

Parent / Guardian Details

Parent / Guardian 1 Name: _____

Relationship to Child: _____

Any other names: _____

Date of Birth: _____

Address: _____

_____ Postcode: _____

* Please provide proof of residency ie. Licence or a Bill Statement

Home phone number: _____

Mobile phone number: _____

Country of birth: _____

Date arrived in Australia: / /

Language/s spoken: _____

Occupation: _____

Employer: _____

Employer's address: _____

Work telephone number: _____

Hours of work: _____

Email Address: _____

Parent / Guardian 2 Name: _____

Relationship to Child: _____

Any other names: _____

Date of Birth: _____

Address: _____

_____ Postcode: _____

* Please provide proof of residency ie. Licence or a Bill Statement

Home phone number: _____

Mobile phone number: _____

Country of birth: _____

Date arrived in Australia: / /

Language/s spoken: _____

Occupation: _____
Employer: _____
Employer's address: _____
Work telephone number: _____
Hours of work: _____
Email Address: _____

Are you part of a Private Health Fund? (Please Circle) YES / NO

Name of Private Health Fund: _____

Private Health Fund number: _____

Family Medicare number: _____

Are there any custody issues in relation to your child? YES / NO. If **yes** please provide details:

The centre can not enforce custody issues without a copy of the relevant Court Order at the centre. Please discuss any custody issues with the Centre Coordinator before enrolment.

Medical Information

Family Doctor's name: _____

Address: _____

Telephone number: _____

Does your child require regular medication? YES / NO If **yes** please provide details:

Has your child ever been hospitalised? YES / NO If **yes** please provide details:

Does your child have any ongoing medical conditions? YES / NO If **yes** please provide details:

Is your child receiving any special needs treatment? (eg sight, hearing, behaviour)
YES / NO If **yes** please provide details:

Immunisation

Has your child received the necessary immunisation for their age? YES / NO

If **no**, please detail reason:

The Centre needs to maintain an up to date record of all children's immunisation. A copy of your child's immunisation record will need to be sighted and copied by the Centre. Please bring a copy of your child's "Blue Book" from NSW Health or a letter from your Doctor detailing immunisation status.

Copy of immunisation records supplied: YES / NO

Individual Information

This information assists staff in the daily care and education of your child.

- Is your child:
- In nappies
 - Toilet training
 - Using a potty
 - Using a toilet

What assistance does your child need if using a toilet? _____

Are there any special words that mean toilet to your child? _____

Does your child have a dummy? YES / NO

Does your child have a bottle? YES / NO

Does your child have any security objects? YES / NO

Does your child have a sleep during the day? YES/NO Please provide details and times _____

Does your child have any special routine on being put to bed? _____

What utensils does your child use to eat? (eg spoon, fork, chopsticks) _____

Does your child feed him/herself at home? YES / NO / WITH HELP

Does your child have any particular food dislikes? _____

Does your child fear anything in particular? _____

Are there any words that have special meaning to your child that we may need to know?

Has your child been in child care before? YES / NO

If yes please give details _____

Is your child attending another centre at the moment? YES / NO

If yes please give details _____

Parents of babies and toddlers are requested to provide a written copy of their daily home routine for staff to use in the care of our younger children.

Agreements

1. I agree to the conditions of enrolment as outlined in the Parent Information Booklet.

Signed: _____ Date: _____

2. **Permission to seek medical assistance in an emergency.**

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments;

- Medical
- Dental
- Hospital Treatment
- Administration of an anaesthetic (if necessary) for my child in the case of an emergency.
- Authorisation to seek Ambulance Service.

Signed: _____ Date: / /

3. **Permission to carry out appropriate medical, dental or hospital treatment in an emergency.**

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate medical, dental or hospital treatments.

Signed _____ Date: / /

4. **Permission for staff to give medicine in case of emergency.**

I _____ hereby authorise the staff of Council's Child Care Centres to administer an age/weight appropriate dose of a fever reducing agent to my child, _____ should he/she have a fever, while awaiting my arrival to seek medical treatment.

Signed: _____ Date: / /

5. **Permission for the application of sunscreen**

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.

Signed: _____ Date: / /

6. **Permission for publicity (optional)**

I hereby consent to my child's photograph, name, age and suburb being used for publicity for Parramatta City Council and/or the Centre, should this be required.

Signed: _____ Date: / /

7. **Child observations**

I consent to my child being the subject of observations, for training purposes. However, if questioning or testing of my child is to be undertaken, my permission will be sought beforehand.

Signed: _____ Date: / /

8. **Centre surveys and questionnaires**

I agree to complete and return any surveys or questionnaires that the Centre or Parramatta City Council asks me to complete in relation to the Centre.

Signed: _____ Date: / /

9. **Authorisation for emergency contact**

I hereby authorise the staff of _____ Centre to contact the following people, if I can not be contacted, in the case of an emergency. Please supply at least 2 names, other than the child's parents / guardians.

| Name | Address | Home phone no. | Work phone no. | Relationship to child |
|------|---------|----------------|----------------|-----------------------|
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| | | | | |

It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the centre, and asked to collect your child when you can not be contacted.

Signed: _____ Date: / /

10. **Authority to collect your child from the Centre**

I hereby authorise the staff of Jubilee Park Child Centre to allow the following people to collect my child from the centre.

| Name | Address | Home phone no. | Work phone no. | Relationship to child |
|------|---------|----------------|----------------|-----------------------|
| | | | | |
| | | | | |
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| | | | | |

It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are.

Signed: _____ Date: / /

11. **Policy agreement**

I have read and agree to abide by the policies of the centre as set by the centre in conjunction with Parramatta City Council's Children's Services section.

Signed: _____ Date: / /

12. **Notification of arrival and departure of children at the centre**

I agree to have my child signed in and out on the appropriate documentation at the centre on arrival and departure each day they attend the Centre.

Signed: _____ Date: / /

13. **Child absence**

I agree to notify the Centre if my child is absent from the Centre on a day that they are booked in.

Signed: _____ Date: / /

If your child is absent from the centre a medical certificate must be provided to explain absences. The Centre needs to record the amount of allowable and approved absences your child is entitled. This is a requirement from the Department of Family and Community Services. Each child receives a set of 30 allowable absence days at the beginning of the financial year that is paid by Child

Child Care Benefit.

Will you be claiming Child Care Benefit? YES / NO. If yes please provide details below.

Name of person claiming: _____

Date of Birth: _____

Address: _____

Will you be claiming CCB weekly or as a lump sum payment?

If claiming as a lump sum, please complete a FAO 22 form provided by the centre.

PAYMENT OF FEES - Centre Copy

Objective: To ensure services are paid for
To ensure parents do not run into debt

Policy: **Payment of fees, Unpaid Fees Debt Recovery & Withdrawal of Service**

Procedure:

1. Bond

Upon being offered a place at a centre, parent(s) or guardian are required to pay 1 full weeks holding fees that is a security bond and 1 full weeks fee in advance payment.

The bond secures your child care placement at the centre, and is refundable at the termination of your child care place, provided that two weeks notice in writing is given. The bond may be used to cover and/or settle your final child care account.

Bond payments are payable to the centre by EFTPOS (CR, SAV, CHQ) or by cheque or money order.

2. Fee payment

As per Parent Information Booklet - fees are to be paid in advance on the first day of the child's weekly attendance. Weekly fees are payable to the centre by EFTPOS (CR, SAV, CHQ) or by cheque or money order.

Weekly fees not paid in advance, on the first day of child care for the week, are considered to be Unpaid Fees and the parent/s will automatically be given an Unpaid Fees Notice by the Centre Co-ordinator.

Failure to pay the unpaid fees by the first day of child care in the following week will result in debt recovery action being taken and discontinuation of service unless the parent/s have immediately initiated a repayment schedule for the late fees with the Centre Co-ordinator, and can meet the weekly fees payment in advance requirements. Failure by parent/s to do so will result in immediate discontinuation of service and your child will not be accepted into the centre.

3. Notice of discontinuation of attendance

When you wish to discontinue and terminate your child care place at the centre you are required to provide two (2) weeks written notice to the Centre Co-ordinator, or you are liable to pay the equivalent of two weeks child care fees to the centre.

4. Absences from the child care centre

Fees are payable for bank/public holidays, family holidays and sick periods.

5. Centre closure

No fee is charged while the child care centre is closed over the Christmas period.

6. Late fee

The child care centre is open from 7:00am to 6:00pm (Westfield Occasional Care Centre 8:30am-4:30pm). Staff are legally unable to accept children in the centre outside of the licensed hours. Should children be present outside of licensed opening hours a late fee of \$10.00 per 5 minutes will apply. There will be no waiver of this late-fee policy. Third occurrence will be a minimum of \$20.00 for every 5 minutes.

I have read, understood and accept this fee policy, and agree to comply with it.

Parent _____ Date _____

Guardian _____ Date _____

Coordinator _____ Date _____

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Coordinator _____ Date _____