



LONG DAY CARE ENROLMENT FORM

Clarkson Early Learning Centre requires this form to be completed and all documentation attached prior to your child's first day of childcare with us. This information must be completed by the child's legal guardian(s)

Please notify us of any change of details, as soon as they arise.

Routine with flexible arrangements (this means you have set days marked below and you may book additional casual days as required)

Routine Sessions (Wk 1)	Monday	Tuesday	Wednesday	Thursday	Friday
Start Date:	PLEASE WRITE ACTUAL DROP OFF AND COLLECTION TIMES				
Full Day (07:00 – 18:00)					
School Session (08:30 – 14:30)					
AM Session (08:00 – 13:00)					
PM Session (13:00 – 18:00)					

Please complete week 2 if different from week 1.

Routine Sessions (Wk 2)	Monday	Tuesday	Wednesday	Thursday	Friday
Start Date:	PLEASE WRITE ACTUAL DROP OFF AND COLLECTION TIMES				
Full Day (07:00 – 18:00)					
School Session (08:30 – 14:30)					
AM Session (08:00 – 13:00)					
PM Session (13:00 – 18:00)					

Or Casual Arrangement Only (Casual booking must be made in writing by email or use of booking form)

CHILD DETAILS

Child CRN:	<i>Please note Parent and child have their own individual CRN number</i>		
First Name(s):	Middle Name:		
Surname:			
Preferred Name:			
Date of Birth:	Gender:	Female	Male
Home Address:	Post Code:		
Country of Birth:			
Language(s) Spoken at Home:			
Is your child:	Aboriginal	Torres Strait Islander	Neither

PARENT/GUARDIAN DETAILS

PRIMARY PARENT

CRN:	<i>Parent 1 is claiming CCS from Centrelink & child will come under Parent 1 CRN Please note Parent and child have their own individual CRN number</i>		
Title:	First Name(s):		
Surname:			
Relationship to Child:			
Date of Birth:	Country of Birth:		
Does the child live with you?	YES	NO	Shared Care
Notifications and regular communication sent via email to be sent to this parent:			YES NO
Home Address:			
Mobile Phone:		Email:	
Occupation:			
Organisation Name:			

SECONDARY PARENT

Title:	First Name(s):		
Surname:			
Relationship to Child:			
Date of Birth:	Country of Birth:		
Does the child live with you?	YES	NO	Shared Care
Notifications and regular communication sent via email to be sent to this parent:			YES NO
Home Address:			
Mobile Phone:		Email:	
Occupation:			
Organisation Name:			

EMERGENCY/AUTHORISED PERSON CONTACTS

In case of an emergency, Clarkson Early Learning Centre will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed.

CONTACT ONE

Name:			
Relationship to Child:			
Home Address:		Postcode:	
Mobile:		Email:	
<i>Tick boxes to authorise:</i> Pick-up Drop-off Emergency			

CONTACT TWO

Name:			
Relationship to Child:			
Home Address:		Postcode:	
Mobile:		Email:	
<i>Tick boxes to authorise:</i> Pick-up Drop-off Emergency			

CONTACT THREE

Name:			
Relationship to Child:			
Home Address:		Postcode:	
Mobile:		Email:	
<i>Tick boxes to authorise:</i> Pick-up		Drop-off	Emergency

COURT/CUSTODIAL ORDERS

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

YES NO

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

YES NO

Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, staff and carers of Clarkson Early Learning Centre cannot enforce parents' requests.

MEDICAL INFORMATION

Family Doctor:	First Name(s):	Surname:
Service Name:		
Address:		Postcode:
Contact Phone:		
Medicare Number:	Ambulance Cover:	YES NO
Health Insurance Fund: YES NO	Insurance Number:	
Health Insurance Name:		

CHILD HEALTH INFORMATION**Immunisation Record**

Please attach a copy of all relevant documentation in regards to the following.

Is your child fully immunised? YES NO

A copy of your child's immunisation record must be sighted by a member of the Clarkson Early Learning Centre team and a copy attached to this form.

Please ensure you notify the Centre Coordinator upon the completion of each immunisation update.

Has your child ever been diagnosed with any of the following?

German Measles	YES		NO		Seizures	YES		NO	
Mumps	YES		NO		Convulsions	YES		NO	
Whooping Cough	YES		NO		Chicken Pox	YES		NO	
Measles	YES		NO						

If you have ticked YES to any in the list above, please specify relevant details below:

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Does your child suffer from any allergies?	YES	NO
Does your child have a diagnosed disability or special needs?	YES	NO
Does your child take prescribed medication or treatment on a regular basis?	YES	NO
Does your child suffer from anaphylaxis?	YES	NO
Has your child had previous illnesses or operations?	YES	NO

If you have ticked YES to any in the list above, please specify relevant details below:

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DIETARY REQUIREMENTS

Does your child have any special dietary or cultural restrictions or particular food dislikes or likes?

If yes, please provide relevant details below:

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Please list any other details that could help us in providing your child with the most suitable dietary options:

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MORE ABOUT YOUR CHILD

Please provide the name and ages of your child's siblings:

Name	Age

Please provide the name and ages of any other close relations attending the same centre:

Name	Age

Does your child drink from a bottle or a cup? Bottle Cup

Does your child sleep in a bed or a cot? Bed Cot

Please describe your child's sleeping times/habits (including day/night, comforters, and fears/phobias):

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Has your child been toilet trained? YES NO

Please provide details, if necessary:

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CLARKSON EARLY LEARNING CENTRE ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following clauses to authorise:

General:

I/We give permission for this child to:

Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the centre)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (<i>If not, please provide a letter releasing the centre of any Liability</i>)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Nappy Cream/Paste	YES	NO
Have staff apply Teething Gel	YES	NO
Participate in festival activities i.e. birthdays, Christmas, Easter etc.	YES	NO

Photos and Video Footage:

I/We give permission:

For photos and video footage to be taken of my/our child for centre use and staff training purposes (Footage will not leave centre)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the centre	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the centre for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on the Clarkson Early Learning Centre website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO
For photos and video footage of my/our child to be posted on the Clarkson Early Learning Centre Facebook page	YES	NO

I/We:

1. Have viewed the Clarkson Early Learning Centre (hereafter called the Centre) and consent to the enrolment of the admitting child (hereafter referred to as the child)
2. Understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
3. Received and read the Centre's guardian handbook and understand any changes to such will be displayed on the Centre's notice board in the entrance of the Centre
4. Agree to comply with all Government requirements in relation to the Centre and its service
5. Agree that in the case of accident or injury, the Centre will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred
6. Are aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition
7. Understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner
8. Are aware that the Centre may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality
9. Agree to provide the Centre with all information regarding the health of my/our child
10. Understand that the Centre may be used as a training and observation centre by students aiming to/or already working with young children
11. Are aware that the Centre may occasionally have visitors, or volunteers at the Centre, and consent to my/our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision
12. Agree to pay the weekly fee on the due day by providing the Centre or its appointed representative with permission to direct debit fees from my/our bank account
13. Are aware that the fee schedule is on display in the foyer and that parties expressly understand they may vary from time to time
14. Are aware that to cancel childcare we are required to give notice in writing two weeks prior to the date of withdrawal; otherwise fees will continue to be charged. During this period we are aware that if our child does not attend we are liable to pay full fees
15. Are aware that fees for public holidays are payable if the day is a usual day of attendance
16. Are aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays
17. Are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Subsidy purposes and to have access to CCS we need to meet all current CCS requirements
18. Understand that a system of payment for late collection operates at the Centre, to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the Centre. Any late collection will result in a fee (currently \$2 per minute) being charged
19. Understand that should this account be referred to a Debt Collection Agency an additional fee of 15% of the outstanding amount will be incurred

Note 1: Paragraph 85BA(1)(b) of the Family Assistance Act provides that an individual is eligible for CCS where, among other requirements, the individual has incurred a liability to pay for a session of care under a complying written arrangement. Such an arrangement must both comply with the requirements set out above and be stated in terms that clearly establish a liability to pay for sessions of care in order for an individual to be eligible for CCS for a session of care.

Note 2: An arrangement can be in hardcopy or electronic form.

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

Parent / Guardian 1

Parent / Guardian 2

Signature _____

Signature _____

Date _____

Date _____

How did you find out about Clarkson Early Learning Centre?

Word of mouth		Internet		Website	
Internet search		Facebook		Other	

DIRECT DEBIT REQUEST FORM

This service agreement outlines the DDR arrangements made between Clarkson Early Learning Centre and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

Initial terms of the arrangement

Clarkson Early Learning Centre will debit your nominated account for the agreed amount for child care fees on a weekly basis. All drawings will occur on Tuesday or Friday.

Drawing arrangements

- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- We will give you 14 days' notice (in writing) when permanent changes to the initial terms of the arrangement are made, e.g. when the centre increases child care fees, fee changes as a result of an increase/decrease in child care days.
- We will give you 7 days' notice (in writing) when temporary changes to the initial terms of the arrangement are made, e.g. overdue fees levied on outstanding amounts.
- An overdue fee may be levied on outstanding amounts at a flat percentage rate, currently 15%. The outstanding amounts will be identified weekly, on a Monday, and the overdue fee amount calculated and included on your weekly statement on that day. Interest will be calculated by multiplying the total balance outstanding (including any unpaid overdue fees) by the current rate.

Changes to the arrangements

If you want to make changes to the drawing arrangements, please contact the Co-ordinator at our Centre. Any changes need to be made at least 4 days (in writing) prior to the next scheduled drawing date.

Disputes

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting the Co-ordinator as soon as possible.

Your commitment to us

It is your responsibility to ensure that:

- your statement is correct, discrepancies must be brought to our attention within 14 days of statement of issue.
- notify us if your Child Care Subsidy has changed by providing the centre with the letter from Centrelink.
- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there is sufficient cleared funds in the nominated account; and
- that you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, our bank will re-draw again in three to five days. Any transaction fees payable by us in respect of a payment being dishonoured will be added to your account.

Please note: failure to pay fees is a breach of the Conditions of Enrolment and may initiate the procedure for termination of care.

I, _____, have read and understood the above mentioned and agree to the terms and conditions in entering this arrangement between myself and BMELC Pty Ltd ATF The BMELC Unit Trust T/A Clarkson Early Learning Centre located at 22 Ainsbury Parade, Clarkson WA 6030 Tel: 08 9305 7307. I am aware that the current fee schedule is available to view in the foyer at the entrance to the service.

Signature _____ Date _____

OFFICE USE ONLY

Birth Certificate		Immunisation Records	
Medicare Card		Kidsxap/Kinderloop	

PAYMENTS

FEES

To receive your Child Care Subsidy (CCS) and have the subsidy applied to the fees Clarkson Early Learning Centre charges, you will need to tell us:

- Your child's Customer Reference Number (CRN)
- Your own CRN

Please contact the Family Assistance Office (FAO) if you are not sure about the CRN details or if you are not eligible for CCS.

It is essential we have this information prior to your child's first day with us; otherwise, we will have to charge full fees until we receive notification from the FAO.

Clarkson Early Learning Centre accepts payments via direct debit. Please fill out the following direct debit form:

Start Date										
Days Attending:	Mon		Tues		Wed		Thurs		Fri	
Please note we require five days' notice in writing to make any changes to your direct debit payments. Changes to Account Name or Number: a new direct debit authorisation form is required to be completed for any changes of account details.										
Parent First Name					Middle Name					
Surname										
Child First Name					Middle Name					
Surname										
PAYMENT DETAILS										
Direct debit date to commence on _____ and weekly intervals after that.										
ACCOUNT DETAILS CONFIRMATION – DEBITED FROM BANK ACCOUNT (Fee \$1 per transaction)										
Account Name										
Bank					Branch					
BSB Number _ _ _ _ - _ _ _ _					Account Number _ _ _ _ _ _ _ _ _ _ _ _ _ _					
ACCOUNT DETAILS CONFIRMATION – DEBITED FROM CREDIT CARD (Fee 1.87% of transaction)										
Name on Card										
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard										
Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _					Expiry Date _ _ _ _		CCV _ _			

I agree to pay the childcare fees on the due day by providing Clarkson Early Learning Centre or its appointed representative with permission to direct debit fees from my/our bank. I understand that an establishment fee of \$25 will be processed prior to or with my first payment.

Please note: payments will be deducted from your account weekly on: Tuesday Friday (please circle)

X _____
Parent / Guardian 1

Date: _____

X _____
Parent / Guardian2

Date: _____