

(Office use only)

Date received BOND \$..... DATE PAID
Days requested Emergency contact form Y / N
Starting date Email address on room list Y / N
Admin Fee \$50 Details entered on file

APPLICATION TO ENROL

Children's Educational Care Centre (SA) Pty Ltd
531 – 533 Glynburn Road, Hazelwood Park, SA, 5066

Email: director@cecchildcare.com.au

Phone 8364 5466 / 0410 916 175

This information is available for translation. Telephone 8226 1990 (Interpreting and Translating Centre).

CHILD'S DETAILS

CHILD'S NAME
ADDRESS
..... POSTCODE
DATE OF BIRTH
MALE / FEMALE (please circle)
LANGUAGES SPOKEN
CULTURAL BACKGROUND
SPECIAL NEEDS (if applicable)
SCHOOL WHICH CHILD IS EXPECTED TO ATTEND (if known)

PARENT / GUARDIAN

1. NAME DATE OF BIRTH
TELEPHONE (HOME) MOBILE
ADDRESS (or as above)
RELATIONSHIP TO CHILD
EMPLOYER OCCUPATION
TELEPHONE (WORK)
EMAIL ADDRESS

2. NAME..... DATE OF BIRTH
TELEPHONE (HOME) MOBILE
ADDRESS (or as above)
RELATIONSHIP TO CHILD
EMPLOYER OCCUPATION.....
TELEPHONE (WORK)
EMAIL ADDRESS

CUSTODY / ACCESS

Custody or access arrangements
.....
.....

Are these arrangements legally binding? Yes / No

Are there any legal constraints on access by the non-custodial parent? Yes / No

BOOKING DETAILS

Date care required from

Day/days care is required: (please tick)

	Monday	Tuesday	Wednesday	Thursday	Friday
7.30am -6.00pm	()	()	()	()	()

BOND OF \$500

A bond of \$500 per child is required before your child can start care to secure their place. This is non-refundable if you have a change of mind and no longer require care for your child. When you provide 4 weeks' notice that your child is leaving, the bond will be taken off the last four weeks of care.

Signed.....

I understand **FOUR WEEKS** notice must be given when withdrawing my child from the Centre.

Signature

I understand **TWO WEEKS** notice must be given when decreasing my child's days (e.g. from four days to two days only).

Signature

EMERGENCY CONTACTS IF PARENTS UNABLE TO BE CONTACTED

1. NAME
Relationship to Child
1st Contact Number 2nd Contact Number

2. NAME
Relationship to Child
1st Contact Number 2nd Contact Number

MEDICAL DETAILS

CHILD'S NAME
❖ Family doctor's name
Address
.....Postcode
Telephone number

MEDICAL ATTENTION IN CASE OF ACCIDENT OR EMERGENCY

In case of accident or emergency, every effort will be made to contact parents/guardians prior to taking action or seeking treatment.

In the event of my child requiring urgent medical treatment I authorise staff at this Centre to obtain medical assistance which they deem necessary and agree to pay all medical and ambulance costs incurred on behalf of my child.

I authorise staff at this Centre to obtain medical treatment from the Hazelwood Clinic (our nearest clinic within 50 metres of the Centre) if deemed necessary and agree to pay all medical costs incurred on behalf of my child from any treatment received at the Hazelwood Clinic.

I further authorise qualified practitioners to administer anesthetic if the need arises.

Signature

Private Health Fund Member Number

Medicare Number

Ambulance Cover Yes / No Subscription Number

Any other information relevant to the child (e.g. religious or cultural practices)

.....

MEDICAL HEALTH INFORMATION

Is your child undergoing any regular treatment or medication? Yes / No

If yes, record specifics
.....

Allergies of any kind?

Food.....Penicillin.....Other.....
Reaction.....

Has your child suffered any illnesses which may recur? Yes / No

If yes, record specifics

Immunisations

It is a requirement of this Centre that all children are immunised and that immunisations be kept up-to-date. A copy of your child’s immunisation history is required. These can be obtained from your child’s blue book or from the Family Assistance Office portal.

Contagious Illnesses

In the event that your child is sent home from the Centre with one of the following infections or illnesses, a medical clearance will be required from a doctor before your child can return:-

- Impetigo / Meningitis / Whooping Cough / Measles / Mumps / Streptococcal /
- Chicken Pox / Diarrhoea / Hand Foot and Mouth / Gastro / Conjunctivits /
- Influenza.

Signature

ACCOUNTS VIA EMAIL

Please supply your email address preferred to send the account via the internet.

Email address.....

Signed.....

PAYMENT OF YOUR ACCOUNT

N.B. All fees are billed every two weeks after care has been given. The account will show Child Care Subsidy (CCS). The outstanding amount showing is due on the Friday after the account has been received, unless other arrangements have been made with the Director. Please note any payments that are not paid in full by this date will incur an automatic 5% late fee.

All absent days are to be paid for in full including illnesses, family holidays and public holidays. (N.B. Family Assistance Office (FAO) allows 42 absent days per year (1st July-30th June). On absent day number 43, childcare benefits will not be paid unless a medical certificate is supplied. Centrelink will not pay fee relief for absences (non-attendance) on first or last days of enrolments.

Late Pick Up Fee Policy - \$5.00 per minute will apply for children remaining at the Centre after 6:00pm. Please refer to Policy #3 for further details.

I agree herewith to pay the required fees as quoted while my child attends this Centre.

Signed.....

CLAIMING CHILD CARE SUBSIDIES (CCS)

Claiming CCB and CCR can be organised through the Family Assistance Office – 13 61 50.

The Centre reference number is 1-6PX-25.

Please answer the following questions:

Does your family use another service Yes / No

Who is liable for the cost of the care provided at CECC?

Who is responsible for the payment of fees?

Which parent is claiming child care benefits?

Is your child/ren already registered for CCS? If so, please provide your family reference number and your child/ren reference number/s below:

Claiming Parent CRN

Name of child Child's CRN

CHILDREN BEING PHOTOGRAPHED

The Centre would like permission to photograph your child for internal newsletters. Your child’s photograph/video will also, on occasions, be sent out to other parents as part of a group observation/activity.

I do give / do not give permission for my child’s photo to be used for the above.

(Please circle)

Signature

EXCURSIONS

Throughout the year planned excursions take place for the Koala and Possum children as part of our programmed structure. You will be informed about all excursions via email or seesaw.

I do give / do not give permission for my child to attend excursions.

(Please circle)

Signature

AUTHORISED PERSON TO COLLECT

Children will only be released to those adults who are authorised to collect their child. (An adult being a person who is 18 years and over) Please advise via telephone if the authorised/nominated person to collect your child/ren changes throughout the day.

Signature