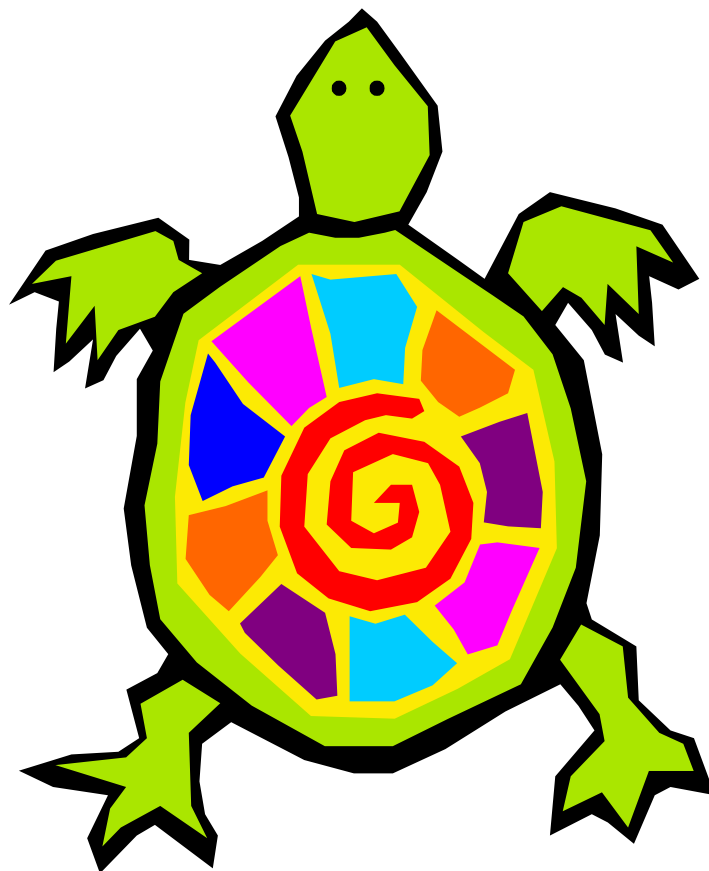


ARNHEM EARLY LEARNING CENTRE PTY LTD

(ABN: 39 128 278 026)

ENROLMENT BOOKLET

Start Date:



"Learning through discovery!"

PO Box 1430
NHULUNBUY NT 0881

Phone: 08 8987 1004
Fax : 08 8987 2004

Email: aelcdirector@bigpond.com

Version: 1.7.2011

ENROLMENT FORM



CONTACT INFORMATION			
PARENT/ GUARDIAN 1:		PARENT/ GUARDIAN 2:	
First Name:		First Name:	
Surname:		Surname:	
D.O.B:		D.O.B:	
Home Address:		Home Address:	
PO Box:		PO Box:	
Home Phone:		Home Phone:	
Mobile:		Mobile:	
Email:		Email:	
Marital Status:		Marital Status:	
Occupation:		Occupation:	
Work Name:		Work Name:	
Work Address:		Work Address:	
Work Phone:		Work Phone:	
Relationship to child:		Relationship to child:	
Licence #:		Licence #:	
Signature:		Signature:	

PLEASE PROVIDE CRN NUMBER - CALL CENTRELINK AND ASK TO BE ASSESSED FOR CHILDCARE

Family CRN: _____ **Child CRN:** _____

CHILD DETAILS *Additional forms available for more children	
Given Names:	
Surname:	
Date of Birth:	
Address :	
Sex:	Male Female
Child lives with:	Mother & Father Mother Father Other
Custody Court Orders?	Yes No If yes please provide details and copies
Does your child have a routine?	Yes No If yes please complete the "Routine Form"

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MEDICAL DETAILS			
Doctor:			
Denist:			
Phone:			
Medicare No:			
Ambulance Fund:	Yes	No	Member No:

IMMUNISATION RECORD	
Has your child been immunised:	Yes No
Is your child up to date with immunisations:	Yes No Please provide a copy of your child's immunisation record & update regularly.

ALLERGIES	
Does your child have any allergies: (eat, food, grass, medicine etc)	Yes No If yes please complete the "Allergies Details and Action Plan Form"

MEDICAL CONDITIONS	
Does your child have any medical conditions: (eg asthma, convulsions etc)	Yes No If applicable please complete the "Asthma Details and Action Plan Form"
Does your child take any regular medication: (eg ventolin etc)	Yes No If yes please provide details and child's current health status

ADDITIONAL NEEDS	
Does your child have any special needs / challenging behaviours:	Yes No If yes please complete the "Additional Needs Form"
Does your child regularly visit a specialist: (eg speech therapist)	Yes No If yes please provide details

FOOD / MEALS	
Does your child have any special dietary needs:	Yes No If yes please provide details
Please list the foods your child likes:	
Please list the foods they dislike:	

GENERAL NEEDS	
Does your child participate in festivals / celebrations:	Yes No If yes please provide details
Does your child have any fears: (eg animals, thunder, trucks etc)	Yes No If yes please provide details
Does your child have any special comforter:	Yes No If yes please provide details



AUTHORITY TO COLLECT

CONTACT INFORMATION			
CONTACT 1:		CONTACT 2:	
First Name:		First Name:	
Surname:		Surname:	
D.O.B:		D.O.B:	
Home Address:		Home Address:	
Home Phone:		Home Phone:	
Mobile:		Mobile:	
Relationship to child:		Relationship to child:	

MULTI-CULTURAL NEEDS

MULTI-CULTURAL NEEDS	
Country of Origin:	
Language spoken at home:	
Does your child speak English:	Yes No
Does your child understand English:	Yes No
Would an interpreter be of benefit to the child during the settling in period:	Yes No
What religious or cultural practices would you like your child to observe:	
Is there any special diet or food requirements:	
Any family rules:	
Can you assist us in finding articles to assist children understand your ethnic cultural background:	

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PERMISSION FORMS

EXCURSIONS/BUS TRAVEL

I give permission for my child to go on excursions away from the centre, either by foot or by mini bus within the local community including Pre-School and School drop off and pick up. (Parents will receive a special permission slip for excursions).

Signed By: _____ Signature: _____

PERMISSION FOR PUBLICITY

I give permission for my child's photograph, name and age to be used for publicity relating to the centre should this be required. I also consent to my child being photographed by the staff for programming and assessment purposes and displayed at the centre.

Signed By: _____ Signature: _____

MEDICINE

I give permission for my child to be administered paracetamol if I am unreachable by phone first and must be notified when I collect the child at the end of the day. (Unless a Doctor is to consult, then no medication to be given)

Signed By: _____ Signature: _____

COLLECTION

I give permission for my child to be dropped off or collected from the centre by the persons listed as the parents or contact persons, unless otherwise specified.

Signed By: _____ Signature: _____

MEDICAL EMERGENCIES

In case of accident or emergency, every effort will be made to contact the parents immediately. In that the event that my child requires medical attention I authorize staff of Arnhem Early Learning Centre to obtain medical assistance and I agree to pay any medical / transport costs incurred.

Signed By: _____ Signature: _____



INFORMATION AUTHORITY

I give the Arnhem Early Learning Centre the authority to provide the Family Assistance Office information regarding my Child Care Benefit and its currency and /or my current residential address and phone number and vice-a-versa.

Signed By: _____ Signature: _____

SUNSCREEN AUTHORITY

I give the staff of the Arnhem Early Learning Centre permission to apply sunscreen to the exposed areas of skin on my child as per manufacturer's instructions.

****NOTE:** Some children may present with an allergic reaction to sunscreen. In this situation, the service will stop applying the sunscreen, notify the family and request that a hypoallergenic sunscreen be supplied by the family for the child to use**

Signed By: _____ Signature: _____

INSECT REPELLANT AUTHORITY

I give Arnhem Early Learning Centre staff the authority to apply insect repellent to the exposed areas of skin on my child as per the manufacturer's instructions.

Signed By: _____ Signature: _____

ASTHMA MANAGEMENT PLAN

I give Arnhem Early Learning Centre staff the authority to follow the Emergency Asthma Management Action Plan to assist my child in the event of asthma symptoms worsening. This Asthma Plan must be authorized by your GP.

Signed By: _____ Signature: _____



PAYMENT AGREEMENT

PAYMENT OF FEES AGREEMENT

I / we understand that:

- Fees are payable in advance, weekly or fortnightly or monthly.
- To hold my place at the centre a two week fee is to be paid in advance.
- If my fees are in arrears for more than two (2) weeks a written notice will be issued. If fees are outstanding for more than four (4) weeks a second written notice will be issued and failure to pay outstanding balance within 14 days will result in the Director passing my information onto a debt collection agency and my child's enrolment at the centre will be cancelled. My bond will be applied for recovery of fees.
- Fees will be charged for booked days that my child does not attend due to illness, holiday, public holiday, RDO days etc.
- I need to provide written notice two (2) weeks prior to withdrawing my child from the centre and will agree to pay all outstanding fees prior to my departure.
- Should I fail to pay my fees and my place is withdrawn or when I leave the centre, I will be liable for all additional costs incurred by the centre in collecting the outstanding fees.
- Full fees are payable until Child Care Benefit confirmation is received by the centre.
- There will be a non refundable enrolment fee of \$50.00 on your initial enrolment account
- A late fee will be applicable if your child is collected after the booked times. Note the CCB does not apply to these fees.
- A \$350 bond per family will be payable upon enrolment. This will be credited to your account when notice has been given for cease of care.
- Fees are reviewed from time to time and changes applied accordingly.
- **All fees will be paid by EFTPOS, Direct Deposit or through PAYWAY, using your individual reference number; no cash will be kept on the premises. If this is not suitable please discuss with the Centre Director**

Parent/Guardian 1: _____ Signature: _____ Date: _____

Parent/Guardian 2: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____

FEES TABLE

Room	$\frac{1}{2}$ Day	Full Day	Casual Full Day	Casual $\frac{1}{2}$ Day
Babies	\$55	\$80	\$90	\$60
Toddlers				
Over 3's				

Room	Full Fee	Casual Fee
Before School Care	\$7.00	-
After School Care	\$33.00	\$38.00
Vacation care	\$60.00	-

Holidays will be charged at half the normal fee if you have submitted a holiday form prior to leaving for a maximum of 4 weeks per financial year.

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INITIAL CONTRACT OF CARE

DAY	BOOKING TIMES	COST	DAILY COST \$
Monday			\$
Tuesday			\$
Wednesday			\$
Thursday			\$
Friday			\$
Enrolment Fee	Per Child	\$50.00	\$
2 Weeks Advance	Equal to (# days x rate x 2)	\$	\$
Bond	\$350 per family	\$350.00	\$
TOTAL			\$

This is a Contract of Care between: **Arnhem Early Learning Centre Pty Ltd**
(ABN: 39 128 278 026)

AND

_____ (parent/guardian 1)

_____ (Parent/guardian 2)

Both parties are responsible to pay all outstanding fees. If outstanding fees are not paid before leaving the centre both parties above will be responsible for debt collection recovery.

For the care of

_____ (child)

Dated _____ of _____ 20

This contract will be reviewed in three (3) months after care commences and will continue if all parties are in agreement of the care arrangement.

It is agreed that payment will be made weekly / fortnightly / monthly in advance for the booked hours as above.

I acknowledge that I have read and understood the Fees Policy as outlined in the Centre Handbook and Enrolment Booklet and agree to abide by the conditions outlined.

Date care is to commence:

Name: _____ Signature: _____

Name: _____ Signature: _____

Witness: _____ Signature: _____

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ACKNOWLEDGEMENT FORM

DOCUMENT ACKNOWLEDGEMENT

I / we agree that:

- I / we have received a signed copy of the Enrolment Booklet and Centre Handbook for my / our child / children enrolled at the Arnhem Early Learning Centre.

Document: Enrolment Handbook Date: _____

Document: Centre Handbook Date: _____

- I / we have read both the Enrolment Booklet and Centre Handbook
- I / we have been given a tour of the centre
- I / we have been advised of the Priority of Access Policy and accept the terms and conditions of such

Parent / Guardian:

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Director:

Name: _____

Signature: _____

Date: _____