

# SACRED HEART PRIMARY SCHOOL THORNLIE

# CHILD CARE CENTRE ENROLMENT FORM 2024

CHILD ENROLMENT							
FIRST NAME		SURNAME					
GENDER		DATE OF BIRTH					
ADDRESS							
CRN NUMBER		COUNTRY OF BIRTH					
RELIGION		LANGUAGE SPOKEN					
CULTURAL CONSIDERATIONS		ETHNICITY					
DOES YOUR CHILD IDENT		TORRES STRA	GHT ISLAND	DER			
	RTIFICATE ATTACHED						
COPY OF AIR IMMU	NISATION HISTORY STATEM	IENT (NO MORE T	HAN 2 MONT	'HS OLD) A'	TTACHED	)	
more than 2 months old at the they meet the guidelines set the Service. I understand that an outbreak of an immunisat	requirement that the Service has ne time of enrolment. Children v out by the Government and ha at if my child is unimmunised, I tion preventable disease. I unde	who are unimmunise ve the required sup may be required to erstand that fees are	ed cannot be e porting docun keep my child still payable	enrolled at th nentation tha l away from t	e Service It must be he Servic	unless provided to	
PARENT/ GUARDIAN SIGN	NATURE:	D	ATE:				
A copy of the current fee s	BOOKINGS A copy of the current fee schedule for the below sessions is available on the school website and in the service handbook and enrolment pack. Fees are subject to change. 2 weeks written notice will be provided for any intended						
START DATE							
START DATE							
START DATEEarly Learning ProgramChildren are able to access	the ELC Program from 24montl be issued to request care for Va		The bookings	below only i	relate to s	chool	
START DATEEarly Learning ProgramChildren are able to accessTerms, a separate form will	be issued to request care for Va	acation Care.					
START DATEEarly Learning ProgramChildren are able to access			The bookings	below only i	relate to s	chool CASUAL	
START DATEEarly Learning ProgramChildren are able to accessTerms, a separate form willSESSION	be issued to request care for Va TIME 7.00AM – 12.30PM	acation Care.					
START DATEEarly Learning ProgramChildren are able to accessTerms, a separate form willSESSIONELC MORNING SESSIONELC AFTERNOON SESSION	be issued to request care for Va TIME 7.00AM – 12.30PM N 12.30PM – 6.00PM	acation Care.					
START DATEEarly Learning ProgramChildren are able to accessTerms, a separate form willSESSIONELC MORNING SESSIONELC AFTERNOON SESSIONELC FULL DAY SESSION	be issued to request care for Va TIME 7.00AM – 12.30PM	acation Care.					
START DATE         Early Learning Program         Children are able to access         Terms, a separate form will         SESSION         ELC MORNING SESSION         ELC AFTERNOON SESSION         ELC FULL DAY SESSION         Early Years Kindy         Children must have turned 3	be issued to request care for Va TIME 7.00AM – 12.30PM N 12.30PM – 6.00PM	Acation Care.       MON     TUES       Image: state st	WED	THURS	FRI	CASUAL	
START DATE         Early Learning Program         Children are able to access         Terms, a separate form will         SESSION         ELC MORNING SESSION         ELC AFTERNOON SESSION         ELC FULL DAY SESSION         Early Years Kindy         Children must have turned 3         Times (Sacred Heart School	be issued to request care for Va TIME 7.00AM – 12.30PM 0N 12.30PM – 6.00PM 7.00AM – 6.00PM 3 to be enrolled in the Early Yea 1 Terms). A separate form will b	Acation Care.           MON         TUES           Image: state st	WED	THURS rs program cation Care.	FRI only runs o	CASUAL	
START DATE         Early Learning Program         Children are able to access         Terms, a separate form will         SESSION         ELC MORNING SESSION         ELC AFTERNOON SESSION         ELC FULL DAY SESSION         Early Years Kindy         Children must have turned 3         Times (Sacred Heart School         SESSION         EARLY YEARS KINDY	be issued to request care for Va TIME 7.00AM – 12.30PM 0N 12.30PM – 6.00PM 7.00AM – 6.00PM 8 to be enrolled in the Early Yea	Acation Care.       MON     TUES       Image: state st	WED	THURS	FRI	CASUAL	
START DATE         Early Learning Program         Children are able to access         Terms, a separate form will         SESSION         ELC MORNING SESSION         ELC AFTERNOON SESSION         ELC FULL DAY SESSION         Early Years Kindy         Children must have turned 3         Times (Sacred Heart School         SESSION	be issued to request care for Va TIME 7.00AM – 12.30PM 7.00AM – 6.00PM 7.00AM – 6.00PM 8 to be enrolled in the Early Yea 1 Terms). A separate form will b TIME 8.30am – 2.30pm	Acation Care.           MON         TUES           Image: state st	WED	THURS rs program cation Care.	FRI only runs o	CASUAL	
START DATE         Early Learning Program         Children are able to access         Terms, a separate form will         SESSION         ELC MORNING SESSION         ELC AFTERNOON SESSION         ELC FULL DAY SESSION         Early Years Kindy         Children must have turned 3         Times (Sacred Heart School         SESSION         EARLY YEARS KINDY         PROGRAM         EARLY YEARS KINDY LOR	be issued to request care for Va TIME 7.00AM – 12.30PM 0N 12.30PM – 6.00PM 7.00AM – 6.00PM 8 to be enrolled in the Early Yea 1 Terms). A separate form will b TIME 8.30am – 2.30pm	Acation Care.           MON         TUES           Image: state st	WED	THURS rs program cation Care.	FRI only runs o	CASUAL	
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START DATE         Early Learning Program         Children are able to access         Terms, a separate form will         SESSION         ELC MORNING SESSION         ELC AFTERNOON SESSION         ELC FULL DAY SESSION         Early Years Kindy         Children must have turned 3         Times (Sacred Heart School         SESSION         EARLY YEARS KINDY         PROGRAM         EARLY YEARS KINDY LON         DAY         Mini OSHC is for children att         Care.         PLEASE COMPLETE THE /	be issued to request care for Va TIME 7.00AM – 12.30PM N 12.30PM – 6.00PM 7.00AM – 6.00PM 3 to be enrolled in the Early Yea 1 Terms). A separate form will b TIME 8.30am – 2.30pm NG 7.00am – 6.00pm tending Sacred Heart Kindy <u>onl</u>	MON       TUES         MON       TUES         rs Kindy program. To         rs Kindy program. To         with the second se	WED The Early Yea care for Vaca WED	THURS TS program cation Care. THURS TO request cation	FRI only runs of FRI are for Va	CASUAL during Term CASUAL	
START DATE         Early Learning Program         Children are able to access         Terms, a separate form will         SESSION         ELC MORNING SESSION         ELC AFTERNOON SESSION         ELC FULL DAY SESSION         Early Years Kindy         Children must have turned 3         Times (Sacred Heart School         SESSION         EARLY YEARS KINDY         PROGRAM         EARLY YEARS KINDY LOP         DAY         Mini OSHC         Mini OSHC is for children att         Care.         PLEASE COMPLETE THE A         KINDY CLASS	be issued to request care for Va TIME 7.00AM – 12.30PM 0N 12.30PM – 6.00PM 7.00AM – 6.00PM 3 to be enrolled in the Early Yea 1 Terms). A separate form will b TIME 8.30am – 2.30pm NG 7.00am – 6.00pm tending Sacred Heart Kindy onl AUTHORISATION FOR TRANS KB (MON, THURS ODE	MON       TUES         MON       TUES         rs Kindy program. To         pe issued to request         MON       TUES         MON       TUES         Y. A separate form v         SPORT FORM ON         WED)	WED	THURS TS program of ation Care. THURS THURS THURS THURS THURS TO request care. THURS TO FRUNCE PAGE	FRI only runs of FRI are for Va	CASUAL during Term CASUAL	
START DATEEarly Learning ProgramChildren are able to access Terms, a separate form willSESSIONELC MORNING SESSIONELC AFTERNOON SESSIONELC FULL DAY SESSIONEarly Years KindyChildren must have turned 3 Times (Sacred Heart SchoolSESSIONEARLY YEARS KINDY PROGRAMEARLY YEARS KINDY LOP DAYMini OSHCMini OSHC is for children att Care.PLEASE COMPLETE THE V KINDY CLASSSESSION	be issued to request care for Va TIME 7.00AM – 12.30PM N 12.30PM – 6.00PM 7.00AM – 6.00PM 3 to be enrolled in the Early Yea 1 Terms). A separate form will b TIME 8.30am – 2.30pm NG 7.00am – 6.00pm tending Sacred Heart Kindy <u>onl</u> AUTHORISATION FOR TRANS KB (MON, THURS ODE TIME	MON       TUES         MON       TUES         rs Kindy program. To         rs Kindy program. To         with the second se	WED The Early Yea care for Vaca WED	THURS TS program cation Care. THURS TO request cation	FRI only runs of FRI are for Va	CASUAL during Term CASUAL	
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#### AUTHORISATION FOR TRANSPORT The below authorisation for regular transport must be completed if your child is enrolled for before and/ or after school care for 4 year old kindy

		cale for 4 year of							
Child's Name				Reason chil	d is being	Delivery to and collection from Sacred			
C	hild's N	lame		transported		Heart Thornlie Kindy			
	Day	Reason for transportation	and Transport		Transport	Seat belts or safety restraints (if required)	Estimated number No. of children	Staff/ educators	
	MON		From ELC building to Kindy						
	TUE	Transfer from	classroom	8.25am to		Not required	10	1	
	WED	service	Educators will walk children through the front ELC gate next door to the Kindy class.	8.35am	<ul><li>✓ Walk</li><li>□ Bus</li></ul>				
	THU	to school							
	FRI		Tiext door to the Kindy class.						
	MON		From Kindy class room to						
	TUE		ELC building						
	WED		Educators will collect children						
	THU		from the back door of Kindy						
	FRI	Transfer from school to service	and walk them through the junior quad and around to the back gate of the ELC to enter through the back door. In inclement weather, children will be collected from the front of the Kindy class and taken through the front ELC gate.	2.25pm to 2.40pm	Walk	Not required	10	1	

Any medical or medication requirements for child/ren. Yes/No: (if yes, attach medical management plan)

# Parent/Guardian:

I hereby give my consent for SACRED HEART PRIMARY SCHOOL THORNLIE CHILD CARE CENTRE to provide regular transportation as detailed above for 12 months. In an emergency, I authorise the Service to seek necessary medical assistance from a medical practitioner or hospital including transportation by ambulance if required.

Parent/Guardian Name	Signature	
Mobile Number	Home Number	
Work Number	Date	

Education and Care National Regulations 2012- Regulations 102B requires a transport risk assessment to be conducted before our service transports any child. Regulation 102D requires our service to receive written authorisation to transport children. Our service has completed a risk assessment to identify and assess any risks that the transportation of a child may pose to the safety, health and wellbeing of the child. This has been authorised by the Approved Provider and is available to sight at our service. Policies and procedures for transporting children are also available to view. Regular transportation means the transportation by the service or arranged by the service of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are substantially the same for each occasion on which the child is transported. An authorisation is only required once in a 12-month period.

PARENT/ GUARDIA	N INFORMATION nown parent must be provided und	der the E	ducation and Care Serv	vices National Regulations. It is
	ormation is kept up to date. Please			
PARENT/		,	PARENT/	
GUARDIAN ONE			GUARDIAN TWO	
(This person is				
responsible for the				
account and				
claiming Child				
0				
Care Subsidy)				
TITLE			TITLE	
FIRST NAME			FIRST NAME	
SURNAME			SURNAME	
GENDER			GENDER	
RELATIONSHIP			RELATIONSHIP	
TO CHILD			TO CHILD	
DATE OF BIRTH			DATE OF BIRTH	
CRN NUMBER			CRN NUMBER	
ADDRESS			ADDRESS	
SUBURB/			SUBURB/	
POSTCODE			POSTCODE	
HOME NUMBER			HOME NUMBER	
MOBILE NUMBER			MOBILE NUMBER	
EMAIL			EMAIL	
OCCUPATION			OCCUPATION	
PLACE OF WORK/			PLACE OF WORK/	
STUDY			STUDY	
WORK/ STUDY			WORK/ STUDY	
ADDRESS			ADDRESS	
WORK NUMBER			WORK NUMBER	
COUNTRY OF			COUNTRY OF	
BIRTH			BIRTH	
ETHNICITY			ETHNICITY	
LANGUAGE			LANGUAGE	
			SPOKEN	
SPOKEN				
RELIGION			RELIGION	
CULTURAL			CULTURAL	
CONSIDERATIONS			CONSIDERATIONS	
DO YOU IDENTIFY			DO YOU IDENTIFY	
AS	TORRES STRAIGHT ISLANDE	R 🗌	AS	TORRES STRAIGHT ISLANDER
TALENTS/			TALENTS/	
HOBBIES YOU			HOBBIES YOU	
COULD SHARE			COULD SHARE	
WITH THE			WITH THE	
SERVICE			SERVICE	
CARE REQUIRED FO	OR (PLEASE CIRCLE) WO	ORK	STUDY RESPI	TE OTHER
CUSTODY INFORMA				
	T DESCRIBES YOUR		TH PARENTS AT HO	
SITUATION?	I DESCRIBES TOOR		ARED CUSTODY	
STUATION?				
			1ER	
			•	
	OURT ORDERS IN PLACE	YES/ N		
FOR THE CHILD?				
	LECT THE TYPE OF ORDER		RENTING ORDER	
AND ATTACH DOCL	JMENTATION	L PA	RENTING PLAN	

# **AUTHORISED NOMINEES**

Authorised Nominees are people to act on your behalf in the event that we cannot contact the parent/guardians. Authorised Nominees can drop off and collect your child from care, be called if your child is unwell and needs to be collected early from care, called to authorise medical treatment including giving of medication or seeking medical attention or authorise staff to take your child outside of the premises e.g. excursions.

We are unable to release your child into the care of anyone who is not listed below. Please note that all authorised people must be at least 18 years of age and be able to show photo identification. Authorised Nominees between the ages of 16 and 18 can be authorised if suitable arrangements have been made with the Nominated Supervisor. It is the responsibility of the child's legal guardian(s) to notify Service staff if someone other than those listed below will be dropping off or collecting your child from care.

In the case of an emergency, the Service will always contact the parents/guardians first. If they are unable to be contacted immediately, we will contact the following people in the order they are listed. Please ensure all contact people are willing and able to collect your child/ren in the event of an emergency prior to enrolment. These people should be easily contactable, be in close proximity to the Service and be willing and able to act on your behalf in emergency situations. Please refer to the Service's Delivery and Collection Policy for further details. At least two contact names must be completed before commencing care.

completed before commencing care.				
AUTHORISED NOMINEE ONE	AUTHORISED NOMINEE TWO			
TITLE	TITLE			
FIRST NAME	FIRST NAME			
SURNAME	SURNAME			
DATE OF BIRTH	DATE OF BIRTH			
ADDRESS	ADDRESS			
SUBURB/ POSTCODE	SUBURB/			
	POSTCODE			
HOME NUMBER	HOME NUMBER			
WORK NUMBER	WORK NUMBER			
MOBILE NUMBER	MOBILE NUMBER			
RELATIONSHIP TO	RELATIONSHIP TO			
YOUR CHILD	YOUR CHILD			
EMERGENCY CONTACT	EMERGENCY CONTACT			
AUTHORITY TO DROP OFF/ COLLECT	AUTHORITY TO DROP OFF/ COLLECT			
AUTHORITY TO AUTHORISE MEDICAL TREATMENT	AUTHORITY TO AUTHORISE MEDICAL TREATMENT			
AUTHORITY TO CONSENT FOR EXCURSIONS	AUTHORITY TO CONSENT FOR EXCURSIONS			
	AUTHORISED NOMINEE FOUR			
AUTHORISED NOMINEE THREE				
TITLE	TITLE			
TITLE FIRST NAME	TITLE FIRST NAME			
TITLE FIRST NAME SURNAME	TITLE FIRST NAME SURNAME			
TITLE FIRST NAME	TITLE FIRST NAME			
TITLE FIRST NAME SURNAME	TITLE FIRST NAME SURNAME			
TITLE FIRST NAME SURNAME DATE OF BIRTH	TITLE FIRST NAME SURNAME DATE OF BIRTH			
TITLE FIRST NAME SURNAME DATE OF BIRTH ADDRESS	TITLE FIRST NAME SURNAME DATE OF BIRTH ADDRESS			
TITLE FIRST NAME SURNAME DATE OF BIRTH ADDRESS	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/			
TITLE FIRST NAME SURNAME DATE OF BIRTH ADDRESS SUBURB/ POSTCODE	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/         POSTCODE			
TITLE FIRST NAME SURNAME DATE OF BIRTH ADDRESS SUBURB/ POSTCODE HOME NUMBER	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/         POSTCODE         HOME NUMBER			
TITLE FIRST NAME SURNAME DATE OF BIRTH ADDRESS SUBURB/ POSTCODE HOME NUMBER WORK NUMBER	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/         POSTCODE         HOME NUMBER         WORK NUMBER			
TITLE FIRST NAME SURNAME DATE OF BIRTH ADDRESS SUBURB/ POSTCODE HOME NUMBER WORK NUMBER MOBILE NUMBER	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/         POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER			
TITLE FIRST NAME SURNAME DATE OF BIRTH ADDRESS SUBURB/ POSTCODE HOME NUMBER WORK NUMBER MOBILE NUMBER RELATIONSHIP TO	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/         POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO			
TITLE FIRST NAME SURNAME DATE OF BIRTH ADDRESS SUBURB/ POSTCODE HOME NUMBER WORK NUMBER MOBILE NUMBER RELATIONSHIP TO YOUR CHILD	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/         POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO         YOUR CHILD			
TITLE FIRST NAME SURNAME DATE OF BIRTH ADDRESS SUBURB/ POSTCODE HOME NUMBER WORK NUMBER MOBILE NUMBER RELATIONSHIP TO YOUR CHILD EMERGENCY CONTACT	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/         POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO         YOUR CHILD         EMERGENCY CONTACT			
TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/ POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO         YOUR CHILD         EMERGENCY CONTACT         YES         NO	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/         POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO         YOUR CHILD         EMERGENCY CONTACT         YES			
TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/ POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO         YOUR CHILD         EMERGENCY CONTACT         YES         NO         AUTHORITY TO DROP OFF/ COLLECT	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/         POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO         YOUR CHILD         EMERGENCY CONTACT         YES         NO         AUTHORITY TO DROP OFF/ COLLECT			
TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/ POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO         YOUR CHILD         EMERGENCY CONTACT         YES         NO         AUTHORITY TO DROP OFF/ COLLECT         YES         NO	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/         POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO         YOUR CHILD         EMERGENCY CONTACT         YES         NO         AUTHORITY TO DROP OFF/ COLLECT         YES         NO			
TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/ POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO         YOUR CHILD         EMERGENCY CONTACT         YES         NO         AUTHORITY TO DROP OFF/ COLLECT         YES         NO         AUTHORITY TO AUTHORISE MEDICAL TREATMENT	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/         POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO         YOUR CHILD         EMERGENCY CONTACT         YES         NO         AUTHORITY TO DROP OFF/ COLLECT         YES         NO         AUTHORITY TO AUTHORISE MEDICAL TREATMENT			
TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/ POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO         YOUR CHILD         EMERGENCY CONTACT         YES         NO         AUTHORITY TO DROP OFF/ COLLECT         YES         NO         AUTHORITY TO AUTHORISE MEDICAL TREATMENT         YES         NO	TITLE         FIRST NAME         SURNAME         DATE OF BIRTH         ADDRESS         SUBURB/         POSTCODE         HOME NUMBER         WORK NUMBER         MOBILE NUMBER         RELATIONSHIP TO         YOUR CHILD         EMERGENCY CONTACT         YES         NO         AUTHORITY TO DROP OFF/ COLLECT         YES         NO         AUTHORITY TO AUTHORISE MEDICAL TREATMENT         YES         NO			

MEDICAL INFORMATION						
DOCTORS NAME	P	RACTICE				
ADDRESS		HONE UMBER				
MEDICARE NUMBER						
PRIVATE HEALTH CARE						
AMBULANCE COVER						
MEDICAL AUTHORISATIONS	l					
In the case of an emergency, if a parent/ guardian or the emergency contacts listed in this form are unable to be						
	Heart Child Care Centre staff to admini					
	ce to take my child to hospital. If the o					
	ubulance I agree to meet any expenses in					
PARENT/ GUARDIAN NAME		SIGNATURE				
DOES YOUR CHILD HAVE AN	Y ALLERGIES, MEDICAL CONDITIONS O	R TAKE ANY REGULA	R MEDICATIONS?			
YES / NO If yes, please provide	further information (PLEASE NOTE YOU W	/ILL ALSO BE REQUIRI	ED TO COMPLETE A			
HELTH CARE PLAN AND PRO	VIDE A COPY OF YOUR CHILD'S ACTION	PLAN SIGNED BY THE	E DOCTOR)			
DOES YOUR CHILD HAVE AN	Y OTHER ADDITIONAL NEEDS?					
YES / NO If yes, please provide	further information (PLEASE NOTE YOU W	/ILL ALSO BE REQUIR	ED TO COMPLETE A			
HEALTH CARE PLAN)						
HAS YOUR CHILD EVER BEEI						
YES / NO If yes, what was the re	eaction?					
Parent Declaration						
	ng preparations for First Aid are the only oi					
Heart Early Learning Centre	(Please sign against products you give	staff permission to use	∍ on your child.)			
<ul> <li>I understand that for or all ot</li> </ul>	her medications I must complete and sign a	n Authority to Administe	r Medication record on the			
day in which medicine is to b						
	ow the Centre policy on Medications and M					
<ul> <li>I have signed granting staff</li> </ul>	permission to seek medical attention when r	needed for my child.				
PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE			
Band-aides	Woolworths and Coles Brand/ Bandaid	Minor				
	Brand	wounds/abrasions				
Sunscreen	Coles Brand and Cancer Council	Sun Protection				
Insect sting cream	Stingoes	Insect bites				
Nappy Wipes	Coles unscented Baby Wipes/ Woolworth	s Nappy changing				
	Little Ones unscented baby wipes					
Hand Sanitiser	AQIUM, Betasan Antibacterial Spray,	Hand Hygiene				
	Sanitex					
	the above products. I agree to provide the					
	ild on more than 3 occasions previously with	nout incident. A Health C	are Plan and Allergy			
Action Plan must be completed i						
PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE			
SPECIAL DIET INFORMATION						
SPECIAL DIET INFORMATION			he provided from here a			
The Early Learning Centre provi	des breakfast and afternoon tea. All other m	ieals and snacks are to	De provided from home			
	ts, it is recommended that you provide n	nost, or all of the food.	riease remember to			
inform us if/ when this informa						
REASON FOR SPECIAL DIET		ALTH/ MEDICAL	OTHER			
FOODS YOUR CHILD MUST A						
ALTERNATIVE FOODS YOUR						
HOW LONG WILL YOUR CHIL	D BE ON THIS DIET?					

PERMISSIONS		
I GIVE PERMISSION FOR	YES/NO	SIGNATURE
My child to participate in all activities offered in the Child Care Centre. I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child to participate in a particular activity. This also includes food and cooking experiences. All allergies and preferences will be observed.		
Staff at the Centre to take my child on walks and participate in activities within the school grounds eg library, oval, playgrounds, hall, assemblies. Risk assessment and management plans are conducted and reviewed annually or as necessary and are available for you to view.		
My child's photograph, to be taken or recorded at the Centre for use within the centre		
The Centre to publish my child's photograph, name and age in local papers, websites or publicity materials in regard to publicity for the centre (This includes social media platforms Facebook and Instagram, handbooks, newsletters and the school website.)		
Information about my child to be shared with Sacred Heart Primary School Thornlie		

# **PRIVACY STATEMENT**

Sacred Heart Primary School Thornlie Child Care Centre of 40 Ovens Road Thornlie is required to collect and use personal information about all families and children who enrol at the Centre as well as all staff who are employed to work within the Centre. Sacred Heart Child Care Centre is committed to safeguarding your privacy. We take our responsibilities and obligations seriously when collecting and handling your personal information. The Privacy Act and any relevant registered privacy codes govern the way we must manage your personal information. We will collect, hold, store, use and share the personal information provided to us for the purposes it was intended when collected and to ensure we provide the highest quality of care and education. This information is required to ensure we meet all of our obligations as an employer and business and to meet the health, safety and wellbeing needs of your child whilst in our care. It is also required to ensure we meet the legislative requirement set out in:

- Education and Care Services National Regulations 2012
- Education and Care Services National Law (WA) Act 2012
- National Quality Framework 
   Family Assistance Law
- Working With Children (Criminal Record Checking) Act 2004

We only collect personal information for purposes which are directly related to our operations and functions and only when necessary to do so. The information that you provide us is used by those Service staff who need to access the information to meet the above requirements. The information may be disclosed to the following authorities:

- Australian Children's Education and Care Quality Authority (ACECQA)
- Education and Care Regulatory Unit Officers
- Department of Social Services
- Department of Child Protection
- Department of Education and Training
- Inclusion Support Facilitator
- Department of Human Services
- Catholic Education Western Australia Limited

All information is kept secure, to protect it from unauthorised access, modification or disclosure. You are entitled to access personal and private information kept about you and your family on request and may ask for inaccurate information to be updated or corrected. Failure to provide the required information will result in non-acceptance of your child's enrolment. All information provided to an individual is not to be used in any way other than for the purposes for which the information has been provided to that individual. If you wish to discuss any aspect of our Privacy Statement further or make a complaint about a breach of the Privacy Act, please contact the Children's Services Director. You may contact the Centre at any time by phone or email.

Phone: 9251 3014 Email: elc@shthorn.wa.edu.au

PARENT/ GUARDIAN NAME	DATE	
PARENT/ GUARDIAN SIGNATURE		

# ENROLMENT AND BOOKING AGREEMENT

It is the family's responsibility to apply for Child Care Subsidy (CCS). Families will be charged full fees upon enrolment if they are not currently registered for CCS

Families eligible for CCS and who have paid full fees prior to notification will receive a credit through the Childcare Management System (CCMS) once CCS notification has been received. Full fees will also be charged if Child Care Subsidy is suspended for any reason

Child Care Subsidy eligibility applies only if attendance records are accurately completed and signed by the responsible person and all other eligibility requirements are met

Once a place has been booked payment is required whether a child attends or not and a \$50 enrolment fee will also apply. Fees are required to be paid on absent days and holidays if a child is enrolled for care on the day they occur

Two (2) weeks' notice is required for all cessation of care. Families will be charged for non-attendance on pre booked days which do not comply with this timeline

Cancellations must be submitted in writing in the Centre or by email to elc@shthorn.wa.edu.au

Cessation of Care: Fees will be charged for the final two weeks of care, regardless of attendance. CCS can only be applied up until the last attendance so full fees will apply after this day

Whenever possible the parent/guardian should ring the service to advise they will be late to collect their child. A late fee of \$2.00 per minute or part thereof will be charged if your child/children are not picked up by the session finish time

Permanent bookings will be given preference and casual bookings will be subject to availability

# BILLING ARRANGEMNETS AND FEE PAYMENTS AGREEMENT

All fees are charged one week in arrears and are due to be paid to the Centre on the Friday following the invoice

Fees are to be paid via Direct Debit through Debit Success. A copy of the current Fees are displayed in the Service.

Fees are subject to change. Families will be given a minimum of 2 weeks' notice of any intended fee changes and will be advised in writing through email, notices in the service and newsletters

Parents/guardians are encouraged to discuss payment difficulties and make suitable arrangements to pay with the Nominated Supervisor and School Principal

### **REGISTRATION AGREEMENT**

I have received and read the family handbook and I understand any updates to policy will be displayed in the centre or in the centre newsletter and on Story Park

I agree that in the case of accident or injury, the centre will contact me. If they cannot reach me they will try to contact a listed emergency contact. If determined necessary by staff at the centre, I authorise an ambulance to take my child to hospital, and agree to meet any expenses incurred

I understand that I need to comply with all Government requirements in relation to the Centre and its service

I will advise the Centre as soon as practicable of any updates to my circumstances

I understand that it is my responsibility to fulfil any obligations required to receive Child Care Subsidy (CCS)

I agree to pay the weekly fee on the due day as determined by the Centre's payment policy requirement or as agreed to by the Centre.

I am aware that any failure to pay due fees may result in cancellation of care

I am aware that fees will be reviewed biannually and I will receive a minimum of two (2) weeks' notice of any changes being made

I understand that two (2) weeks' notice is required for all cancellations of care. Families will be charged for non-attendance on pre-booked days that do not comply with the above timeline. Cancellations MUST be submitted in writing

I am aware that I will be responsible for payment on any days my child is sick or absent from care.

I understand that a system of payment for late collection operates at the centre and that I am responsible for the payment of any fees incurred

I am aware that my child will be excluded from care at the Centre if they have a communicable or infectious disease. I understand that my child will be accepted back into the centre once the exclusion guidelines have been met as per the services policies and procedures

I understand the services policies and exclusion periods for fever and vomiting/ diarrhoea

I consent to my child being in the presence of volunteers, visitors and students, with the appropriate supervision by Centre staff I have presented the Centre with a copy of my child's current immunisation details and birth certificate

I have read and understand the Privacy Statement

I am aware of the services opening and closing times (7am - 6pm)

The Centre reserves the right to cancel care if it considers doing so would be in the best interest of the Centre. Two weeks' notice of cancellation of care will be provided

I am aware that enrolment in the Child Care Centre is not a guarantee of enrolment in Sacred Heart School

I agree to accounts and correspondence being sent to me electronically, to the email address provided on the enrolment form
I am aware that it is my responsibility to sign my child in and out on the attendance record each time they attend as well as
confirm and sign for any absent days

I have received a copy of the Code of Conduct and agree to abide by it at all times

ſ	I HAVE READ THE ENROLMENT AND BOOKING AGREEMENT, BILLING ARRANGEMENTS AND FEE PAYMENTS AGREEMENT AND						
	REGISTRATION AGREEMENT AND AGREE TO ADHERE TO THE ABOVE CONDITIONS AND POLICIES AT ALL TIMES. I UNDERSTAND THAT THIS						
	FORMS THE COMPLYING WRITTEN AGREEM	ENT FOR CHILD CARE SUBSIDY					
	PARENT/ GUARDIAN NAME DATE						
	PARENT/ GUARDIAN SIGNATURE						

### PARENT PARTICIPATION

The Parent Representative Group is made up of parent volunteers who have made themselves available as liaison contacts. If you have any concerns and, for whatever reason, prefer not to contact the Centres directly, please let your thoughts be known to one a member of this group.

Please tick if you would like to become a parent representative now, or sometime in the future, please complete below and we will send you further information.

We would like you to take a moment to let us know your thoughts about the enrolment process. Please rate your experience below

1	2	3	4	5	6	7	8	9	10	
Unsatisfactor	у								very satisfied	
How did you hear a	bout our s	ervice?								

# ENROLMENT CHECKLIST (TO BE COMPLETED BY STAFF) FORM COPY RECEIVED ENROLMENT FORM Image: Copy of the complex and the co

ORIENTATION BOOKED	DATE	TIME	FAMILY MEMBER ATTENDING
ONE			
ТWO			
THREE			
OTHER			

TASK	COMPLETED
ENROLMENT ENTERED INTO QIKKIDS	
CCS ENROLMENT SENT	
DIRECT DEBIT DETAILS ADDED TO QIKKIDS	
ENROLMENT FEE APPLIED TO ACCOUNT	
CHILD ADDED TO STORYPARK AND EMAIL INVITATION SENT TO FAMILY	
RISK MINIMISATION AND COMMUNICATION PLAN COMPLETED FOR MEDICAL	
FORMS (IF REQUIRED)	
IMMUNISATION UPDATES ADDED TO CALENDAR	
NEW CHILD DETAILS/ NOTES UPLOADED TO TEAMS	
PARENT SET UP ON QIKKIDS KIOSK	
CHILD DETAILS SHEET ADDED TO EMERGENCY BAG	

## FEE STRUCTURE: Current as at 1 January 2024

Enrolment Fee ELC & OSHC	Paid once per year per child	\$50.00
OSHC Before School Session	6.30am – 8.30am	\$30.00
OSHC After School Session	2.30pm – 6.00pm	\$45.00
OSHC Vacation Care and Pupil Free Days	6.30am – 6.00pm	\$100.00
Early Learning Centre Morning Session	7.00am – 12.30pm	\$65.00
Early Learning Centre Afternoon Session	12.30pm – 6.00pm	\$65.00
Early Learning Centre Full Day Session	7.00am – 6.00pm	\$120.00
Early Years Kindy – Term Time Only	8.30am – 2.30pm	\$100.00
Early Years Kindy - Long Day Session – Term Time Only	7.00am – 6.00pm	\$125.00
ELC Before School Session	7.00am – 8.30am	\$30.00
ELC After School Session	2.30pm – 6.00pm	\$45.00
ELC Vacation Care and Pupil Free Days	7.00am – 6.00pm	\$120.00

## Bookings

- Families pay for a place during school Term times (Sacred Heart Thornlie School Terms) and may elect to book a permanent or casual place.
- Vacation Care and Pupil Free Day bookings will be available for families to book as casual days prior to the Vacation Care Period on a first in, first served basis.
- Permanent bookings will be given preference and casual bookings will be subject to availability.
- Families will be required to confirm the chosen enrolment schedule and fee structure by signing a Complying Written Arrangement (CWA) on the enrolment form upon confirmation of your child's enrolment.
- Once a place has been booked, payment is required whether a child attends or not.
- Full fees are required to be paid on absent days if a child is enrolled for care on that day. No refunds apply for missed bookings, including children away due to illness.
- Two weeks' notice is required for cessation of care. Fees will be charged for the final two weeks of care regardless of attendance. CCS can only be applied up until the last attendance so full fees will apply after this day.
- All bookings and cessation of care is to be in writing to either elc@shthorn.wa.edu.au or oshc@shthorn.wa.edu.au

### Fee Payable/Accounts

- The Service will determine the required fee level to meet budget prediction for the year.
- The fee schedule and fees payment policy will be fully explained to families during the enrolment induction process.
- Fees payable will be based on either daily or weekly amounts.
- Families will be given a minimum of 14 days' notice of any fee increase.
- The same fee will be charged to all families for equivalent care arrangements.
- A statement of fees will be sent to parents/guardians as per legislative requirements.
- Families are required to remain up to date with fees. A receipt of payment, in accordance with Australian government guidelines, will be provided for each payment on their statement. Failure to uphold the payment plan may result in attendances being reduced or cancelled until fees are in advance.
- Families are not required to pay fees on public holidays if the holiday falls on their regular booked day.
- Fee payment will be recorded according to Australian government guidelines. Families may also view details about their childcare usage and total fees charged and the fee reductions calculated by through Centrelink via the Child Care Management System.
- Families should contact the Service to advise of their child's inability to attend as soon as this is known. Fees will still be required on days the child would normally attend.

### Child Care Subsidy (CCS)

- This Service will comply with the Australian Government requirements to be an approved education and care service for the purposes of Child Care Subsidy (CCS), reporting requirements and any other requirements for claiming and administering CCS will be maintained by the Service.
- It is the enrolling parent/guardian's responsibility to register for CCS through your MyGov account, provide their projected annual income, activity levels and the name of the Service.
- All fees are charged at the full rate. Each family's eligibility for CCS is then calculated and the Service is then forwarded these funds. Deductions may then be made to each individual family's accounts.

- Any changes in a family's financial circumstances may result in changes or cancellation of CCS. It is the family's responsibility to keep their details on MyGov current and contact the Centrelink office if they wish to dispute assessments or discuss it further.
- Families will only be eligible for CCS if child care attendance records are accurately completed and signed by the
  parent/guardian or other responsible adult, and other eligibility requirements are met.
- Families are entitled to 42 absence days for each registered child in each financial year. CCS is applied for these days provided that the child would normally have attended on that day, and fees have been charged.
- Additional absences can be claimed when the first 42 days have been used. Supporting documentation may be required for approval of additional absences.
- All documentation pertaining to CCS will be kept for the specified period of time and made available to department representatives upon request.

## **Payment of Fees**

- Fees are payable from the agreed commencement date and must remain up to date
- All fees are charged one week in arrears and are due to be paid to the service on the Friday following the invoice.
- Fees are to be paid by direct debit (Debit Success) under the terms and conditions outlined in the Scared Heart Primary School Thornlie Direct Debit Request Agreement.

### **Overdue Fees/financial hardship**

• Parents/guardians with overdue fees will be encouraged, by the Nominated Supervisor to discuss any difficulties they may have in meeting payments. A payment plan will be implemented if necessary. If this is not done, or the agreed arrangements are not kept, the matter may result in cancellation of the child's booking.

### Late Collection Charge

- The Service reserves the right to implement a late collection charge when parents/ guardians have not collected their child/ren from the Service before closing time. This charge will be set at a level determined by the Service and based on the Service's need to recoup expenses incurred in employee overtime wages.
- The current fee for late collection is \$2 per child per minute. In the case of late collection after a morning or Early Years Kindy session, the full day rate and session hours will be applied.
- Where a parent/ guardian is continually and regularly late arriving at the Service to collect their child, the Nominated Supervisor will discuss other childcare options with the family. If further incidents of late collection occur, the families booking may be ceased.

### Further information can be found in the service Payment of Fees Policy.