Relationship to child:	
Address:	
Phone Number:	(H) (M) (W)
Email Address:	

Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to	Yes/No	Parent 1 Signature:	
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administer medication to the child in the event that you cannot be contacted? (Please Circle)			
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings?	Yes/No	Parent 1 Signature:	

SECOND EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

Full Name:	
Relationship to child:	
Address:	
Phone Number:	(H) (M) (W)
Email Address:	

Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings?	Yes/No	Parent 1 Signature:	

ENROLMENT FORM

CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

1. You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?

YES NO

2. Are you liable for fees for care provided at an approved child care service?

YES NO

3. Do you meet residency requirements?

YES NO

4. Does your child meet immunisation requirements?

YES NO

5. Have you completed the Child Care Subsidy assessment on the [myGov](#) website?

YES NO

6. Have you received confirmation about your Child Care Subsidy?

YES NO

Please Note: If you need assistance with filling out this form please speak to the Director who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

PAYMENT AGREEMENT

PAYMENT OF FEES AGREEMENT



I / we understand that:

- Fees are payable in advance, weekly or fortnightly via Payway Direct Debit.
- If my fees are in arrears for more than two (2) weeks a written notice will be issued. If fees are outstanding for more than four (4) weeks a second written notice will be issued and failure to pay outstanding balance within 14 days will result in the Director passing my information onto a debt collection agency and my child's enrolment at the Berry Springs Childcare will be cancelled. My bond will be applied for recovery of fees.
- Fees will be charged for booked days that my child does not attend due to illness, holiday, public holiday, RDO days etc.
- We are unable to offer one off swapping of Regular bookings on a complying written agreement (CWA).
- Should I fail to pay my fees and my place is withdrawn or when I leave the Berry Springs Childcare, I will be liable for all additional costs incurred by the Berry Springs Childcare in collecting the outstanding fees.
- Full fees are payable until Child Care Subsidy confirmation is received by the Berry Springs Childcare
- There will be a non-refundable enrolment fee of \$175.00 for LDC and \$120 for OSHC on your initial enrolment account per child
- A late fee will be applicable if your child is collected after the booked times. Note the CCS does not apply to these fees.
- A \$475 bond per family will be payable upon enrolment. This will be credited to your account when notice has been given for cease of care.
- Fees are reviewed from time to time and changes applied accordingly. Families will be given written notice of change.
- ***All fees will be paid by PAYWAY, or by credit card for casual bookings.***
- ***Payment for casual bookings must be made in advance or on the day of care.***
- ***I need to provide written notice four (4) weeks prior to withdrawing my child from the Berry Springs Childcare and will agree to pay all outstanding fees prior to my departure.***
- ***Accounts that remain in arrears for over a period of 2 weeks will incur an additional \$30 per week in administration late fees As per the centres 'Fee Policy'***

Parent/Guardian 1: _____ Date: _____ Signature _____

Parent/Guardian 2: _____ Date: _____ Signature: _____

Witness: _____ Date: _____ Signature: _____

PAYMENT AGREEMENT

FEES SCHEDULE



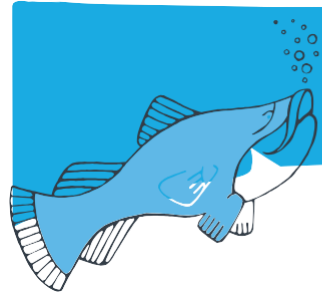
FEE STRUCTURE FOR LONG DAY CARE (LDC)				
ROOM	½ day Permanent	Casual Half Day	Full Day Permanent	Casual Full Day
Babies	\$ 100	\$115	\$130	\$ 145
Toddlers	\$ 100	\$115	\$130	\$ 145
Over 3's	\$ 100	\$115	\$130	\$ 145

FEE STRUCTURE FOR Out of School Hours Care (OSHC)		
Room	Permanent	Casual
Before School	\$45	\$47
After School	\$70	\$77
Vacation Care	\$130	NIL
Vacation Care (water day)	\$140	NIL

PERMANENT FEE STRUCTURE FOR PRE-SCHOOLERS	
Drop off only	\$45
Pick up only	\$70
Drop off & Pick up	\$100

DAY	BOOKING TYPE	COST	DAILY COST
Monday		\$	\$
Tuesday		\$	\$
Wednesday		\$	\$
Thursday		\$	\$
Friday		\$	\$
Enrolment Fee	Per child for LDC \$175	\$	\$
	Per child for OSHC \$120	\$	
2 Week Advances	Equal to (#days X rate)	\$	\$
Bond	\$475 per family	\$ 475	\$
Total		\$	

- Please note that all families that hold a permanent booking are required to make payment using the Pay Way system as per our Centre Fee Policy
- 5% discount for full week bookings
- We also do offer holiday discount 30% if your child will be away for more than 3 consecutive weeks.



ENROLMENT FORM

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

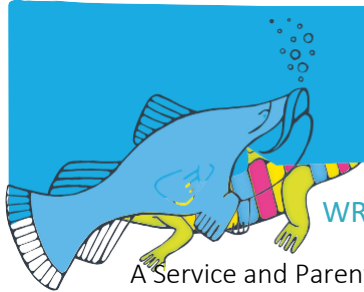
HEALTH & SAFETY:

I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Nappy Cream/Paste (supplied by parents)	YES	NO
Have staff apply Teething Gel (supplied by parents)	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO

PHOTOGRAPHY & VIDEO:

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	YES	NO

ENROLMENT FORM



WRITTEN ARRANGEMENTS:

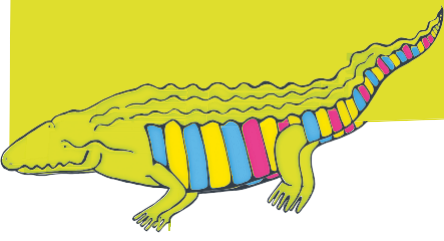
A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

This Written Arrangement between _____ and **Berry Springs Childcare** is an ongoing agreement between the ECEC Service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

Arrangement Type:	CWA	RA	ACCS	Arrangement with an organisation	
Name of Service:	Berry Springs Childcare				
Service ID:					
Parent/Guardian Full Name:					
Parent/Guardian Contact Details:					
Parent CRN:					
Date the arrangement was entered:					
Full Name of Child attending care:					
Child's Date of Birth:					
Child CRN:					
Expected Session of Care:	Mon	Tues	Wed	Thurs	Fri
Start time for Session:					
End time for Sessions:					
Care Arrangement:	Routine Care		Casual Care		Flexible Care
Fees to be charged to the individual for the sessions of care provided					

Note: Proposed fees can be detailed by reference to other material (such as fee schedule or information on website maintained by the provider) Parties understand and are aware fees may vary from time to time.



ACKNOWLEDGEMENT FORM

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$3 per min per child or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify the Territory Families and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to giving four weeks written notice to withdraw my child or reduce booked days
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.
- I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I have read the Parent Handbook. I agree to follow, support and abide by document and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.

- I have provided accurate and up to date information on the Written Arrangement
- I am interested in being a part of a Parent Focus Group that meets 3 Monthly to update policies, etc.
- I, or someone I know has a skill they could share with the children.

THIS IS A CONTRACT OF CARE BETWEEN:

Berry Springs Childcare (ABN: 49 692 921 814) AND

_____ & _____
 (Parent/ Guardian 1) (Parent/ Guardian 2)

Both parties are responsible to pay all outstanding fees. If outstanding fees are not paid before leaving the Berry Springs Childcare both parties above will be responsible for debt collection recovery.

FOR THE CARE OF:

 (Child name)

This contract will be reviewed in three (3) months after care commences and will continues if all parties are in agreement of care arrangement.

It is agreed that payment will made weekly/ fortnightly in advance for the booked hours. I acknowledge that I have read and understood the Fees Policy as outlined in Berry Springs Childcare Handbook and Enrolment Booklet and agree to abide by the conditions outlined. Our policies change from time to time and accordingly I agree to abide by current and future policies. Failure to abide by Berry Springs Childcare policies entitles the Director or Management to suspend care for your child/ren with one weeks' notice.

Date care is to commence: _____

Parent/ Guardian 1: _____ Date: _____ Signature: _____

Parent/ Guardian 2: _____ Date: _____ Signature: _____

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.