



Catholic Early Learning & Care

OSHCare

Mother of Good Counsel, North Cairns

**Mother of Good Counsel, North Cairns
Outside School Hours Care**

Enrolment Application 2020

Thank you for choosing Cairns Catholic Early Learning and Care for your child care needs.

We ask that you fully complete all forms in this application and forward them to us with any additional information that is required as per the checklist below.

CHECKLIST

Before returning these forms, please complete the following checklist to ensure you have included all the required information:

- Completed entire 14-page Enrolment Application
- Signed and dated or initialed all 14 pages
- Proof of date of birth - birth certificate or visa
- Provided signed consent from your authorised nominee(s) – see page 2
- Signed Debitsuccess Customer Form (required for new and existing account holders)
- Extra-Curricular Activities Form (if applicable)

I have included copies of the following documents:

- Health records showing immunisation status

I have included copies of the following documents: (if required):

- Medical action plans (if your child has an allergy/anaphylaxis/diabetes or intolerance)
- Documents regarding custody / court orders / parenting orders / parenting plans for each child
- Documents regarding additional needs or diagnosed disability
- Term time or yearly Calendar displaying bookings required for each parent/guardian in shared care arrangements

An application for Enrolment needs to be completed for each new child commencing care at this service. Please return this document to your Centre's Nominated Supervisor as soon as possible to secure your place.

We require the information contained in this booklet to be updated at least every year to ensure our records are compliant. You will be asked to complete a re-enrolment form at the end of each calendar year if you wish to continue your enrolment.

We look forward to supporting your family by providing education and care in a safe and fun environment.

PARENT/CARER 1 – DETAILS

Full Name:	
Customer Reference Number(CRN):	Date of Birth:
Relationship to Child:	
Home Phone:	Mobile Phone:
Email Address:	
Home Address:	Post Code:
Postal Address:	Post Code:
Occupation:	Work Phone:
Organisation/Employer:	
Work Address:	Post Code:
Primary Language Spoken:	Nationality:
Cultural Background:	Religion:

PARENT/CARER 2 – DETAILS

Full Name:	
Customer Reference Number(CRN):	Date of Birth:
Relationship to Child:	
Home Phone:	Mobile Phone:
Email Address:	
Home Address:	Post Code:
Postal Address:	Post Code:
Occupation:	Work Phone:
Organisation/Employer:	
Work Address:	Post Code:
Primary Language Spoken:	Nationality:
Cultural Background:	Religion:

OTHER FAMILY DETAILS

Which Parent/Carer is responsible for fees?	<input type="checkbox"/> Parent/carer 1	<input type="checkbox"/> Parent/carer 2			
Family Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> De facto	<input type="checkbox"/> Single
Have any children of parent/carer 1 or parent/carer 2 including the child applying for care in this application previously attended any Cairns Catholic school or child care service? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details below					
Name of child:	Attended:	Last Date Attended:			
Name of child:	Attended:	Last Date Attended:			
Name of child:	Attended:	Last Date Attended:			

Initial(s) _____ Date _____

CHILD'S DETAILS

Child's Full Name: _____

Child's Address: _____

Name child is known by: _____

Commencement Date: _____

Child's Age at Enrolment: _____

**Customer Reference
Number:** _____

Child's Date of Birth: _____

Gender: _____

Date started/starting school: _____

Child's Year Level/Grade in 2020: _____

School attending in 2020: _____

Child's Country of Birth: _____

Child's Religion: _____

Cultural Background:

Identify as Aboriginal

Identify as Torres
Strait Islander

Identify as Aboriginal and
Torres Strait Islander

Other: _____

First (Primary) Language: _____

Second Language: _____

Child's Medicare Number: _____

Expiry Date (MMYY): _____

CARE ARRANGEMENTS

Name of the Primary Carer(s): _____

Are there any current written arrangements? Yes No If yes, a copy must be provided.

Relevant documentation may include parenting plans, parental responsibility plans, residence orders and contact order.

TO ENABLE SERVICES TO COMPLY WITH COURT ORDERS A COPY MUST BE PROVIDED.

Is there anyone legally denied access to the child? Yes No If yes, a copy must be provided.

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

CULTURAL CONNECTIONS AND FAMILY TRADITIONS

Does your family observe any particular religious or cultural practices that are significant to your child?

Do you celebrate any cultural/religious traditions? How do you celebrate these traditions?

What 'family' traditions do you celebrate together? (e.g. Dinner at grandmas every Sunday, camping on long weekends.)

Are there any specific songs/stories that you share with your child/ren?

As a family do you have any favourite foods? Please provide details.

Initial(s) _____ Date _____

AUTHORISED NOMINEE/EMERGENCY CONTACTS

(other than those already listed on page 1 of the Family Enrolment Form 2020)
See section 170(5) of the Law and sections 160, 161, 102 & 99 of the Regs.

Authorised Nominee/Emergency Contact 1

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Signature of authorised person: _____

This person is authorised to carry out the following responsibilities for my child (please tick appropriate authorities):

- Consent to medical treatment / authorise administration of medication / authorise ambulance transportation
- Authorise an educator to take the child outside the education and care services premises
- Collect the child from the education and care service

Authorised Nominee/Emergency Contact 2

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Signature of authorised person: _____

This person is authorised to carry out the following responsibilities for my child (please tick appropriate authorities):

- Consent to medical treatment / authorise administration of medication / authorise ambulance transportation
- Authorise an educator to take the child outside the education and care services premises
- Collect the child from the education and care service

Authorised Nominee/Emergency Contact 3

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Signature of authorised person: _____

This person is authorised to carry out the following responsibilities for my child (please tick appropriate authorities):

- Consent to medical treatment / authorise administration of medication / authorise ambulance transportation
- Authorise an educator to take the child outside the education and care services premises
- Collect the child from the education and care service

Authorised Nominee/Emergency Contact 4

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Signature of authorised person: _____

This person is authorised to carry out the following responsibilities for my child (please tick appropriate authorities):

- Consent to medical treatment / authorise administration of medication / authorise ambulance transportation
- Authorise an educator to take the child outside the education and care services premises
- Collect the child from the education and care service

Please ensure you have ticked the appropriate authorities for each of your nominated emergency contacts.

Parent/Carer 1 Signature: _____ Date: _____

Parent/Carer 2 Signature: _____ Date: _____

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/carers.

Under this system, the parent/carer 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/carers 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 CCSS, please complete the information below and return to the service.

Step	Hours of activity (per fortnight)	Hours of subsidy (per fortnight, per child)
1	8 hours to 16 hours	36 hours
2	More than 16 hours to 48 hours	72 hours
3	More than 48 hours	100 hours

OPTION 1:

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

PARENT/CARER:

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

Parent/Carer CRN: _____

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

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

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

CHILD 4: Full Name: _____ Date of Birth (DDMMYYYY): _____
CRN: _____ Eligible Activity Hours: 24 36 72 100

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

Parent/Carer 1 Signature: _____

Date: _____

Parent/Carer 2 Signature _____

Date: _____



Initial Booking Required:

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.

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Before School Care	<input type="checkbox"/> Before School Care	<input type="checkbox"/> Before School Care	<input type="checkbox"/> Before School Care	<input type="checkbox"/> Before School Care
<input type="checkbox"/> After School Care	<input type="checkbox"/> After School Care	<input type="checkbox"/> After School Care	<input type="checkbox"/> After School Care	<input type="checkbox"/> After School Care

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

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.

Vacation Care (please ask your Nominated Supervisor for a booking form)

***All booking cancelations and/or changes must be made in writing.**

First day of attendance for Before School Care will be on: ____/____/2020*

First day of attendance for After School Care will be on: ____/____/2020*

* Please note all bookings for before and after school care will cease at the end of each year. New bookings will be requested each year as part of the re-enrolment process.

Will your child attend any extra- curricular activities during their before or after school care session?

No

Yes (please complete an extra-curricular activities form for each activity your child attends).

Parent/Carer 1 Signature:

Date:

Parent/Carer 2 Signature

Date:

MEDICAL INFORMATION

Does your child regularly experience any of the following? Please circle your answer and provide details in space provided below. If yes, an individual action/medical care plan by an authorised medical practitioner may be required.

KNOWN ALLERGIES NO / YES	What causes the allergy?			
	Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> (An EpiPen must be provided to the service at all times child is in care)			
	Symptoms:			
	Please provide details of any allergy management plans			
	If your child has allergies a current year action plan from a medical practitioner together with a current photo is required in order to proceed with this enrolment. Attached: <input type="checkbox"/>			
DIETARY RESTRICTIONS NO / YES	Special dietary restrictions (provide details):			
	Are these restrictions medical YES / NO Personal Choice YES / NO			
DIABETES NO / YES	If your child has been diagnosed with diabetes a current year action plan from a medical practitioner together with a current photo is required in order to proceed with this enrolment. Attached: <input type="checkbox"/>			
INTOLERANCES NO / YES	What causes the intolerance?			
	Are the symptoms: Mild <input type="checkbox"/> Severe <input type="checkbox"/>			
	Symptoms:			
	Current Action plan: (provide details)			
ASTHMA NO / YES	Mild <input type="checkbox"/> Severe <input type="checkbox"/> (In order to proceed with this enrolment a current action plan is required)			
	What symptoms does your child present with when experiencing asthma?			
	If your child has been diagnosed with asthma a current year action plan from a medical practitioner together with a current photo is required in order to proceed with this enrolment. Attached: <input type="checkbox"/>			
IMMUNISATION STATUS UP TO DATE NO / YES A copy of the Vaccination Certificate is required	Hepatitis B	NO YES	HIB	NO YES
	Measles, mumps & rubella	NO YES	Pneumococcal	NO YES
	Whooping Cough	NO YES	Rotavirus	NO YES
	Diphtheria, tetanus & pertussis	NO YES	Meningococcal C	NO YES
	Polio	NO YES	Varicella	NO YES
	If NO to any above, I have completed the "Agreement to Withdraw my Child" form NO YES			
	If a child's vaccination record is incomplete the parent/carer will need to contact ACIR (Australian Childhood Immunisation Register) on 1800 653 809 to obtain current information. Please ensure the service is provided with updated records as your child is immunised (Reg 162). If your child's immunisation status is not up to date your eligibility to receive Child Care Subsidy may be affected (if applicable for service type).			
HIGH TEMPERATURES NO / YES	Current Action plan: (provide details)			
SEIZURES NO / YES	Known triggers:			
	Date of last seizure:		Trigger (if known):	
	Current Action Plan: (provide details)			
OFFICE USE ONLY <input type="checkbox"/> NO <input type="checkbox"/> YES	Is an individual medical care plan by an authorised medical practitioner required?			
	Yes No	Date plan supplied to service	/ /	expiry date / /
	Yes No	Risk Minimisation Action Plan required (Reg 162)		
	Yes No	Medical conditions policy provided to families		
	Yes No	Health records for child sighted		

Initial(s) _____ Date _____

Does your child take medication on a regular basis? NO / YES	For what conditions? Do you require medication to be administered at the service? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, have you completed a Medication Administration Form? <input type="checkbox"/> NA <input type="checkbox"/> Yes
Do you have any queries/ concerns regarding your child's development? NO / YES	Provide details:
Is your child accessing any specialist support services? NO / YES	Speech therapy:
	Occupational therapy:
	Hearing:
	Vision:
	Mobility:
Other:	
Does your child present with any additional needs or have a diagnosed disability? NO / YES	Provide details: (attach doctor's certificate, written diagnosis or other relevant medical information)
Any other relevant health management information (e.g. premature birth) NO / YES	Provide details:

MEDICAL CONTACT DETAILS

Child's Doctor: Address:	Phone Number:
Child's Dentist: Address:	Phone Number:
Other Medical: Address:	Phone Number:

1. MEDICAL CONSENT STATEMENT (CONDITIONS OF ENROLMENT)

- 1.1. I/we authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency.
- 1.2. I/we give permission for staff to obtain any medical, hospital and ambulance service, including transportation services, in the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment.
- 1.3. I/we understand that every effort will be made to contact me/us in the event of any illness or accident (Reg. 161).
- 1.4. I/we 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
- 1.5. On enrolling my/our child/ren I/we understand that the service is unable to care for children who are sick or who have a contagious illness. I/we further acknowledge that a medical clearance may be necessary before my/our child is able to return.
- 1.6. I/we 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. paracetamol).
- 1.7. Prescribed medication, including asthma and anaphylaxis medication, 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.
- 1.8. I/we agree to complete the service medication form detailing the dose, time and date of last dose of any medication given to my/our child so as to reduce the risk of overdosing.
- 1.9. I/we give permission for first aid qualified staff to administer first aid and/or medication to my/our child as required.
- 1.10. I/we give permission for my child's photo to be displayed and identified as having a severe or life-threatening condition.
- 1.11. 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

Parent/Carer 1 Signature:

Date:

Parent/Carer 2 Signature

ENROLMENT AGREEMENT 2020

Consents & Permissions

CHILD'S FULLNAME: _____

In order to finalise and confirm your child's enrolment, you are required to read and respond to the permissions and consents below. Please note that the Permissions provide parents with options to consider, however, Consent Statements are a compulsory requirement of enrolment. Please complete an Enrolment Agreement 2020 for each child enrolled at this Catholic Early Learning and Care Child Care Service.

PERMISSIONS (Please Circle Yes or No)

I/We understand and acknowledge the following:

Support

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| • To support my/our child further whilst at the service, I/we give permission for the Nominated Supervisor or service representative to liaise with school and/or specialist staff in regard to my child. | YES | NO |
| • I/we authorise students under the supervision of staff to undertake observation of my/our child for the purpose of curriculum planning and Educators in training. | YES | NO |

Activities Permission

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| • I/we 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. | YES | NO |
| • I/We give permission for my/our child to participate in face painting activities. | YES | NO |

Health and Safety Permission

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| • I/We give permission for staff to apply adhesive bandages (e.g. band-aids) to my/our child. If no, please provide an alternative. | YES | NO |
| • I/We give permission for my/our child to have sunscreen applied as required. If no, please provide an alternative. | YES | NO |
| • I/We give permission for my/our child to have insect repellent applied as required. If no, please provide an alternative. | YES | NO |

Media

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| • I/We understand that photos, videos and digital images are an integral part of the service's program and that my/our child's surname will not be displayed. | YES | NO |
| • I acknowledge that should my child/ren's images be required for use outside the service (e.g. Catholic Early Learning and Care's presentations, websites, promotional material) a separate signed permission form will be required for each event. | YES | NO |
| • I/We give permission for images of my/our child to be used for service newsletters, service noticeboard displays, school/parish newsletters, learning journals, day books, digital frames etc. | YES | NO |

If there are child protection or custody issues in relation to the display of media, please advise your Nominated Supervisor immediately.

Parent/Carer 1 Signature: _____

Date: _____

Parent/Carer 2 Signature _____

Date: _____

CONSENT STATEMENT (CONDITIONS OF ENROLMENT)

I/We understand and acknowledge the following:

2. GENERAL

- 2.1. 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
- 2.2. 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.
- 2.3. that the person(s) nominated in the Enrolment Application Form, is/are the authorised party/ies to enrol, cancel enrolment, release and authorise release of the child/ren
- 2.4. 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
- 2.5. 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
- 2.6. 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
- 2.7. 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
- 2.8. that I agree to notify the person in charge of the Service promptly of any absence and the reason for the absence
- 2.9. that I agree to sign the record of absence on the electronic sign in/out for those sessions my/our child is absent
- 2.10. that information on this enrolment form may be provided upon request to either parent/carer detailed on this form
- 2.11. that I/we must be contactable at all times whilst my child is in care. This may require alternative and/or work phone numbers
- 2.12. I/we will complete a booking form nominating days of attendance required for my/our child
- 2.13. that changes to bookings will be notified to the Service as per the Services' policy
- 2.14. I/we have nominated an email address to which account statements, newsletters and other communications may be sent
- 2.15. 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
- 2.16. that I consent to my child attending local excursions that are supervised and do not involve transport or cost
- 2.17. that I must provide separate written consent for my child to attend extracurricular activities and/or excursions
- 2.18. 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
- 2.19. that the service will not accept responsibility for loss or damage to any property/items brought into the service by children or families
- 2.20. that the Service may be used as a training and observation centre by students aiming to/or already working with young children
- 2.21. 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
- 2.22. 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
- 2.23. 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
- 2.24. 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.
- 2.25. that this enrolment is not confirmed until I am notified by the services' nominated supervisor

Parent/Carer 1 Signature:

Date:

Parent/Carer 2 Signature

Date:

3. FEES

- 3.1. 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
- 3.2. if my/our child is not collected from the service by closing time a Late Fee penalty will be incurred as specified in the Fee Schedule
- 3.3. 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
- 3.4. that fees are payable for all booked days, including absent days, i.e. sick days and family holidays for which the required notice period was not provided – **refer to Fee Schedule**
- 3.5. 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
- 3.6. 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 Debitsuccess's terms and conditions. Any issues I/we have regarding my/our payments made via Debitsuccess will be addressed with Debitsuccess directly
- 3.7. that other payment arrangements may be offered at the discretion of Catholic Early Learning and Care and that an additional administration fee may apply
- 3.8. that I/we are financially responsible for any willful damage of equipment or property by my/our child
- 3.9. that an administration fee may be applicable should I/request information relevant to my/our child's attendance
- 3.10. 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
- 3.11. 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

4. FINANCIAL TERMS

- 4.1. 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
- 4.2. I agree to pay fees, via Debitsuccess as per the terms and conditions of the Debitsuccess agreement
- 4.3. The Service is entitled, at its absolute discretion, to charge interest on any overdue balance
- 4.4. Interest will:
 - a) Accrue from day-to-day
 - b) Be calculated at a rate of 6% above the official RBA interest rate
 - c) Be calculated from the due date for payment of the invoice until payment; and
 - d) Be calculated using a simple interest method
- 4.5. I acknowledge that my obligation to pay fees is without deduction, set off, or counterclaim
- 4.6. 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
- 4.7. 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
- 4.8. Where another parent/carer signs this enrolment agreement, I agree that I am jointly and severally liable with that person.
- 4.9. By signing this agreement, I consent and agree to the Service:
 - a) accessing and using information about my credit worthiness from a credit reporting agency in order to assess my application for enrolment;
 - b) accessing and using a consumer credit report from a credit reporting agency in order to collect overdue payments; and/or
 - c) 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.
- 4.10. I acknowledge that the Service has informed me that my personal information may be disclosed to a credit-reporting agency

Parent/Carer 1 Signature:

Date:

Parent/Carer 2 Signature

Date:

PARENT/GUARDIAN CODE OF CONDUCT

Catholic Early Learning and Care (CELC) are committed to providing quality education and care to children across the Diocese. We believe that our services are founded on the principles of care, compassion, justice, equity, love, friendship and respect. Parents/guardians play a formative role in the development of your child's sense of values and are the most influential role model within your child's life. To ensure that these values are upheld, it is the expectation of CELC that all parents/guardians model acceptable behaviour at all times within all CELC settings.

This **Code of Conduct** applies to all parents, guardians, caregivers, visitors and volunteers who interact with our Catholic Early Learning and Care services in the Diocese of Cairns. As part of the Catholic Diocese of Cairns, there is an expectation of support and respect for the vision and Mission of Catholic Education.

The purpose of this document is to:

1. Communicate Catholic Early Learning and Care's expectations as to how parents/ caregivers/ guardians/ visitors or volunteers should conduct themselves in a CELC service
2. Determine a set of ethical principles to guide parents in their daily interactions with the service, staff, children and other parents
3. Explain the process of reporting concerns or grievances
4. Explain the outcomes should the code of conduct be breached

BE A SUPPORTIVE, COLLABORATIVE COMMUNITY

Our services aim to build and maintain life giving relationships that are founded on shared beliefs of communication, integrity and respect.

As a parent/ guardian/ caregiver/ volunteer/ visitor we ask that you:

- Support your child in all their educational and recreational endeavours by giving praise and showing interest in their activities
- Work in partnership with the service to ensure the best outcome for all
- Communicate in a polite and courteous manner, particularly through the use of social media and the tone of emails
- Respect the decisions, dignity and rights of the service and staff, and understand that the decisions have been made in good faith and with the best interest of the child/ren
- Understand and role model the importance of an honest, positive, open educator/parent/child relationship
- Ensure that the environment is treated with respect and avoid harm to service property
- Adhere to all policies and procedures
- Follow and support the implementation of the service philosophy
- Encourage children to develop positive attitudes towards the service

BUILD RESPECTFUL, POSITIVE PARTNERSHIPS

Parent Responsibilities:

- Communicate to all parties in a respectful, constructive and appropriate manner
- Uphold and comply with Catholic Early Learning and Care Policies and Procedures as well as all applicable laws including student protection and workplace health and safety
- Act in a manner that enhances the values of the service and its staff
- Under no circumstances approach another child whilst they are in the care of any Catholic Early Learning and Care service to discuss or chastise them because of actions towards their own child/ren
- Refrain from using offensive, insulting, abusive, threatening, derogatory language or conduct, including wearing clothing with offensive insignia or language
- Act in a manner that is free from harassment, victimisation and unlawful discrimination
- Refrain from engaging in malicious or condemnatory gossip, either directly or online, and be mindful of the damage social media can cause
- Ensure that you are not under the influence of alcohol and illegal drugs while being present at the service
- Follow all state and federal laws in relation to smoking

- Disclose accurately and fully, all information required by the service in its enrolment process and committing to further update this information as required to ensure compliance
- Report all issues or concerns that have potential for conflict to the Nominated Supervisor to seek their intervention in bringing about an equitable and peaceful solution
- Ensure confidentiality is maintained at all times
- Ensure that your personal appearance is appropriate for that of an education and care setting
- Follow the procedure listed in this Code of Conduct to resolve a conflict or grievance
- Follow the safety procedures of the service at all times
- Do not discuss any issues or concerns regarding the service, educators, child/ren, or family/ies in front of children

Reporting Grievances or Complaints

It is appropriate in times of conflict that correct procedures be followed. If the conflict is in relation to the service, in the first instance, please approach the Nominated Supervisor to discuss. If a resolution is not reached then it is appropriate to involve the CELC Manager to assist with a harmonious result. If parents/ guardians remain dissatisfied with the result then the matter may be referred to the CEO of the Cairns Catholic Diocese. It may be necessary in times of investigation or enquiry to involve the school in certain matters. Confidentiality will be maintained at all times.

Breaches of the Code

Deliberate breaches and failure to respect the CELC code of conduct may result in the following actions:

Informal meeting and discussion with the Nominated Supervisor and CELC Manager

Cancellation of enrolment and care

Exclusion of a parent/ guardian/ caregiver/ visitor/ volunteer from the service

The service may, if necessary, involve other relevant authorities

Related Information

This code is underpinned by and must be read in conjunction with all relevant Australian laws pertaining to education and care and the workplace, Professional Standards and Catholic Early Learning and Care Childcare facilities policies, procedures and guidelines.

By signing off on accepting the services policies and procedures in the enrolment application and by the act of accepting enrolment at a Catholic Early Learning and Care service, you are accepting this Code of Conduct in its entirety

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: / /