

LEARNING CENTER: Enrolment Form

Please send completed form via email: admin@playhouselearningcenter.com or call 02 9939 7740

Child's details		
Child's First Name:	Surname:	D.O.B
Home Address:		Gender: Male/Female
Country of Birth:	Language spoken:	CRN Number:
Parent or Guardian det	ails Parent /Guardian (1)	
Surname:	First Name:	D.O.B
Relationship to child: _	Address:	
CRN Number :	Home Telephone	No:
Work No:	Mobile:	Occupation:
Email:	Country of Birth:	
Language spoken:		
Parent or Guardian det	ails Parent /Guardian (2)	
Surname:	First Name:	D.O.B
Relationship to child: _	Address:	
CRN Number :	Home Telephone	No:
Work No:	Mobile:	Occupation:
Email:	Country of Rirth:	Language spoken:

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

Yes / No (Circle)

If "Yes" Please complete the following: -

- 1. Bring the court order/s for staff to see and a copy to attach to this enrolment form;
- 2. If these orders affect the powers of a parent or guardian of the child to:
 - Authorize the taking of the child outside the service by a staff member of the services'
 - Consent to the medical treatment of the child;
 - Collect the child



Emergency Contacts and authorizations

There may be times when the child has an accident; injury, trauma or illness and the parent/s or guardian/s cannot be contacted. To deal with these situations, the following person who is authorized to collect and care for the child.

Contact 1	
Full name:	Mobile:
Address:	Home phone:
Work phone	Relationship to child
 □ Give consent for my child to leave the eduservice □ Consent to medical treatment by a medical transportation by ambulance for my child □ Consent to medication being given to my 	ollect my child from the service (authorised nominee) acation and care premises with an educator from the all practitioner, hospital or ambulance service and/or
Contact 2	
Full name:	Mobile:
Address:	Home phone:
Work phone	Relationship to child
 □ Give consent for my child to leave the eduservice □ Consent to medical treatment by a medical transportation by ambulance for my child □ Consent to medication being given to my 	ollect my child from the service (authorised nominee) acation and care premises with an educator from the all practitioner, hospital or ambulance service and/or

Details of Other People who can collect the Child

In the event that the child is not collected and the parent/s or guardian/s **cannot** be contacted, the children's service will use this list to arrange someone to collect the child. This list may be added to throughout the year. **Identification must be produced upon request from staff.**

Contract1	
First Name:	Surname:
Mobile:	Home Phone:
Contract2	
First Name:	Surname:
	Home Phone:
Medical and Health Information	on
Name of Doctor/Medical Services:	
Address:	Telephone:
Medicare No:	
Ambulance Subscription: Yes No (circ	:le)
Private Health Cover: Yes No (circle)	
Does the child have any allergy or se	nsitivity? Yes No (circle)
If yes, the following management pro management plan is attached)	cedures are to be followed (or a copy of the

Does the child have Asthma? If yes, the following manager (or a copy of the manageme	ent procedures are to be followed
<u>-</u>	medical conditions and needs? : Yes No (circle) ent procedures are to be followed nt plan is attached)
suggests all children are prote	ouncil of NSW recommendations, the children's service cted by SPF 30+ sunscreen when exposed to sunlight. In dicy, we ask that each parent apply SPF 30+ sunscreen t at the children's service.
•	give consent for Playhouse Learning Center's sto
Signature	Date:

Medical and health information (continue)
Private Health Cover? Yes No
Does the child have any allergy or sensitivity?
Yes No
If yes, the following management procedures are to be followed (or a copy of the management plan is attached)
Does the child have Asthma?
Yes No
If yes, the following management procedures are to be followed (or a copy of the management plan is attached)
Has the Child been diagnosed as someone who is at risk of anaphylaxis?
Yes No
If yes, please attach relevant details. This includes a management plan, anaphylaxis medical management plan or risk minimisation plan.
Dietary Considerations
Please outline any dietary restrictions or considerations the Child may have (e.g. likes and dislikes. Details of allergies etc will be expanded on in the Medical section of the form):

Considerations of the child
Cultural considerations (please outline your child's cultural background and any cultural practices you would like followed) Is your child Aboriginal or Torres Strait Islander?
Yes No
Does your child or family use any other languages in your home?
Religious Considerations (please outline your child's religious background and any religious practices you would like followed). Special/Additional needs (please outline any special or additional needs your child may have).

(For example excessive fe	ears, favorite activities, development delay or disability etc.) Please provide details:
Immunization Record	
Has the child been immu	nized? : Yes No (circle)
Please provide a copy of	immunization record
Declaration	
I,	Print Full Name
a person with lawful auth	nority of the child referred to in this enrolment form,
inform the childre • Agree to collect of s/he becomes ur	Information in the enrolment form is true and correct and undertake to immediately en's service in the event of any change to this information or make arrangements for the collection of the child referred to in this enrolment for any envell at the service aft of the children's service seeking, or where appropriate, administering such
emergency med expenses incurre	lical treatment as is reasonably necessary and that I will reimburse any necessary d by the children's service.
 Consent to my ch photographs bei 	off of the children's service administering medication if so requested by me. ild to being photographed during regular childcare sessions and I also consent to the ng used for publicity purposes by Play House Learning Center. stand and agree to follow the fee payment structure and policies.
No outside agency or	r individual will be permitted to photograph the children without parental consent.
No outside agency or	rindividual will be permitted to photograph the children without parental consent.
No outside agency or	rindividual will be permitted to photograph the children without parental consent.

Booking Days and fees

To accept the place offered to your child, Playhouse Learning Center requires a bond of 2 weeks full fees payable on acceptance of a place in the Centre. The bond will be held until you give 2 weeks notice to cease care and will go towards your final fees. In the event that you accept a place, pay your bond and then are unable to take the place, the bond money will be refunded, provided that you inform us in writing 2 weeks prior to the commencement date.

Daily fees are:

Rainbow, (Age from 0 - 2 years) \$139 per day Rainbow, (Age from 2 - 3.5 years) \$127 per day Busy Bee, (Age from 3.5 - 5 years) \$115 per day

PLEASE CIRCLE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

TWO weeks notice in writing is required prior to exiting the centre. Fees are to be paid for absent days, sick days, child's holidays or as the position of the child is still booked and no notice of leaving the centre has been given.

Child Care Subsidy The cost of the service is a daily rate per child before CCS deductions apply. The centre is approved by the Australian Government to offer Child Care Subsidy (CCS) to eligible families as a reduction of their daily fees. CCS is paid directly to the centre through the Child Care Management System (CCMS) which is administered by the Department of Education, Employment and Workplace Relations (DDEWR). Families are a childcare subsidy until the centre records the parent and child customer reference number (CRN) necessary for the CCS and parents have registered their care days through MyGov. All documentation pertaining to CCS will be kept for a specified time and made available to Commonwealth Department Officers on request. Families will need to ensure that they provide centrelink with all requested forms including immunisation records each time their child is due vaccinations as this may impact on the CCS payment. It is the family's responsibility to ensure that they are aware of the changes of CCS due to their income or child's immunisation status and adjust the direct debit maximum to ensure their fees are kept up to date.

PARENT/GUARDIANS REGISTRATION AGREEMENT

- 1. We have viewed the Centre and consent to the enrolment of our child.
- 2. We acknowledge having received and read the Parent Handbook and understand any changes to such will be displayed in the Centre's Policies and Procedures Manual available on request from the office
- 3. We agree to comply with all Government Requirements in relation to the Centre and its service.
- 4. We agree that in the event of an accident or injury to my child, which requires medical care, the Centre will attempt to contact us. In the event of an emergency were we are not contactable we authorize Playhouse Learning Center to arrange an Ambulance transport our child to hospital and agree to pay any expenses incurred including Ambulance costs.
- 5. We agree to pay the weekly fee on the due date as determined by Playhouse with the first 1 week fees payable in advance on enrolment.
- 6. We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.
- 7. We understand that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.
- 8. In the event that we overlook to sign the attendance record we authorize staff at Playhouse to sign on our behalf for normal attendances, absent days and or holidays.
- 9. We are aware that fourteen (14) days notice in writing is required if we should be absent during the holiday period to apply for holiday rates.
- 10. We are aware that 2 weeks paid notice in writing of cancellation of care or reduction of days must be given in advance, otherwise full fees apply. We are aware that Playhouse Learning Center closes for Public Holidays & weekends. We are aware that fees for Public Holidays are free of charge.
- 11. We understand that late fees apply if a child is collected after the 6:00pm SHARP closing time.
- 12. We are aware that any failure to pay fees within 14 days may result in cancellation of care
- 13. Fees may be adjusted from time to time with due notice given to parents
- 14. We are aware that the child will be excluded from care if he/she is unwell or has contracted a contagious disease or condition. I/We understand that the child may return to Playhouse Learning center upon provision of a "Clearance Certificate" from a medical practitioner.
- 15. We are aware that if the child is not immunized he/she/ will be excluded from the centre if there is an outbreak of measles.
- 16. We give/do not give permission for the child to receive individual observation by students on accredited training programs at Playhouse.
- 17. We give/do not give permission for the child to receive support from a bilingual worker (ECCRU)
- 18. We agree to provide Playhouse Learning Center with all information regarding the Health of the child.
- 19. We are aware that if we fail to provide information correctly, the Centre will be able to terminate its services forthwith. We are aware that center May occasionally have visitors and/or volunteers, with the Centre's appropriate supervision.

We have read this agreement, and received relevant information about the service offered by this Centre. I/We are aware that the person/s nominated here as parent/guardian are the authorized parties to enroll, cancel enrolment, pay fees, release and have Playhouse Learning Center release the Child to

We agree to abide by the conditions of use of Playhouse Learning Center and this Agreement. Parent/Guardian Print

Print Name	Parent/GuardianSignature	Date	
Witness Print Name	Witness Signature	Date	
Signature for and on bet	nalf of Playhouse Learning Center	Date	



Multimedia Authority
(parent /guardian) give permission for my child name) to participate in short films, still photography, which may be used in
t, uploaded to the internet, on Facebook, in print media and display around the
Date:
Newsletter Subscription
house Learning Center's monthly newsletter be email and give permission for my distribution list.
Date:
Ambulance Authorization
(parent /guardian) give permission for educator at Playhouse Learning bulance in any serious circumstances when they are not able to contact parents Emergency contact.
Date:
Nappy Rash Cream Authorization
(parent /guardian) give permission for educator at Playhouse Learning am if my child(Child name) develops a nappy rash and I n supply of nappy rash cream, or if my own supply of nappy rash cream has
Date:
Panadol Giving Authorization
(parent /guardian) give permission for educator at Playhouse Learning (Child name) Panadol . They can administer panadol if the .5
Date:

<u>Medical Authorization</u>
Do you authorise for the service's Nominated Supervisor or other educators?
To provide basic First Aid on your child should it be needed whist they are at the service? Yes No
To seek medical treatment from a registered medical practitioner, hospital or ambulance service in the event of an emergency? Yes No
To seek dental treatment from a registered dental practitioner or service in the event of an emergency? Yes No
To seek transport for your child in an ambulance in the event of an emergency? Yes No
To administer general First Aid products as per the manufacture's recommendations. (e.g. Stingoes, Paw Paw Cream, Curash, Nappy Rash Cream) Yes No
To administer appropriate First Aid in the event that your child has an asthma or anaphylaxis reaction? Yes No
I agree to have my child picked up as soon as possible if they develop a high temperature, injury or illness whilst at the service.
Parent SignatureDate