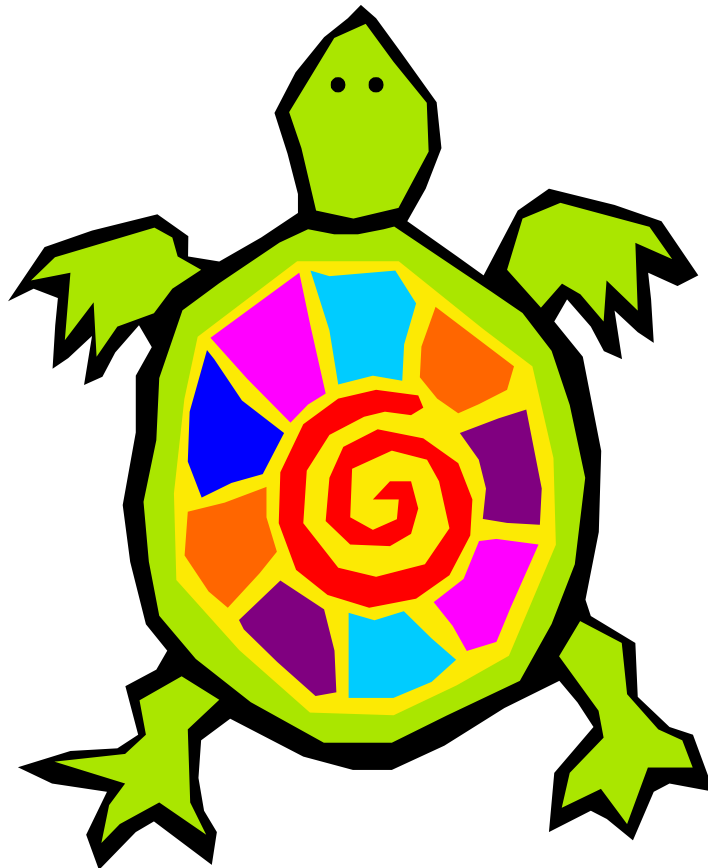


# ARNHEM EARLY LEARNING CENTRE PTY LTD

(ACN: 128 278 026)

## Outside School Hours Care Program ENROLMENT BOOKLET



*"learning through discovery!"*

PO Box 1430  
NHULUNBUY NT 0881

Phone: 08 8987 1004  
Fax : 08 8987 2004

Email: [admin@govechildcare.com.au](mailto:admin@govechildcare.com.au) Page 1 of 14

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# WAITING LIST 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:	
Postal Address:		Postal Address:	
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:	

CHILD DETAILS <b>**</b> 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

ENROLMENT REQUEST	
Days:	Mon    Tues    Wed    Thurs    Fri
Before School Care	
After School Care	
Vacation Care	

PREFERRED METHOD OF CONTACT (circle)			
Email	Letter	Telephone	Other

Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Office use only:</i>	
Date Received: _____	Signature: _____
<i>Offers of Care:</i>	
Date: _____	Accepted / Declined
Date: _____	Accepted / Declined

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# 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:	
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:	
Office use only:			
Family CRN:		Account:	
Family ID:			

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"
OFFICE:	
Child CRN:	In Care:
Child ID:	

PREFERRED METHOD OF CONTACT (circle)			
Email	Letter	Telephone	Other



<b>MEDICAL DETAILS</b>			
Doctor:			
Address:			
Phone:			
Medicare No:			
Ambulance Fund:	Yes	No	Member No:

<b>IMMUNISATION RECORD</b>	
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

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

<b>MEDICAL CONDITIONS</b>	
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

<b>SPECIAL NEEDS</b>	
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 etc)	Yes No If yes please provide details

<b>FOOD / MEALS</b>	
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:	

<b>GENERAL NEEDS</b>	
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:	

Doctor:		Phone:	
Address:			

Dentist:		Phone:	
Address:			

## 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

## TRANSPORTATION/EXCURSIONS

I give permission for my child to be transported to and from school in the Centre's vehicles (either a Toyota Commuter Mini Bus or Nissen Tidia) or to go on excursions away from the centre, either by foot or by mini bus within the local community. (Parents will receive an individual permission slip for all excursions).

Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Please note: Not all mini buses have seat belts

## 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 display at the centre.

Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

## MEDICINE

I give permission for my child to be administered paracetamol 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: \_\_\_\_\_

Witness: \_\_\_\_\_ 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.

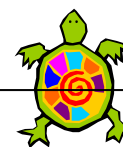
Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ 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: \_\_\_\_\_



Witness: \_\_\_\_\_ 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 it's currency and /or my current residential address and phone number and vice-a-versa.

Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ 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: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

### HEADLICE AUTHORITY

I give Arnhem Early Learning Centre staff the authority to apply a treatment for head lice to my child's hair as soon as head lice are detected and to contact me to advise this treatment.

Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ 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.

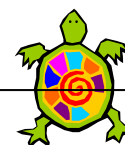
Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ 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.

Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_



Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

## ADDITIONAL NEEDS FORM

Child's Name: .....

DETAILS	
What additional needs or medical condition does your child have:	
Details of any special requirements for your child:	
Procedures staff may be required to perform to ensure your child receives appropriate, quality care:	



# ALLERGY DETAILS & ACTION PLAN

Child's Name:.....

DETAILS	
My child has allergies to:	

ALLERGY ACTION PLAN			
Cause	Reaction Level (mild, moderate, severe)	Symptoms	Action

EMERGENCY CONTACT AUTHORITY	
I give Arnhem Early Learning Centre staff the authority contact the below mentioned persons in the event of an allergic reaction emergency:	
Name: _____	Relationship: _____ Phone: _____
Name: _____	Relationship: _____ Phone: _____
Name: _____	Relationship: _____ Phone: _____
Or	
Doctor: _____	Phone: _____



# ASTHMA DETAILS & ACTION PLAN

Child's Name: .....

USUAL ASTHMA MANAGEMENT PLAN	
How often does your child have asthma symptoms:	Infrequently    Frequently    Most days / daily    When Exercising
How do you recognize your child is having an asthma attack:	Wheezing    Difficulty breathing    Coughing    Tightness in chest
Other:	
What are your child's asthma triggers:	
Does your child tell you when they need asthma medication:	Yes    No
Does your child need assistance to take asthma medication:	Yes    No
Does your child take any asthma medication before exercise / play:	Yes    No <b>If yes:</b> Medication: Method Used: Dose & Frequency:
Does your child require asthma medication whilst at child care:	Yes    No <b>If yes:</b> Medication: Method Used: Dose & Frequency:
What reliever medication does your child normally take when asthma symptoms worsen:	Medication: Method Used: Dose & Frequency:

EMERGENCY ASTHMA MANAGEMENT ACTION PLAN			
Medication	Dose (eg: 2 puffs)	Method (eg: puffer and spacer)	Frequency (eg: every 4 mins)

**Additional Comments:**

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# HOLIDAY NOTIFICATION

## HOLIDAY FEES AGREEMENT

I / we understand that:

- Fees are payable as per the normal rate for my child / children for the period of holidays as indicated, in advance either weekly, fortnightly or monthly

### Child Details

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Room : \_\_\_\_\_ Room: \_\_\_\_\_

Holiday Start Date: \_\_\_\_\_ Holiday End Date: \_\_\_\_\_

### Contact Details whilst on holiday

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Other Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ 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 four (4) weeks and no payment has been made within 14 days of written notice or no arrangement has been made with the Centre Manager, my child's place will be cancelled and the 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 bond will be payable upon enrolment, this will be adjusted from time to time to reflect the hours over a four (4) week period as per the contract of care for the child and invoiced accordingly.
- Fees are reviewed from time to time and changes applied accordingly.
- **All fees will be paid by EFTPOS or through Internet banking, using your individual reference number, no cash will be kept on the premises. If this is not suitable please discuss with the Centre Director**

Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FEES TABLE

	1 Day	2 Days	3 Days	4 Days	5 Days
BSC	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
ASC	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Combined	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
Vacation	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00

Occasional Care, Casual Care and Emergency Care rates available from the Centre Director.

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# INITIAL CONTRACT OF CARE

DAY	BSC	ASC	Combined	Vacation	COST	DAILY COST \$
Monday						\$
Tuesday						\$
Wednesday						\$
Thursday						\$
Friday						\$
Enrolment Fee					\$50.00	\$
Bond	Equal to four (4) weeks of care as per the hours in the Contract of Care				\$	\$
<b>TOTAL</b>						<b>\$</b>

This is a Contract of Care between:

Arnhem Early Learning Centre Pty Ltd  
(ACN: 128 278 026)  
and

\_\_\_\_\_ (parent / guardian)

for the care of

\_\_\_\_\_ (child).

Dated \_\_\_\_\_ of \_\_\_\_\_ 2008.

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:

Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_

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Fax : 08 8987 2004



Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

# 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: OSHC 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: \_\_\_\_\_