



**BUNYA CHILD CARE CENTRE ENROLMENT FORM**

**1. CHILD'S DETAILS:**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male ☐ Female ☐

Previous Names/Alias/Formal Names: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_

Does your child identify as; Aboriginal Yes ☐ No ☐ Torres Strait Islander Yes ☐ No ☐

Does your child attend another centre? Yes ☐ No ☐

Centrelink Reference Number (CRN): \_\_\_\_\_

**2. FAMILY DETAILS:**

**Parent/Guardian 1:**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Previous Names/Alias/Formal Names: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

Employers' Name: \_\_\_\_\_

Address of Work: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Parent Disability: \_\_\_\_\_ Yes ☐ No ☐

Centrelink Reference Number (CRN): \_\_\_\_\_

**Parent/Guardian 2: Does this person live with the child? Yes/ No**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Previous Names/Alias/Formal Names: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

Employers' Name: \_\_\_\_\_

Address of Work: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Parent Disability: \_\_\_\_\_ Yes ☐ No ☐

Centrelink Reference Number (CRN): \_\_\_\_\_

**Who is responsible for the payment of fees?** (Please indicate a name) \_\_\_\_\_

## 3. COUNTRY OF ORIGIN:

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_  
 Child's Country of Birth: \_\_\_\_\_ Is English the family's first language: \_\_\_\_\_  
 Other languages spoken at home: \_\_\_\_\_  
 Are there any customs, religion, food or clothing matters that you wish to discuss: \_\_\_\_\_

## 4. FAMILY STATUS:

Persons residing with the child:

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

If parents are separated or divorced are there court orders in place? \_\_\_\_\_

Who has primary care of this child: \_\_\_\_\_

Details of access: \_\_\_\_\_

Please provide copies of any court orders in place with this form.

- It is the parent's responsibility to keep the Centre updated on care/access issues and to provide copies of any changes made to court orders.

## 5. CHILD'S MEDICAL HISTORY:

Medicare Number: \_\_\_\_\_

In Case of an Emergency who is your preferred medical/dental practitioner? Where practical the nominated medical practitioner will be contacted when seeking emergency treatment.

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## Specific Health Care Needs/Medical History:

Does your child have any specific health care needs? \_\_\_\_\_

If you have answered yes to this question, please note as part of the orientation process, you will be required to have a Centre/ Family Consultation in regards to your child's needs.

- ☐ Allergy and or Intolerance
- ☐ Communication Needs
- ☐ Other – Please specify

- ☐ Learning Needs
- ☐ Mobility Needs

Does your child currently suffer from any chronic illness? \_\_\_\_\_

(Please note children suffering certain chronic illnesses such as Asthma, Diabetes, allergies etc. will need an action plan completed by a Doctor, to be kept at the Centre, a Medical Management Plan and a Risk Minimisation Plan completed in consultation with parents.

When was your child diagnosed and by whom? \_\_\_\_\_

Are there other agencies involved in the care of your child? \_\_\_\_\_

## Immunisation Record:

Verification of the child's immunisation status will be required at the time of enrolment in accordance with the NSW Public Health Act 2010. One of the following documents must be provided prior to enrolment:

- A current Australian Childhood Immunisation History Statement showing that the child is up to date
- A current Immunisation History Form certifying that a child is on a recognised catch-up schedule
- An Immunisation Exemption – Medical Contradiction Form certifying that a child cannot receive one or more vaccines

Parents must ensure that their child continues to receive appropriate immunisation during enrolment at the Centre and will provide an up dated Immunisation History Statement following subsequent immunisations.

If parents of a child enrolled at the Centre provide an Immunisation Exemption Form the child will be excluded from care in the event of any outbreak of an infectious disease for which protection is available. Full fees are payable during the period of exclusion.

An Immunisation History Statement can be obtained from; a Medicare or Centrelink office, by requesting a Statement by emailing [acir@medicareaustralia.gov.au/online](mailto:acir@medicareaustralia.gov.au/online) , or by calling the Australian Childhood Immunisation Register on 1800 653 809.

Please be aware that if your child is overdue for immunisation the Department of Human Services may stop any Child Care Subsidy (CCS) payments.

## 6. ALLERGIES AND FOOD:

Does your child have any ALLERGIES or intolerances or family preference? (please circle)		
1. Allergy	Intolerance	Family Preference
2. Allergy	Intolerance	Family Preference
3. Allergy	Intolerance	Family Preference

## 7. EMERGENCY CONTACTS / AUTHORISED PERSONS:

The following persons (other than parents/guardians) are authorised to collect the child under normal circumstances and may also be contacted in an emergency. Contact with these persons will only be required when the parent/guardian are unable to be contacted. Emergency contacts must be able to be contacted by phone and be willing and able to collect the child if the parent/guardian is unavailable.

### Contact 1:

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Numbers: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_  
 (Mob) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
☐ Authorised to collect ☐ Authorised to give permission for medication  
☐ Authorised in an emergency ☐ Authorised person to give permission for excursions  
 (Please tick all relevant boxes)

### Contact 2:

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Numbers: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_  
 (Mob) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
☐ Authorised to collect ☐ Authorised to give permission for medication  
☐ Authorised in an emergency ☐ Authorised person to give permission for excursions  
 (Please tick all relevant boxes)

### Contact 3:

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Numbers: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_  
 (Mob) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
☐ Authorised to collect ☐ Authorised to give permission for medication  
☐ Authorised in an emergency ☐ Authorised person to give permission for excursions  
 (Please tick all relevant boxes)

The child will usually be collected by: \_\_\_\_\_

The parent must provide the Centre with the names and address of at least two responsible persons for the Emergency Contacts / Authorised Persons. The person collecting the child should generally be 16 years of age or over and will need to produce photographic proof of identity. Due to shifts and staff changes contacts may be asked on more than one occasion to produce proof of identity.

When requested by the Centre Director or their delegate, the parent, or authorised person nominated by the parent, must go immediately to the Centre to collect a sick or injured child.

If a person other than those listed above is to collect the child, the parent's written permission is preferred. Persons collecting children will be asked to produce identification.

## **8. AGREEMENT AND AUTHORISATIONS:**

### **Illness, Accident and Emergency Treatment:**

I give permission in the event of a medical or dental emergency for the service to seek urgent medical treatment for my child from a registered medical practitioner, dental, hospital or ambulance service.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I give permission for my child to be transported by an ambulance service, in the case of an emergency.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I understand that I am personally responsible for any cost incurred in relation to any accident, illness or incident that occurs when my child is in attendance at the service.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **Paracetamol**

If my child presents with a temperature (38+ degrees) and the parents/guardian cannot be contacted I give permission for a staff member to administer one dosage (according to the manufacturers recommended dosage) of paracetamol.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **Sunscreen**

I give permission for my child to have sunscreen applied.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **Nappy Cream**

In the event that I have not supplied nappy cream, I give permission for my child to have the Centre's nappy cream applied when necessary. (It is preferable for parents to supply their own cream of choice with written permission for staff to apply)

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **Allergy Display:**

I give permission for my child's dietary requirements (due to allergy, intolerance, and / or family preference) to be on display in the classroom and kitchen in order to assist staff to give out appropriate food and products to my child.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_



**Photographs:**

I give permission for Centre staff or students to take photographs or video footage of my child whilst at the Centre or on excursions. These photographs will be used for programming and learning display purposes only.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Excursions:**

I give permission for my child, as part of the educational program of the Centre to watch a variety of performances or presentations, by professionals that visit the Centre.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Privacy:**

I understand that any personal information gathered by Bunya Child Care Centre will only be used for the purpose for which it was collected. The Centre holds this information securely and is only accessed by authorised persons.

I am aware that any forms of media, photos, video, or personal comments are not to be shared, emailed, or posted online, without written permission from Bunya Management, as this is a breach of the Privacy Act.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**BUNYA CHILD CARE CENTRE AGREEMENT FORM**

This form outlines the general terms and conditions under which the Centre operates. The Agreement is valid for the duration of the period that the child is in care, or until the need arises for a new agreement to be formulated and signed.

**PAYMENT OF FEES****1. HOLDING DEPOSIT:**

To reserve a child's place, it is required that one weeks full fees (as per your attendance) are paid at time of enrolment. The placement is not guaranteed until the holding deposit is received. A child's placement will commence only once the holding deposit has been received.

The fee must continue to reflect the current care arrangements i.e. increases or decreases on changes to days or an increase in fees. These fees will be credited when two weeks written notice is given that the child is to be withdrawn. If the child is withdrawn without notice, then these fees will be forfeited. If a child's place is terminated due to nonpayment of fees the holding deposit is forfeited.

## **2. ENROLLED DAYS**

The basis of your child's enrolment at Bunya Child Care Centre will include your child's permanent (routine) days, and if not a full time enrolment, an option for casual (extra) days.

For a part-time enrolment a one off casual or extra day can be requested by email. If there is a vacancy on the requested day your child can attend and a fee is charged.

## **3. DAILY FEES:**

The child's parent or guardian, is responsible for paying the child care fees.

The Centre has a two tier structure. Fees are set for 0-3 years and 3-5 years. The fee charged is dependent on age, rather than the classroom they are enrolled in. The week after the child turns 3 years of age, the fees will drop to the 3-5 fee rate.

Fees must be paid in full unless the parent is granted Child Care Subsidy (CCS). In this case, the fee payable will be the gap between the total fee for care and the CCS paid directly to the Centre by the Department of Human Services. The parent or guardian is responsible for contacting the Department of Human Services prior to enrolment to complete the application for CCS.

Parents who are not eligible to receive the Child Care Subsidy are still required to advise the Department of Human Services that their child is in care and complete the required paperwork.

The parent is obliged to contact the Department of Human Services if there is any change to his or her circumstances.

### **Method of Payment**

On the first day of care, fees for that week are payable. From then on, fees are payable in advance on the first day of care each week.

For safety reasons Bunya has a no cash policy. Fees may be paid by BPay by phone or internet, direct deposit by phone or internet, direct deposit into the Centre's bank account.

A Statement showing fees charged, session details, CCS payments and payments made is emailed fortnightly by the Centre to the nominated parent. If requested a hard copy can be provided.

In the event that your child is absent from the service fees remain payable. If your child is absent for more than 42 days within the financial year, parents will be asked to provide a Medical Certificate.

### **Late Fees**

The Centre's closing time is 6:00pm. A late fee of \$20.00 for any part of the first 20 minutes and \$5.00 for every 5 minutes thereafter is charged after the services closing time of 6:00pm. The fee helps to offset overtime costs.

#### **4. WITHDRAWAL AND TERMINATION OF ENROLMENT:**

##### **Fees in Arrears**

The Centre Director in conjunction with the Management Committee has the authority to terminate an enrolment at the Centre where fees remain outstanding for two weeks or more and no agreement to pay has been put in place. Placements may also be terminated where an enrolled child is absent from the Centre for two weeks or more with no written notice given.

If fees continue to be in arrears the matter may be referred to the Management Committee, This could result in the position being terminated and the outstanding fee amount being passed on to our Debt Recovery Agent. Parents or guardians will be liable for the collection costs incurred in recovering the money owed.

##### **Withdrawal**

Two weeks' notice in writing is required on withdrawal. Notice of withdrawal will not be accepted during the Centre's shutdown period over Christmas. Please note that if your child is absent on their last day of attendance, in accordance with government legislation, Child Care Subsidy will no longer apply and full fees will be charged for the period of absence immediately preceding the last enrolled day.

#### **5. ABSENCE AND ILLNESS:**

If a child is to be absent, parents are asked to notify the Centre as soon as possible.

##### **Exclusion due to illness:**

A child will not be able to attend the Centre for any period of time during which;

- The child is suffering from a disease or condition which is contagious through normal social contact.

A medical practitioner has recommended the child not attend child care **or**;

- When the Director of the Centre requests that the sick child be kept away from the Centre because the child requires care which Centre staff resources do not permit.

Children will be excluded from attending the service if the Director or nominated person determines that a child cannot cope in group care or requires an unmanageable level of educator time due to illness.

Parents may be requested to provide a Medical Certificate stating that a child is non-contagious or well enough to attend child care.



## **6. MEDICATION:**

A parent whose child requires administration of medication will:

- Complete the appropriate form at the Centre
- Provide the correct medication in its original container
- Provide written authority from a medical practitioner for the administration of non-prescription medication. The only medication able to be administered without such written instruction is Paracetamol liquid in the case of a temperature.

Staff are not liable for any allergic reaction or injury caused to the child by the administration of the medication in accordance with the parent's written authority. Nor will they be responsible for any error contained in the written permission, or the supply of incorrect medication by the parent.

## **7. ACCIDENT/EMERGENCY:**

Every reasonable effort will be made to contact the child's parent/guardian, however, if unable to contact them the Director or their delegate may authorise the transportation to hospital and administration of treatment as recommended by any attending Dentist, Doctor, Ambulance Officer, Police or State Government Officer, on behalf of the parent. The parent will be responsible for any costs incurred as a result of transportation or treatment. The parent will notify the Centre of any changes or development in the child's medical condition.

## **8. NOTIFICATIONS**

As Mandatory Reporters Centre staff are obliged to report any suspected incidents of child abuse or mistreatment to the licensing body which is the NSW Department of Family and Community Services.

Under legislation the service may be required to provide information or receive information from other agencies in relation to the child.

## **9. ARRIVAL & DEPARTURE OF CHILD:**

1. When your child arrives at the Centre it is the parent's responsibility to ensure that a member of the room staff receives the child into care and is aware of their attendance.
2. **The attendance roll must be signed with the accurate arrival time recorded.**
3. When the child is being picked up from the Centre it is the parent's responsibility to ensure that a member of the room staff is aware the child is being signed out of care.
4. **The attendance roll must be signed with the accurate departure time recorded.**



**10. HOURS OF ATTENDANCE:**

Bunya is open for 11 hours per day (7.00a.m. to 6.00p.m.) for which a daily sessional fee is charged.

**Commencement Date:** \_\_\_\_\_

Days:	MON	TUES	WED	THURS	FRI
Arrival time:	_____	_____	_____	_____	_____
Departure time:	_____	_____	_____	_____	_____

Please indicate the approximate hours that your child will be in attendance at the service as this will enable us to ensure that we operate legally within our licensing agreement.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Director / Representative

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Director / Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date