

ENROLMENT FORM 2021—Long Day Care

Child's first name: _____ Surname: _____
 Middle name: _____ Nickname: _____
 Date of Birth: _____ *(Birth Certificate must be sighted by staff)*
 Child's Address: _____ Post code _____
 Customer Reference Number (CRN): _____
 Child's Sex: _____ Male / Female _____ Starting date: _____

Days and form of care you wish to enrol your child in: *(please circle)*

LONG DAY CARE

3-5 year old room 8:00 – 4:30pm Mon Tues Wed Thur Fri
3-5 year old room 845-245 -would you be interested. (this could help families with limited CCS support)

Y/ N

Toddlers room 8-430pm Mon Tues Wed Thur Fri

PRESCHOOL: (CARE ONLY DURING SCHOOL TERMS. (LIMITED POSITIONS AVAILABLE)

8-330pm with the option of paying extra for extended hours between 830-4pm.

Mon Tues or Wed Thurs Fri

Do you have a health card: y/n

Office only

Confirmation of days:

Start date confirmation:

Parent signature:

Administrator/Director signature:

Date of agreement:

.....

FIRST PARENT

First Name: _____
 Surname: _____
 D.O.B: _____
(For Child Care Benefit)
 CRN: _____
 Address: _____

 Home Phone: _____
 Mobile Phone: _____
 Email Address: _____
 Occupation: _____
 Work Place: _____
 Work Phone: _____

SECOND PARENT

First Name: _____
 Surname: _____
 D.O.B: _____
(For Child Care Benefit)
 Address: _____

 Home Phone: _____
 Mobile Home: _____
 Email Address: _____
 Occupation: _____
 Work Place: _____
 Work Phone: _____

Ethnic / Cultural Identity: Child _____ Parent/s _____
 Language spoken at home: Child _____ Parent/s _____
 Religion: Child _____ Parent/s _____

Family Circumstances: Is anything the centre should be aware of? _____

Names & ages of siblings

1 _____ 2 _____ 3 _____ 4 _____

Does your child attend any other centre? If Yes, which centre, what days of attendance? Yes / No

Does your child have a sibling who attends another approved long day care, family day care or outside school hours care service? Yes / No

How many allowable absences has your child used this financial year? _____

Emergency Contact Persons (other than parent):

Name: _____ Relationship to child: _____
 Suburb: _____ Home phone: _____
 Work phone: _____ Mobile: _____

Name: _____ Relationship to child: _____
 Suburb: _____ Home phone: _____
 Work phone: _____ Mobile: _____

Persons authorised to collect this child (other than parent):

Name: _____ Relationship to child: _____
 Suburb: _____ Home phone: _____

Name: _____ Relationship to child: _____
 Address: _____ Home phone: _____

Persons NOT authorised to collect:

Name: _____ Relationship to child: _____
 Suburb: _____ Home phone: _____

Name: _____ Relationship to child: _____
 Suburb: _____ Home phone: _____

Are there any Court orders or parenting plans affecting this child? Yes / No

Please give details and provide copies:

HEALTH

Childs Doctor: _____

Phone: _____

Address: _____

Childs Medicare No: _____

Health Fund that has issued a policy by which child is covered: _____

Is your child fully immunised? Yes / No *(Proof of immunisation must be provided)*

Does your child have additional needs or special requirements? *(Please give details)*

Does your child have any allergies? *(Please give details including symptoms & treatment and any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy)*

In the case your child has a tick, do you give permission for the educators to apply Lyclear cream that contains permethrin to the tick. (as recommended by the North Coast Health Department).

Does your child have any fears of any animals?

Does your child have any food restrictions? *(Religious / Ethical / Heath reasons)*

Has your child ever been hospitalised? *(Please give details)*

Is your child currently on any ongoing medications? *(Please give details)*

Have you noticed any development (language, physical, intellectual, social) difficulties that your child may benefit from support in? *(Please give details)*

Does your child have any special interests/needs or emotional requirements?

Any other information that may assist with the successful inclusion of your child at the centre? *(Fears/Family Situation/Religious beliefs)*

Permission form

I / WE give permission for my child..... to attend regular excursions in the Bush Tucker Garden, and to the Federal Park

Parent/s signature: _____ **Date:** ___/___/___

I / WE agree to abide by the policies and procedures of Federal Community Children's Centre as set out in the Policy Handbook available in the Parent Library.

Parent/s signature: _____ **Date:** ___/___/___

I / WE agree to abide by the policies and procedures of Federal Community Children's Centre in regards to exclusion of unvaccinated children in the case of an outbreak of an disease on the vaccination list as advised by the department of Health.
I/we are aware we will be required to pay fees during the exclusion period/s.

Parent/s signature: _____ **Date:** ___/___/___

I / We give permission for staff to seek emergency medical, hospital, dental or ambulance services in the event that your child has been injured or is ill at the centre and consent to the carrying out of appropriate medical, dental, ambulance or hospital treatment and permission of transportation of the child by an ambulance service;. I understand that the cost of the ambulance will be invoiced to me;

Parent/s signature: _____ **Date:** ___/___/___

I/We give permission for the centre staff to apply Cancer Council approved broad-spectrum sunscreen to my child as required.

Parent/s signature: _____ **Date:** ___/___/___

I/We give permission for observations and photos to be taken of my child so they can be included in their learning journals.

Parent/s signature: _____ **Date:** ___/___/___

I/We give permission for observations and photos to be taken of my child so they can be included in Storypark and on centre displays, such as (please circle):

Newsletter Digital group school photos Website Centre pamphlets

Parent/s signature: _____ **Date:** ___/___/___

Please comment if needed: _____

I/We give permission for the centre to give our child children's panadol if they have a temperature : _____ (This will only be done when the time the child will be picked up will be longer than 20 minutes or the temperature is over 38 degrees.

Parent/s signature: _____ **Date:** ___/___/___

Fee Payment Agreement Form

Child's name: _____

Parents names: _____

I /we agree to abide by the Federal Community Children's Centre **Fee Payments and Arrears Procedure**, which sets out the procedure for fee payment by direct debit (available in the Policy folder in the Parent library in entrance area).

I/we agree to pay an **Enrolment fee** of \$50 (accident insurance costs, administration, and a school hat) and an annual family **Membership fee** of \$20.

I/we agree to pay the fees two weeks in advance. These will be deducted via direct debit fortnightly on a Monday.

I/we agree to ensure that there are sufficient funds in the account on a fortnightly basis to ensure that payment is honoured.

Preschool Children only:

I/we agree to pay the additional fees if our child attends longer than 8am-330pm. The extra hours will need to be pre booked. The fees will be \$5 per 1/2 hour..

Long day Care Children Only

I /we agree to pay a **late fee** of \$1 per minute for late pick-ups after 4.30pm for Long day care Children

I/we agree to pay fees for days my child is booked in regardless of **absences or holidays**.

I/we understand fees will be charged for **public holidays**.

I/we understand that parents of children enrolled in Long Day Care are required to pay for all school holidays, except for the 4 week closure of the service over December/January.

I/we agree to pay an annual maintenance fee of \$100. The fee will be deducted in lots of \$50 at the start of the year and in June. The fee is refundable after completion of 2 Volunteer days by parents.

I agree paying fees is my responsibility as I have enrolled my child. The service is not responsible for chasing overdue fees from parents.

I/we agree that two weeks notice in writing must be given for cancellation of enrolment. I am aware that fees will be charged until written notice has been given to the centre.

I/we understand that Fees will be invoiced and distributed to all families on a fortnightly basis on Mondays for the fees incurred for the previous 2 weeks attendance. Fee payments are due within 14 days.

I/we acknowledge that if fees are not available in our account we will be responsible for any bank charges.

I/we acknowledge that if fees are not available by the due date, the arrears policy will be followed, placing my child's future attendance at the centre in jeopardy.

I/we agree that if our financial **circumstances change** and I/we are unable to pay as agreed, we will immediately notify the Director or Administrator to request alternative payment arrangements.

The contact person for the payment of fees at the Centre is the Administrator.

Signature _____ Dated _____/_____/_____

Child's Information:

We ask for this information to help us personally ensure your child's needs are met and they develop a strong sense of belonging at the centre.

Child: _____ Date: _____
Parent: _____ Staff: _____

Past history in child care/separation from parent;

Favourite activities (can help in settling);

Toileting;

Sleep Routine;

Food (Good eater/fussy);

Personality/temperament;

Any concerns in regards to areas of development

Family information/Cultural background;

Other relevant information;

If your child has an allergy, asthma or anaphylaxis please complete the management plans available on request.

Compulsory Volunteer Days

Please tick two or more events you will be able volunteer at or let us know how else you will be able to volunteer.eg share your skills with the children or at the centre.

- Cultural Diversity Night
- Working bee- April
- Federal Film Night- date to be confirmed
- Family Fun day (September)
- End of Year Concert
- Bush Tucker garden Working bee

or

or

Join our committee and meet with us every 6 weeks between 330 and 430 on a Wednesday.(free training available)

Vaccination record LEGAL REQUIREMENTS

A child cannot come to our centre without us first having this document:

To enrol in an early childhood education and care service, **parents/guardians must provide a copy of one or more of the following documents:**

1. A **current ACIR Immunisation History Statement** which shows that the child is up to date with their scheduled immunisations.
 2. A **current ACIR Immunisation History Form** on which the immunisation provider has certified that the child is on a recognised catch-up schedule.
 3. An **ACIR Immunisation Exemption –Conscientious Objection Form** which has been certified by an immunisation provider and a parent/guardian. (An ACIR Conscientious Objection letter certifying that a Conscientious Objection Form has been lodged previously with the ACIR is also acceptable).
 4. **Conscientious objection forms** are only valid if your child was enrolled before 2018
- Other records such as the NSW Personal Health Record (Blue Book), a GP letter or an overseas immunisation record will not be accepted.

Parents/guardians may obtain a copy of their child's Vaccination History Statement at any time:

By telephone on **1800 653 809**

By email on acir@medicareaustralia.gov.au

Online at www.medicareaustralia.gov.au/online

In person at the local Medicare office, Centrelink office or Child Support Service Centre.

Medical Contraindication– specific vaccine(s)

Children who have a medical contraindication for a specific vaccine(s) will require an ACIR Immunisation History Statement that shows the child is up to date with all of their other vaccinations along with a Medical Contraindication Form, signed by a doctor/immunisation nurse, showing which vaccine(s) the child is unable to receive.

Medical Contraindication– all vaccines

Children who cannot receive **any** vaccinations due to a medical condition(s) require a Medical Contraindication Form signed by a doctor/immunisation nurse.

Conscientious Objection

It is currently unclear if this will be an option for beyond 2018. Parents who have lodged a Conscientious Objection Form with the ACIR in the past (and do not have a copy) are required to seek a certified letter from the ACIR or visit their doctor/immunisation nurse to obtain a new form.

APPLICATION FOR MEMBERSHIP OF ASSOCIATION
Federal Community Children's Centre Incorporated
(incorporated under the Associations Incorporation Act 1984)

I, _____ Full name of applicant
of _____ Address

Occupation

Hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

Signature of applicant

Date

Please fill in above this line only



I, _____ (Full name)
a member of the association, nominate the applicant who is personally known to me, for membership of the association.

Signature of applicant

Date

I, _____ (Full name)
a member of the association, second the nomination of the applicant who is personally known to me, for membership of the association

Signature of applicant

Date

Federal Community Children's Centre
898 Binna Burra Road, Federal NSW 2480
Ph: 02 66884371
Email: fedccc@bigpond.com
ABN: 4144 6709 631

Enrolment Checklist:

To finalise the enrolment we will need:

- Completed and signed enrolment form
- Direct Debit Agreement
- Copy of your child's birth certificate
- Copy of your child's current immunisation status - it is illegal for your child to start at the Centre without a copy of this. The report is created from: <https://www.humanservices.gov.au/individuals/services/medicare/australian-immunisation-register>
- Completed and signed Membership application (Page 8)
- \$50.00 enrolment fee paid to:
Federal Community Children's Centre Inc
BSB 032-573
Account 295105
- please use your child's name as your reference, or send us an email confirming the payment. This fee will go towards your child's enrolment fee when your child is given a place.

Once all these documents are in place, we can proceed with your enrolment.

Please note that we do not accept photos of these documents from mobile phones as this adds substantially to our printing costs. We will accept scanned copies in PDF format.

FCCC Statements Explained

The following information is available on your statement:

- The **first page** will show you your amount Due now. This is the amount owing already taking your next Direct Debit into consideration.
 - This amount should always be \$0. When this amount is not \$0 it means your account is in arrears and you should make a one-off transfer asap to our bank account, details can be found at the bottom of this page.
- On **page 2** of the statement, you can find information on the CCS you are receiving. You can see;
 - The dates your child has attended FCCC. Under the **Percentage column** you can see the percentage of CCS you are receiving, under the **Fee column** you will see the total daily fee we charge, under the **CCS column** you will see the rebate you receive from Centrelink, the **Gap column** shows you your out-of-pocket expense. You will be able to see the costs broken down per day as well as your weekly totals.
- **Page 3** of your statement will show you your '**Account Transactions**'. Here you will be able to see exactly which transactions have taken place and are going to take place as we charge 2 weeks in advance.
 - You can see your **daily fee, CCS rebate, debit amount** which is your **out-of-pocket amount**.
 - The amounts under the **Credit column** are the amounts you have paid to FCCC via Direct Debit.
 - If you would like to know when your next payment is coming out simply look at the next upcoming date that states '**Fee Payment by Batch DD**', check the date of the payment and the amount listed under Credit. This is the amount that will come out on that date.
 - In the case that you see a '**Payment reversal notice due to Insufficient funds**' one of your payments has bounced and you should make a one-off transfer for that amount asap.
 - Please note that the amounts which are underlined under Account Transactions are subject to change as Centrelink is still verifying the CCS, these amounts are estimations.