

Catholic Early Learning & Care
**Childcare &
 Community Kindergarten
 Redlynch**

APPLICATION FOR ENROLMENT

Is/was an interpreter required for either the Parent/Guardian or child? YES NO

FAMILY NAME:

NUMBER OF CHILDREN ON THIS ENROLMENT FORM: 1 2 3

PRIVACY

Information we collect

Catholic Early Learning & Care in the Diocese of Cairns (*hereafter referred to as Cairns Catholic Early Learning & Care (CCELC)*) collects and records personal, sensitive and health information from students and parents/guardians before and during the course of a student's enrolment into one or more of our services (*hereafter referred to as 'the Service'*).

Purpose of collection

The primary purpose of collecting and recording this information is to enable the provision of quality Childcare, Kindergarten and Outside School Hours Care (OSHC). In addition, some of the information we collect and record is to satisfy legal obligations, particularly to enable the Service to discharge its duty of care to students and Parents/Guardians. This information may also be used for appropriate diocesan purposes.

Disclosure of information

This information may be disclosed by us for administrative and educational purposes to others including, but not limited to, personnel within the Cairns Catholic Education Office, other Catholic Educational Institutions within the Diocese and CCELC Services including OSHCare, medical practitioners, people providing services to Services, such as specialists, visiting carers and consultants.

Our privacy position

CCELC is bound by the *Privacy Amendment (Private Sector) Act 2000*, and has adopted the ten (10) Australian Privacy Principles. A hard copy of the privacy statement detailing CCELC's practices and procedures for the use and management of the personal, sensitive and health information it collects and records may be provided on request.

Information required

If we do not obtain the personal, sensitive or health information referred to above, we may not be able to enrol your child/ren. By completing and submitting this Application for Enrolment, you have confirmed your understanding of and agreement with the above.

OFFICE USE ONLY

Date Received	__/__/__	Records received:	
Enrolment Fee Paid	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Immunisation Records	<input type="checkbox"/> Yes or...
Information entered into QikKids	<input type="checkbox"/> Yes Date: __/__/__	Agreement to Withdraw	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Entered by:	_____	Birth Certificate (certified)	<input type="checkbox"/> Yes
Specialist Records/Reports	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Visa Document	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Waiting List	<input type="checkbox"/> Yes	Debitsuccess Direct Debit Form	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Confirmed Booking	<input type="checkbox"/> Yes Enrolment Number: _____	Copies of Court Orders Family Agreements, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Commencement Date:	__/__/__		
Orientation Completed	<input type="checkbox"/> Yes Date: __/__/__		
Allocated Group/Room	<input type="checkbox"/> Yes - to group: _____		
Date of Withdrawal: __/__/__	Reason: _____	Direct Debit Cancelled Date: __/__/__	

NOTES:

Parent/Guardian Details:

PERSONAL DETAILS:

	PARENT/GUARDIAN (a) Residing with Child (Parent Registered with Centrelink)	PARENT/GUARDIAN (b) Residing with Child	PARENT (c) Not Residing with Child (If applicable)
Title:	<input type="checkbox"/> Mrs <input type="checkbox"/> M/s <input type="checkbox"/> Mr	<input type="checkbox"/> Mrs <input type="checkbox"/> M/s <input type="checkbox"/> Mr	<input type="checkbox"/> Mrs <input type="checkbox"/> M/s <input type="checkbox"/> Mr
Surname:			
First Name/s:			
Date of Birth:			
Relationship to Child:			
Nationality/Cultural Background:			
Primary Language Spoken:			
Religion:			
Health Care Card or Concession Card (if applicable):	<input type="checkbox"/> No <input type="checkbox"/> Yes Type: Number: Expiry Date:	<input type="checkbox"/> No <input type="checkbox"/> Yes Type: Number: Expiry Date:	<input type="checkbox"/> No <input type="checkbox"/> Yes Type: Number: Expiry Date:
Parent Customer Reference Number (CRN):			

CONTACT DETAILS:

	PARENT/GUARDIAN (a) Residing with Child (Parent Registered with Centrelink)	PARENT/GUARDIAN (b) Residing with Child	PARENT (c) Not Residing with Child (If applicable)
Home Address:			
Postal Address:			
Telephone Contact:	Home	Mobile	Home
	Mobile	Work	Mobile
	Work		Work
Email:	<input type="checkbox"/> Hard Copy <input type="checkbox"/> Email Email Address:		<input type="checkbox"/> Hard Copy <input type="checkbox"/> Email Email Address:
Occupation:			
Place of Work or Training Institution and address:			

CARE

ARRANGEMENTS:

Are there any written arrangements, any court order or people legally denied access to the child?

<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> Copy provided	<input type="checkbox"/> Yes <input type="checkbox"/> Copy provided

Comments:

Please initial and date each page acknowledging information is true and correct.

Initial:	
Date:	

Child/ren Details:

Personal Details:

	Child One	Child Two	Child Three
Child's First Name:			
Middle name:			
Surname:			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	/ /	/ /	/ /
Child's Primary Address:	<input type="checkbox"/> Same as parent /guardian (A&B)	<input type="checkbox"/> Same as parent /guardian (A&B)	<input type="checkbox"/> Same as parent /guardian (A&B)
Other Address:			
Child's Nationality/Cultural Background:			
Religion:			
Religious or Cultural practices that are significant to your child including Dietary Requirements:			
Family Rituals or practices that may need to be incorporated into the services program:			
Primary Language Spoken:			
Child Customer Reference Number (CRN)*:			

***Please note if the CRN and date of birth for the parent/guardian and the CRN and date of birth for the child do not match the records held by both CCSS and Centrelink fee reductions cannot be accessed by the parent/guardian and full fees must be paid when due. It is the parent/guardian's responsibility to ensure details provided are the same as those held at Centrelink and CCSS.**

***Immunisation:**
Has your child been fully immunised?

<input type="checkbox"/> Yes	Immunisation records attached.	<input type="checkbox"/> Yes	Immunisation records attached.	<input type="checkbox"/> Yes	Immunisation records attached.
<input type="checkbox"/> No	I have completed the AGREEMENT TO WITHDRAW MY CHILD form.	<input type="checkbox"/> No	I have completed the AGREEMENT TO WITHDRAW MY CHILD form.	<input type="checkbox"/> No	I have completed the AGREEMENT TO WITHDRAW MY CHILD form.

*** If a child's Vaccination Record is incomplete, the parent/guardian will need to contact ACIR (Australian Childhood Immunisation Register) on 1800 653 809 to obtain the current information. Please update the Service as your child is immunised. Until the document has been obtained, the parent must complete an AGREEMENT TO WITHDRAW MY CHILD form. If the parent/guardian does not intend to have the child immunised, the parent/guardian will need to complete an AGREEMENT TO WITHDRAW MY CHILD form. Please refer to CCELC Policies and Procedures regarding Immunisation.**

Extra Information: This will be shared with your child's educator/carer:	I have completed the THIS IS ME – Child Profile & Home Connections form. <input type="checkbox"/> Yes <input type="checkbox"/> No	I have completed the THIS IS ME – Child Profile & Home Connections form. <input type="checkbox"/> Yes <input type="checkbox"/> No	I have completed the THIS IS ME – Child Profile & Home Connections form. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please initial and date each page acknowledging information is true and correct.

Initial:	
Date:	

Medical Details:

Children:

Child One

Child Two

Child Three

Children with special care needs may require differing care and support. As some modifications to the service and resources may be required, this assessment process takes place prior to enrolment.

Has your child been diagnosed with diabetes, asthma or anaphylaxis?

Asthma Diabetes
Anaphylaxis

Please complete an EMERGENCY ACTION PLAN FOR THE ABOVE

Asthma Diabetes
Anaphylaxis

Please complete an EMERGENCY ACTION PLAN FOR THE ABOVE

Asthma Diabetes
Anaphylaxis

Please complete an EMERGENCY ACTION PLAN FOR THE ABOVE

For the safety and wellbeing of all children and staff, it is mandatory for any child who has been prescribed an adrenaline auto-injection device or diabetes testing kit and hypo pack to attend the service with the required equipment at all times.

Other Conditions:

Does your child suffer from food intolerances, eczema, febrile convulsions or any other conditions?

No
 Yes Please complete a RISK MINIMISATION & COMMUNICATION PLAN

Does your child suffer from food intolerances, eczema, febrile convulsions or any other conditions?

No
 Yes Please complete a RISK MINIMISATION & COMMUNICATION PLAN

Does your child suffer from food intolerances, eczema, febrile convulsions or any other conditions?

No
 Yes Please complete a RISK MINIMISATION & COMMUNICATION PLAN

Diagnosed Disability:
(Speech, Occupational therapy, Hearing, Vision etc.)

Does your child have any difficulties or disability that requires additional assistance?

No
 Yes Please complete a RISK MINIMISATION & COMMUNICATION PLAN

Does your child have any difficulties or disability that requires additional assistance?

No
 Yes Please complete a RISK MINIMISATION & COMMUNICATION PLAN

Does your child have any difficulties or disability that requires additional assistance?

No
 Yes Please complete a RISK MINIMISATION & COMMUNICATION PLAN

Is your child on any regular medication?

No
 Yes Please complete a RISK MINIMISATION & COMMUNICATION PLAN

No
 Yes Please complete a RISK MINIMISATION & COMMUNICATION PLAN

No
 Yes Please complete a RISK MINIMISATION & COMMUNICATION PLAN

Please Note: In the interest of children's safety and well-being, the service shall only administer medication if it is in its original container with the dispensing label attached listing the child as the prescribed person, strength of drug and frequency it is to be given. This applies to all medications, regardless of whether they are non-prescribed (such as cough medicines, antiseptic creams etc) or prescribed (antibiotics etc). Pharmacies can provide dispensing labels for non-prescribed medication. Over the counter medication, such as paracetamol will only be administered if the child has received the medication on one or more previous occasions and suffered no adverse reactions (this is to be documented by the child's parent/guardian).

MEDICAL CONTACT DETAILS

Child's Doctor:

Phone Number:

Address:

Child's Medicare number:

Child's Dentist:

Phone Number:

Address:

Other Medical:

Phone Number:

Address:

I GIVE CONSENT FOR STAFF TO APPLY THE FOLLOWING WHEN NECESSARY:

	CHILD ONE	CHILD TWO	CHILD THREE
Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insect repellent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adhesive Band-Aids or Sticking Plaster	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please initial and date each page acknowledging information is true and correct.

Initial:

Date:

Emergency Contacts:

Other Contacts:

Every attempt will be made to contact the authorised parent(s)/guardian(s) first.

Name:	Relationship to child/ren:	Contact Details.	<u>Authority to collect child/ren without contacting Parent/Guardian first?</u>	<u>Emergency Contact when unable to contact Parent/Guardian?</u>
		Home:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mobile:		
		Work:		
		Home:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mobile:		
		Work:		
		Home:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mobile:		
		Work:		
		Home:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mobile:		
		Work:		
		Home:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mobile:		
		Work:		

Comments:

- On arrival to collect your child, if the staff are not familiar with the parent/guardian or emergency contact, proof of identification will be requested. Please inform your contact of this possibility.
- It is the parent/guardian's responsibility to ensure that the emergency and approval to collect contact details are current.
- If anyone other than the people listed as primary emergency contacts or approved to collect, are collecting children, authorised parents/guardians, MUST inform the service, preferably in writing. E.g. child going home with another child to attend birthday party.

Please initial and date each page acknowledging information is true and correct.

Initial:	
Date:	

Booking Details:

Care Type:

Routine care – care that can only occur on the specified days that have been agreed to. There can be no flexibility for changing agreed arrangements with the family.

Care Type:

Casual care – entirely casual under an agreement that does not specify which specific days a child will attend care from week to week

Care Type:

Flexible care ("Routine with Casual care") – care under an agreement that allows for some flexibility from week to week surrounding a set of agreed routine days. It is important to note that if these changes become a consistent pattern, the information that forms the CWA will need to be updated, along with the enrolment notice.

	Child One	Child Two	Child Three
Child's Full Name:			
Child's Date of birth:			
INFANTS 6 weeks - 24 months	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:
TODDLERS 18 months – 2.5 years	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:
JUNIOR KINDY 24 months – 36 months	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:
KINDERGARTEN 3 years – 5.5 years	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:
SESSIONAL KINDERGARTEN 3.5 years – 4.5 years	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date: Finish Date:

KINDERGARTEN FUNDING SUBSIDY FOR KINDERGARTEN CENTRES

I/we elect this diocesan Kindergarten as the primary centre who will receive the Kindergarten Funding Scheme Subsidy for my child (parents/carers need to elect the centre that will receive a subsidy for their kindergarten-age child as **only one centre** can receive this funding).

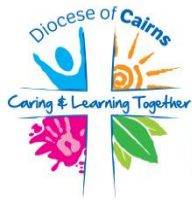
BEFORE KINDY CARE	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Casual <input type="radio"/> Permanent Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Casual <input type="radio"/> Permanent Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Casual <input type="radio"/> Permanent Start Date: Finish Date:
AFTER KINDY CARE	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Casual <input type="radio"/> Permanent Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Casual <input type="radio"/> Permanent Start Date: Finish Date:	M T W T F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> Casual <input type="radio"/> Permanent Start Date: Finish Date:

Kindergarten Vacation Care Refer to VACATION CARE BOOKING SHEET

Please initial and date each page acknowledging information is true and correct.

Initial:	
Date:	

Information required for Child Care Subsidy:



Information Required For CHILD CARE SUBSIDY

This service is required to register all children enrolled and attending care in the Child Care Subsidy System (CCSS). This system processes Child Care Subsidy for eligible parents/guardians.

Under this system, the parent/guardian and child Customer Reference Number (CRN) and date of birth (DOB) are the validators to enable reduced fees to be charged. It is essential that the information below precisely matches that submitted to Centrelink. Any discrepancies will lead to the service being unable to process the CCS to ensure the appropriate reduction in your fees.

Where parents/guardian hold separate CRN's a separate form for each parent will need to be completed. To ensure that you are able to take advantage of the reduction in fees under CCCS, please complete the information below and return to the service.

OPTION 1:

For more information, please go to www.familyassist.gov.au

PARENT/GUARDIAN:

Full Name: _____ Date of Birth (DDMMYYYY): _____

Parent/Carer CRN: _____

CHILD 1: Full Name: _____ Date of Birth (DDMMYYYY): _____
Eligible Activity Hours: 24 36 72 100
CRN: _____

CHILD 2: Full Name: _____ Date of Birth (DDMMYYYY): _____
Eligible Activity Hours: 24 36 72 100
CRN: _____

CHILD 3: Full Name: _____ Date of Birth (DDMMYYYY): _____
Eligible Activity Hours: 24 36 72 100
CRN: _____

OPTION 2:

- I **do not** wish to provide the above information. I understand that I must therefore pay full fees for care received by my child/children at this service.

Signature & Date

Please initial and date each page acknowledging information is true and correct.

Initial:

Date:

Media and Communications Consent:

CONSENT GIVEN

I give permission for photos, video/audio and samples of work created or contributed to by the children noted in the **APPLICATION FOR ENROLMENT** Form to be used without remuneration or compensation in publications (print, websites, DVDs, CD ROMs) and/or presentations sanctioned by the Service or Cairns Catholic Early Learning & Care (CCELC).

PURPOSE

This consent applies to any use, recording or disclosure of the individual's name, recording or image, individual work and personal information, including but not limited to:

- Any activities engaged in during the ordinary course of operation by the Service or CCELC
- Assessment of children and other purposes associated with the provision of care
- Public relations, promotion, advertising, media and commercial activities
- Use by the media in relation to activities that show the Individual in a positive light, e.g., drama and musical performances, sports and prize giving;
- Any other activities as sanctioned by the Service or CCELC.

DURATION

I acknowledge that the material may **continue to be used** for a number of years, even once my child has left the Service, and that some of the products in which the material is used may have extended longevity.

I understand that this consent remains in force, unless an **UPDATE/CHANGE OF DETAILS** Form is completed to the contrary.

UNDERSTANDINGS

'Use' includes:

- to create, make copies of or reproduce or retain in any form, including by camera, video, webcam, closed circuit television, mobile phone or any other form of digital recorder or device, including still or motion; and
- to distribute, publish or communicate in any form, including in newsletters and other print media, television and the Internet, in whole or in part, and to permit other persons to do so.

The photos, video/audio and samples of work may appear in material, which will be available to early learning and care programmes, schools and government departments around Australia allowing them to use licensed material wholly and freely for educational purposes.

Any personal information will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1988* (Cwlth).

Consent:

	Parent/Guardian (a)	Parent/Guardian (b)	Parent/Guardian (c)
<i>Is Consent given?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please initial and date each page acknowledging information is true and correct.

Initial:	
Date:	

Agreement:

I HAVE COMPLETED THE FOLLOWING FOR EACH CHILD WHERE APPLICABLE:

THIS IS ME – Child Profile & Home Connections information sheet	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Birth Certificate (certified)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Copies of Court Orders or Family Agreements, etc.	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
AGREEMENT TO WITHDRAW CHILD form (non immunised)	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
ASTHMA/ALLERGY CARE PLAN	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
RISK MINIMISATION & COMMUNICATION PLAN	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
DEBITSUCCESS DIRECT DEBIT Form	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

GENERAL CONDITIONS

I understand that the person(s) nominated as the primary caregiver(s), is/are the authorised party/ies to enrol, cancel enrolment, release and authorise release of the child/ren	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I understand that any changes to the information, authority and consents given in the APPLICATION FOR ENROLMENT and associated forms must be made in writing, using the UPDATE/CHANGE OF DETAILS form, by an authorised person.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I understand that I must notify the Service, in writing, if a person who is not authorised to collect my child will be collecting my child/ren from the Service.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I understand that I must maintain current contact/authorisation details as requested on this form	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I will ensure my child is brought to the centre by an authorised person and ensure he/she is signed in and out of the service as per legislative requirements.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I agree to notify the Director/ person in charge of the Service promptly of any absence and the reason for absence.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I understand that for children who may require additional assistance; this assistance needs to be organised well before commencement of the program.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I understand that I must dress my child/ren in clothing that is appropriate for activities and meets the sun safety standards in accordance with the Services Sun Safety Policy, e.g. activities may include climbing, outdoor and indoor play.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Priority of Access: I understand that children who are third priority under the Priority of Access Guidelines may be required to alter their days or give up their place at the Service in order to provide a place for higher priority child. The priorities are as follows: 1st Priority - Child at risk of serious abuse or neglect, 2nd Priority - Children whose parents satisfy work/training/study test under Section 14 of the Family Assistance Act, 3rd Priority - Any other child.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent for my child/ren to view 'G' and 'PG' rated DVD and television programmes that have been previously evaluated by Service staff as suitable for children under five years of age.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I understand that occasionally as part of a Service's normal educational program, staff may take children to local venues that do not involve transport or cost and the children are always supervised. Any excursion involving transport or costs will be advised separately. I consent for my child to participate in local excursions.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I am aware and have access to CCELC Policies and Procedures and have been advised of the website www.ccelc.catholic.org.au I have been informed that when changes are made I will be notified via the service newsletter.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I understand that a confirmed enrolment within a Catholic Early Learning and Care Facility, DOES NOT guarantee me an automatic enrolment into a Catholic School within the Diocese of Cairns. A separate enrolment process is required with the school.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

VISITORS/VOLUNTEERS/STUDENTS

I understand that the Service may be used as a training and observation centre by students aiming to/ or already working with young children.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I am aware that the Service may occasionally have visitors, or volunteers, and consent to my child/ren being in the presence of volunteers or visitors, with appropriate supervision. Permission will be sought before recorded observations are used in the course of study.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I understand that I and other family members are welcome to join children and spend time at the Service helping with tasks and sharing experiences. As a visitor, I agree to address all children in a positive and friendly manner, not approach other parents about the behaviour of their children, not discuss the behaviour of other children with other parents, and respect the confidentiality needs of all children and their families.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I understand that information at the Service regarding activities, children's records and notices are confidential and I agree not to photograph, copy or circulate on social networks such documents/information. These documents remain the property of Catholic Early Learning Services.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Please initial and date each page acknowledging information is true and correct.

Initial:	
Date:	

MEDICAL/EMERGENCY

I understand that the Service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person and the dosage to be given. This includes prescribed (e.g. antibiotics) and non-prescribed medication (e.g. nappy creams, teething gel and paracetamol). Administration of prescribed medication (S4) will only be administered when it is accompanied by written instructions from the child's medical practitioner, is in the original container and the Service medication form is completed. The service does not have generic use paracetamol on site. Yes No

I agree to advise staff in writing of the dose, time and date of last dose of any medication to reduce the risk of overdosing. Yes No

I agree that in the case of accident or injury, the Service will attempt to contact the authorised parent(s)/guardian(s) and other contacts and where they cannot be contacted; medical treatment from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service may be sought and given to the child. I agree to meet any cost incurred. Yes No

I further authorise a qualified medical practitioner to administer anaesthetic, blood transfusions, and perform surgical procedures if the emergency requires such treatment. Yes No

I give permission for my/our child to receive life-saving medication, including adrenaline (epipen) for treatment of anaphylaxis and salbutamol inhaler (Ventolin) for the treatment of acute asthma. Yes No

I agree that in the case of accident or injury, a first aid qualified staff can provide appropriate medical attention for a child in the case of an emergency. The Service will notify me as soon as practicable after a child is injured or becomes ill, and of any medical attention provided. Yes No

I understand that my child will be excluded from the Service and I agree to provide alternative care arrangements if he/she has contracted a contagious illness as described by the exclusion guidelines, or my child is generally unwell and/or deemed unable to cope in a group setting by Service staff. Yes No

I understand that the child will be accepted back into the Service upon provision of a Clearance Certificate for the child from a medical practitioner. Yes No

I am aware that the Service may require presentation of a medical certificate in the event of the child developing a medical disability or condition. Yes No

I agree to provide the Service with all information regarding the health of my child. Yes No

I have provided the Service with a copy of my child's immunisation records and will continue to provide written evidence of updates of immunisation details, as they are available. I also understand that if my immunisation is not up to date my CCS will be cancelled. Yes No

CONSENT STATEMENT (CONDITIONS OF ENROLMENT)

I/We understand and acknowledge the following:

1. GENERAL

- 1.1. that I/we have read and understood the Catholic Early Learning and Care Privacy Policy located on the Cairns Catholic Early Learning and Care website
- 1.2. that I/we are aware that policies and procedures are available at the service, published online on the Catholic Early Learning and Care website and are otherwise available at our request and I/we agree to abide by the policies and procedures of Catholic Early Learning and Care.
- 1.3. that the person(s) nominated in the Family Enrolment Form, is/are the authorised party/ies to enrol, cancel enrolment, release and authorise release of the child/ren
- 1.4. that it is my/our responsibility to ensure all information associated with my/our child's enrolment is current and notify the service immediately of any changes to details provided
- 1.5. that my/our child is required to be signed in by the person who delivers the child to the service and signed out by the person collecting the child to ensure all legal obligations are met
- 1.6. that I/we must notify the service, in writing, if a person, who is not on the services' current records as authorised to collect my child, will be collecting my child from any session of care and that photo ID will be required on collection
- 1.7. that I/we must provide alternative care arrangements when my/ our child is suffering from an infectious or contagious illness, or is generally unwell, or is deemed by service staff to be unable to participate in the service program
- 1.8. that I agree to notify the person in charge of the Service promptly of any absence and the reason for the absence.
- 1.9. that I agree to sign the record of absence on the sign in/out sheet for those sessions my/our child is absent
- 1.10. that information on this enrolment form may be provided upon request to either parent/carer detailed on this form

- 1.11. that I/we must be contactable at all times whilst my child is in care. This may require alternative and/or work phone numbers
- 1.12. I/we will complete a booking form nominating days of attendance required for my/our child
- 1.13. that changes to bookings will be notified to the Service as per the Services' policy
- 1.14. I/we have nominated an email address to which account statements, newsletters and other communications may be sent
- 1.15. my/our child can participate in all activities offered by the service, I will advise the service in writing if I/we do not wish my/ our child to participate in a particular activity
- 1.16. that I consent to my child attending local excursions that are supervised and do not involve transport or cost
- 1.17. that I must provide separate written consent for my child to attend extracurricular activities and/or excursions
- 1.18. that I must dress my/our child in clothing that is appropriate for planned activities and meets the sun safety standards in accordance with the Services' Sun Safety Policy, e.g. activities may include climbing, outdoor and indoor play.
- 1.19. that the service will not accept responsibility for loss or damage to any property/items brought into the service by children or families.
- 1.20. that the Service may be used as a training and observation centre by students aiming to/or already working with young children
- 1.21. that the Service may occasionally have visitors, or volunteers, and consent to my child/ren being in the presence of volunteers or visitors, with appropriate supervision
- 1.22. that I agree to address all children in a positive and friendly manner, not approach other parents about the behaviour of their children, not discuss the behaviour of other children with other parents, and respect the confidentiality needs of all children and their families
- 1.23. that information at the Service regarding activities, children's records and notices are confidential and I agree not to photograph, copy or circulate on social networks such documents/information. These documents remain the property of Catholic Early Learning and Care
- 1.24. that a confirmed enrolment within a Catholic Early Learning and Care facility, does not guarantee me an automatic enrolment into a Catholic School within the Diocese of Cairns. A separate enrolment process is required with the school.
- 1.25. that this enrolment is not confirmed until I am notified by the services' nominated supervisor

2. FEES

- 2.1. that I/we are bound by the fees and conditions outlined in the services' Fee Schedule published on the Cairns Catholic Early Learning and Care website
- 2.2. if my/our child is not collected from the service by closing time a Late Fee penalty will be incurred as specified in the Fees Schedule
- 2.3. if cancelling a booking, written notice of the final day will be provided and further attendance will require a re-enrolment procedure. I further acknowledge that re-enrolment is subject to acceptance
- 2.4. that fees are payable for all booked days, including absent days, i.e. sick days and family holidays for which a notice of cancellation of at least 14 days was not provided
- 2.5. I/we understand that my Child Care Subsidy (CCS) will only apply at this service after my/our child's first physical day of attendance and until my/our child's last physical day of attendance
- 2.6. that as a condition of enrolment I am required to make payment via Debitsuccess on a weekly basis. I/we accept that all payments made via Debitsuccess will be subject to Debit Success's terms and conditions. Any issues I/we have regarding my/our payments made via Debitsuccess will be addressed with Debitsuccess directly.
- 2.7. that other payment arrangements may be offered at the discretion of Catholic Early Learning and Care and that an additional administration fee may apply
- 2.8. that I/we are financially responsible for any willful damage of equipment or property by my/our child
- 2.9. that an administration fee may be applicable should I/request information relevant to my/our child's attendance
- 2.10. that the information provided in this enrolment form is correct and precisely matches information submitted by me/us to Centrelink or any other relevant government agencies. I/We understand that any discrepancies may lead to the service being unable to claim CCS. In this instance I/we will be required to pay full fees
- 2.11. failure to pay fees incurred within prescribed timeframes is a breach of the conditions of enrolment and may result in withdrawal of child care until my account is paid in full or a payment plan is negotiated. Failure to adhere to the negotiated agreement may result in termination of care and account referral to a debt collection agency, the cost of which will be added to my account.

3. FINANCIAL TERMS

- 3.1. I agree to pay fees, as a debt due and owing to the Service invoiced by the Service to me at the prevailing rates set by CCELC from time to time.
- 3.2. I agree to pay fees, via Debitsuccess as per the terms and conditions of the Debitsuccess agreement.
- 3.3. The Service is entitled, at its absolute discretion, to charge interest on any overdue balance.

- 3.4. Interest will:
- Accrue from day-to-day
 - Be calculated at a rate of 6% above the official RBA interest rate.
 - Be calculated from the due date for payment of the invoice until payment; and
 - Be calculated using a simple interest method.
- 3.5. I acknowledge that my obligation to pay fees is without deduction, set off, or counterclaim.
- 3.6. In the event that the Service takes legal action (including court action) to recover fees, I agree to pay on a full indemnity basis, costs or fees charged by any collection agency or legal practitioner to the Service.
- 3.7. I acknowledge that the law of Queensland applies to this enrolment agreement, including the financial obligations set out under this section. I submit to the non-exclusive jurisdiction of Court of Law, Queensland and waive any right I may have to object to that jurisdiction or forum because it is inconvenient or otherwise.
- 3.8. Where another parent/carer signs this enrolment agreement, I agree that I am jointly and severally liable with that person.
- 3.9. By signing this agreement, I consent and agree to the Service:
- accessing and using information about my credit worthiness from a credit reporting agency in order to assess my application for enrolment;
 - accessing and using a consumer credit report from a credit reporting agency in order to collect overdue payments; and/or
 - in the event of non-payment of fees, entering my name with and disclosing my personal information to a credit-reporting agency to record the overdue payment, and I release and discharge the Service from any liability or claim arising out of or in connection with any such dealing with a credit-reporting agency.
- 3.10. I acknowledge that the Service has informed me that my personal information may be disclosed to a credit-reporting agency.

The Service welcomes parental participation.

If you have any particular skills or interests that you would like to share, please inform your Nominated Supervisor.

PARENT CODE OF CONDUCT DECLARATION:

I acknowledge that I have read and understood the Parent Code of Conduct and agree to abide by the contract.

ENROLMENT DECLARATION:

I have read and understood the conditions of this contract and agree to abide by the contract.

I certify that the information contained in this APPLICATION FOR ENROLMENT form and associated forms is correct and agree to notify the Nominated Supervisor of the Service of any change to any information contained herein.

Name of
Parent/Guardian (a) _____
PLEASE PRINT

Signature:

Date: /
 /

Name of
Parent/Guardian (b) _____
PLEASE PRINT

Signature:

Date: / /