



REDBANK PLAINS CHILD CARE CHILDREN'S CENTRE

Please address all correspondence to:

✉ 277 - 281 Henty Drive Redbank Plains QLD 4301
 📧 redbankpcccc@bigpond.com
 ☎ 3814 1417 Fax 3814 1418
 Monday to Friday (11.5 hours per day)

Hours : 6.30 am - 6.00 pm

You are required by The Office for Early Childhood Education and Care to fill out this form. The information collected about your child, his/her health, interests and family background, allows the Educators to develop a profile of your child, which assists in planning for your child's individual interests, abilities and specific needs. **Please print clearly.**

CHILD DETAILS

Surname:		Date of birth:		/ /				
Given name:		CRN:						
Address:								
Postcode:		Gender: (please tick)		<input type="checkbox"/> Male <input type="checkbox"/> Female				
Enrolment Date:		/ / 2018		Date of 1 st Attendance:				
				/ / 2018				
Total hours of Attendance:	Days	1	2	3	4	5	Age at 1 st Attendance:	Years
	Hours	11.5	23	34.5	46	57.5		
Booked Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Full week		
(please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PARENT/GUARDIAN DETAILS

Surname:		Date of birth:		/ /	
Given name:		CRN:			
Address:					
Postcode:		Relationship to child:			
Home ☎:		Mobile ☎:			
Email address:					
Place of employment:		Work ☎:			

PARENT/GUARDIAN DETAILS

Surname:		Date of birth:		/ /	
Given name:		CRN:			
Address:					
Postcode:		Relationship to child:			
Home ☎:		Mobile ☎:			
Email address:					
Place of employment:		Work ☎:			

If there is a Court Order affecting custody or access to the child, a copy of the order(s) and conditions must be included with this enrolment form, as legally we cannot refuse access to a parent/guardian unless we are in possession of this.

EMERGENCY CONTACTS

In an emergency (If parents cannot be contacted) please list three other contacts in order of priority, whom you give the Centre permission to contact:

PERSON 1

Surname:		Date of birth:	/ /
Given name:		Relationship to child:	
Address:			
Home ☎:		Mobile ☎:	
Work ☎:		Signature:	

PERSON 2

Surname:		Date of birth:	/ /
Given name:		Relationship to child:	
Address:			
Home ☎:		Mobile ☎:	
Work ☎:		Signature:	

PERSON 3

Surname:		Date of birth:	/ /
Given name:		Relationship to child:	
Address:			
Home ☎:		Mobile ☎:	
Work ☎:		Signature:	

Signatures - Parent /Guardian
Parent /Guardian

PERSON (S) AUTHORISED BY PARENTS TO COLLECT THE CHILD

If you are unable to collect your child by 6.15 p.m., please list two other authorised adults (over 18 years of age) who you give permission to collect your child:

PERSON 1

Surname:		Date of birth:	/ /
Given name:		Relationship to child:	
Address:			
Home ☎:		Mobile ☎:	
Work ☎:		Signature:	

PERSON 2

Surname:		Date of birth:	/ /
Given name:		Relationship to child:	
Address:			
Home ☎:		Mobile ☎:	
Work ☎:		Signature:	

Signatures - Parent/ Guardian.....
Parent/ Guardian.....

If your child is to be delivered or collected by a person other than a parent or the above authorised person/s, the parents must give written authority to this person and/or notify the Centre.

The person must provide Photo ID to the centre when collecting your child to confirm their identity.

HEALTH HISTORY OF CHILD:

If you answer yes to any of the following questions, please provide details.

Is your child on any Medication ?.....

Reason.....

Is your child allergic to anything ?

Treatment

Has your child been diagnosed as at risk of Anaphylaxis ?.....

Does your child have any food intolerances?

Does your child have any special dietary requirements ?

Does your child suffer from any Illnesses ?

Has your child had any serious illnesses, accidents or injuries?

Does your Child have a disability or other Special Needs ? Yes No

If yes, please describe

How can we help ?

.....

Has your child attended any specialist agencies ? (e.g.. speech therapy)

****Please note that it is Centre Policy that children with chronic illnesses (eg asthma) or serious allergies (eg. anaphylaxis) have a Medical Action Plan completed by parents in consultation with their doctor. This will be displayed in the child's room as a reference in the case of emergency and must be reviewed every 6 months or as necessary.*

MEDICAL PERMISSION FOR ADMINISTRATION OF PARACETAMOL

I acknowledge that paracetamol will *not* usually be given to my child as part of first aid treatment as this inhibits the ability for parents and medical practitioners to correctly observe a child's illness and does not allow the body a chance to strengthen own healing abilities. If however, it is deemed *absolutely necessary*, I give permission for my child to be administered paracetamol by the Director or Senior Room Educator. I acknowledge every effort will be made to contact me prior to this occurring.

Has your child ever had Panadol/Children's paracetamol administered? Yes No

Was there a reaction?

I hereby authorise for my child to be administered one dose of **PANADOL/CHILDREN'S PARACETAMOL** as directed on the product packaging in an emergency such as high temperature.

Signatures - Parent Parent


I hereby **authorise Centre Staff** to provide (first aid) medical care for my child, and seek medical treatment from a registered medical practitioner, hospital or ambulance service; and transportation of the child by an ambulance service.

Signatures - Parent Parent

I hereby **authorise centre staff** to administer **ventolin and/or epi pen injection** for my child when it is considered reasonably necessary in an emergency

Signatures - Parent Parent

DOCTOR DETAILS

Family Doctor's name: 

Address

Medicare number:

Preferred action in case of emergency

IMMUNISATION DETAILS

Is your child's immunisation up to date : Yes / No Signature

Please attach a copy of your child's current "Immunisation History Statement" to this enrolment form (contact 1800 653 809 if you do not have one).

Statement sighted by Director..... Date:.....

Child Health Record for the child sighted by Director..... Date:.....

INFORMATION RELATING TO YOUR CHILD

Has there been any major changes in the family recently?

Please specify (e.g.. new baby, move of house etc.):

Names and ages of siblings:

Has your child attended another centre or been separated from you before ?

What is the main reason for bringing your child to a childcare centre?

Cultural background

Primary language spoken by child

Primary language spoken by the parents

Are there any religious or cultural beliefs that we should know about when caring for and planning a program for your child?

Cultural

Religious

Dietary.....

Other

Would you be interested in sharing some of your special customs and traditions with us ?

Do you have a special request?

CHILD CARE BENEFIT DETAILS

Are you eligible for Child Care Benefit (CCB)? 24 or 50 hours ?

Which CRN do you wish to use for the enrolment ?

Has this parent been assessed for CCB : Yes No

CHILD CARE REBATE

I have chosen the "Direct to Service" payment option for my Child Care Rebate.

(This means that your weekly gap fee will drop considerably. This is how most families eligible for CCR choose to receive it). If any questions, please see Director.

Do you have one or more children attending any other place of care where CCB applies?

If so, include the child's name and centre attending

How many hours do you assign your child for care in our Centre

****I am aware that I am responsible for all differences of fees if I change this without previously informing this Centre in writing or do not nominate hours accurately*

Signatures - Parent Parent

ADDITIONAL INFORMATION - IF ANY: (e.g. Allergies, Special Needs, Nutrition)

Please attach more information to form if necessary. (Please attach note for other relevant matters.)

Do you wish to note anything particular about your child's patterns of:

Diet

Toileting

Fear

Sleep

Behaviour concerns

Play



PERMISSION FORM

I / We understand that while my child is in attendance at Redbank Plains Child Care Children's Centre, he/she may be observed by students of Early Childhood Studies and Child Care. I / We are willing for my child -

(PLEASE PLACE A TICK IN BOXES TO SIGNAL YOUR APPROVAL OR A CROSS IN BOXES THAT YOU ARE UNCOMFORTABLE WITH)

- 1. To be photographed and involved in audio/visual recordings for use in Centre programs and also external use.
- 2. To be photographed by the media from time to time.
- 3. To have sunscreen applied in accordance with Centre Policy.
- 4. To have insect repellent applied when necessary or requested.
- 5. To have band aids applied when required.
- 6. To have hair checked discreetly if headlice are suspected in the Centre.
- 7. To mix with children in other groups on occasions.
- 8. To be evacuated from the centre in the case of an emergency.
- 9. To have photos and/or art work displayed to the community.
- 10. For my child to be included in group pictures in other children's portfolios, which will be sent home permanently at the end of the year to each child's home.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature : _____ Date: _____

ENROLMENT AGREEMENTS

- I agree to collect my child before 6.00pm
- I agree to pay fees in advance as per centre policies*
- I agree to pay for all booked days including absences for illness and/or holidays
- I am aware that it is MY responsibility to notify Centrelink of any changes to my circumstances and that it is Centrelink, NOT the Centre, who determines my CCB eligibility, hours and payments - Centrelink's failure to inform parents of any information is NOT the Centre's responsibility.
- I understand that I am responsible for any differences to fees that may result due to Centrelink changing my Child Care Benefit entitlements
- I agree to notify the Centre if my child will be absent on booked days
- I agree for the Centre to seek urgent medical attention if required
- I agree to abide by the Exclusion Policy (for Infectious Diseases) set by the National Health and research Council (listed in the Health Book)
- I agree to provide a Medical Action Plan to be displayed in my child's room in case of emergency (**For children with serious allergies and/or chronic illnesses)
- I agree to abide by the Centre Policies (which are available to read in staff room and the office)
- I agree to give notice in writing (two weeks prior) if I need to terminate my child's enrolment
- I HEREBY STATE THAT THE DETAILS I HAVE PROVIDED ON THE ENROLMENT FORMS ARE CORRECT AND THAT I AGREE TO THE ABOVE ENROLMENT AGREEMENT CONDITIONS.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature : _____ Date: _____

* Redbank Plains Child Care Children's Centre reserve the right to reclaim any costs incurred in reclaiming any unpaid accounts should they become overdue by 40 days.

PLEASE NOTE :

Fees are paid in advance. This enrolment form should be returned with your bond (2 weeks fees), the booking fee, the hat fee and the first 2 weeks fees.

ACKNOWLEDGEMENT

I hereby accept responsibility to advise The Redbank Plains Child Care Children's Centre in writing of any changes to information provided by me on this form that may have bearing on the health, care and safety of my child whilst in the care of The Redbank Plains Child Care Children's Centre.

Parent/Guardian Date

Parent/Guardian..... Date.....

Director Date.....

(Signatures)

REDBANK PLAINS CHILD CARE CHILDREN'S CENTRE PARENT COMMITTEE

Your input into our Centre and your child's education is welcome and appreciated. As a member of the Parent Committee you are vital in helping us to successfully work in partnership with families to continually improve our Centre. Your role as a Committee member is to be an advocate for the Centre and it's families. This may involve helping us to review our Policies, contributing ideas, organising fundraising and community activities and participating / coordinating Centre events. (Please circle)

I would like to be a member of the Parent Committee: Yes / No

My preferred days for a Committee meeting would be: M Tu W Th F

My preferred time for a Committee meeting would be: AM / PM

Any additional information:
.....
.....

If you answered no to being a member please let us know why so we can (if possible) work on this to improve Parent Participation in our Committee.....
.....
.....



Thank you for your time



- we appreciate your input.

* Redbank Plains Child Care Children's Centre reserve the right to reclaim any costs incurred in reclaiming any unpaid accounts should they become overdue by 40 days.



2017 Fee Structure and Procedures

Please read the following information then sign and date in the spaces provided.

A copy of this sheet is available for you to keep.

The fee structure is effective from 26/6/17.

Group	Attendance	1 Day	2 Days	3 Days	4 Days	5 Days
Budgies	Full Day	\$ 82.00	\$ 164.00	\$ 246.00	\$ 326.00	\$ 395.00
Pigeons	Full Day	\$ 80.00	\$ 160.00	\$ 240.00	\$ 318.00	\$ 385.00
Doves	Full Day	\$ 80.00	\$ 160.00	\$ 240.00	\$ 318.00	\$ 385.00
Eagles	Full Day	\$ 78.00	\$ 156.00	\$ 234.00	\$ 310.00	\$ 375.00
Cockatoos	Full Day	\$ 77.00	\$ 154.00	\$ 231.00	\$ 306.00	\$ 370.00
BSC	Morning	\$ 20.00	\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00
ASC	Afternoon	\$ 23.00	\$46.00	\$ 69.00	\$ 92.00	\$ 115.00

BOND ON ENROLMENT:-

2 WEEKS FEES

(or Minimum \$ 30.00 whichever is higher)

SECURITY FOB DEPOSIT:-

\$ 20.00 each

- All families may be eligible for Child Care Benefit and/or Child Care Rebate. Please contact Centrelink, before you start at this Centre, and register your child/children. We recommend you register all non school aged children at this centre even if eventually they do not attend.
- Our Customer Reference Number (CNR) is **407 152 212 V**
- (i) You may be eligible for 50 hours care if you and your partner are working, looking for work, studying, doing volunteer work or working from home or
(ii) you may be eligible for 24 hours if one of you is not doing any of the above.
- Fees are payable a minimum of one week in advance. An alternative arrangement may be possible. Please contact the Director.
- You must pay for booked days even if your child is absent through illness, is on holidays or it is a Public Holiday.
- Parents/Guardians are responsible for notifying Centrelink of any changes which may affect CCB eligibility, and are responsible for any differences to fees that may result due to Centrelink changing CCB entitlements.
- Extra days may be arranged if space permits. Please phone first.
- Please ring the Centre by 7.30 am if your child will be absent on that day.
- Your enrolment may be terminated if you are 3 weeks in arrears. Redbank Plains Child Care Children's Centre reserves the right to reclaim any costs incurred in reclaiming any unpaid accounts should they become overdue by 40 days or more.
- Two weeks notice of intention to take your child from the Centre must be given. Bond will only be returned if 2 weeks written notice is given, and no money is owing.

I understand and agree to the details listed above.

Child's/Children's Name (s) _____

Group Name (s) _____

Name of Parent _____

Signed (Parent/Guardian) _____ Date _____

Director _____ Date _____