

(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

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

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 \$700

A bond of \$700 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

SUNSCREEN

I agree to Educators applying Centre sunscreen to my child.

Signature

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 further authorise qualified practitioners to medically treat my child 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?

Foods

Penicillin Other

Reaction/Anaphylaxis Reaction.....

Dietary Requirements.....

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

If yes, record specifics.....

Immunisations

It is a Government requirement that all children are immunised and that immunisations be kept up-to-date. A copy of your child's immunisation history is required from your Medicare/My Gov portal. Legislation now prohibits early childcare services from a child enrolling or attending a service if all immunisation requirements are not met. We are also required to suspend the attendance of any current child whose vaccination records are not compliant with the range of dates prescribed for each vaccination stage. Please find listed the times we need to receive updated immunisation records by:-

- On enrolment
- 4 months of age vaccinations – 5 to 6 months
- 6 months of age vaccinations – 7 to 9 months
- 12 months vaccinations – 13 to 14 months
- 18 months vaccinations – 19 to 20 months
- 4 year old vaccinations – 4 years 2 months

The Bill requires parents/guardians to provide immunisation records to their child's early childhood service. An approved record will be an extract (downloaded copy) from the Australian Immunisation Register called an immunisation history statement. This document can be accessed through your Medicare/MyGov portal and emailed direct to us.

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

Signature

PAYMENT OF YOUR ACCOUNT

All fees are billed every two weeks after care has been given. The account will show Child Care Subsidy (CCS). Payment is by direct debit through Childcare EasyPay unless other arrangements have been made with the Director. Family Statements are emailed every fortnight on a Tuesday and the direct debit will be taken anytime from the following Thursday afternoon through to the Monday.

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.

Signature

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 and payment of fees for the care provided at CECC?

.....

Which parent is claiming childcare 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 through Appessment (our on-line platform for programming, observations etc.).

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

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 Appessment.

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

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