



Enrollment Form

Please send completed form via email : playhousecentre@gmail.com or call (02) 8097 8177

Child's details

Child's First Name: _____ Surname: _____

Home Address: _____ Gender: Male/Female (Circle)

Country of Birth: _____ Language spoken: _____

Parent or Guardian details

Parent /Guardian (1)

Surname: _____ First Name: _____

Relationship to child: _____ Address: _____

Home Telephone No: _____ Work No: _____ Mobile: _____

Occupation: _____ **Email Address:** _____

Country of Birth: _____ D.O.B _____

Language spoken: _____

Parent /Guardian (2)

Surname: _____ First Name: _____

Relationship to child: _____ Address: _____

Home Telephone No: _____ Work No: _____ Mobile: _____

Occupation: _____ **Email Address:** _____

Country of Birth: _____ D.O.B _____

Language spoken: _____

Is there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? NO / YES (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 Contact Person

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 children's service should notify the following person who is authorized to collect and care for the child.

This person must live a maximum of 30 minutes from the center. **Identification must be produced on request from staff.**

Surname: _____ First Name: _____

Relationship to child: _____ Address: _____

Home Telephone No: _____ Work No: _____ Mobile: _____

Occupation: _____ Email Address: _____

Country of Birth: _____ D.O.B _____

Language spoken: _____

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.**

First Name: _____ Surname: _____

Mobile: _____ Home Phone: _____

First Name: _____ Surname: _____

Mobile: _____ Home Phone: _____

Medical and Health Information

Name of Doctor/Medical Services: _____

Address: _____

Telephone: _____

Medicare No: _____

Ambulance Subscription: Yes No (circle)

Private Health Cover: Yes No (circle)

Does the child have any allergy or sensitivity? : Yes No (circle)

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 (circle)

If yes, the following management procedures are to be followed

(or a copy of the management plan is attached)

Does the child have any other medical conditions and needs? : Yes No (circle)

If yes, the following management procedures are to be followed

(or a copy of the management plan is attached)

Sunscreen Protection

In line with the Anti-Cancer Council of NSW recommendations, the children's service suggests all children are protected by SPF 30+ sunscreen when exposed to sunlight. In conjunction with Sun Smart Policy, we ask that each parent apply SPF 30+ sunscreen to their child prior to their arrival at the children's service.

Yes **reapply** SPF 30+ sunscreen, which I have supplied,

to my child as required when going outside during September through to and including April.

NO do not **reapply** SPF 30+ sunscreen to my child.

Print name _____ Signature _____ Date: _____

Other Information

If there is anything else that the children's service should know about the child.

(For example excessive fears, favorite activities, development delay or disability etc.) Please provide details:

Immunization Record

Has the child been immunized? : Yes No (circle)

Please provide a copy of immunization record

Declaration

I, _____ **Print Full Name**

a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service
- Consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.
- Consent to the staff of the children's service administering medication if so requested by me.
- Consent to my child to being photographed during regular childcare sessions and I also consent to the photographs being used for publicity purposes by Play House Learning Center.
- Have read, understand and agree to follow the fee payment structure and policies.

No outside agency or individual will be permitted to photograph the children without parental consent.

Signature _____ Date _____

Booking Days and fees

To accept the place offered to your child, Play House Learning Centre 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.

Name of Child: _____ D.O.B _____

PLEASE CIRCLE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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Daily fees are:

Tumble tots, (Babies from 0 - 2 years)	\$115 per day
Busy Bees, (Toddlers from 2 – 3.5 years),	\$105 per day
(Preschoolers from 3.5 - 5 years)	\$95 per day

Our center is an approved childcare center, which means that you will be entitled to Child Care Benefit (CCB) and Child Care Rebate (CCR) from the Family Assistance Office (FAO).

You can decide whether you want your CCR to be paid to the center or to you directly.

The Child Care Rebate is capped at \$7,500 per financial year.

Four weeks notice in writing is required prior to exiting the center.

Fees are to be paid for absent days, sick days, all booked days that fall on public holidays, child's holidays or as the position of the child is still booked and no notice of leaving the center has been given.

Payment Options

A Parent or their delegated authorized person must complete and sign the Payment Authority Form.

On page 6 of the enrollment form. By providing your credit card number, expiry date and cardholders name, and giving permission to Playhouse Learning Center to transact on the card or debit directly to your account to Settle Fee Bonds, Registration Fees, Advance Fees and any outstanding fees.

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 where 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 authorise 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 school holiday period.
10. We are aware that 4 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 payable if the day is a usual day of attendance and is not transferable. We are aware that fees are payable for days where allowable absences are taken.
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 7 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 immunised 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 authorised 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/Guardian Signature _____ Date _____

Witness Print Name _____ Witness Signature _____ Date _____

Signature for and on behalf of Playhouse Learning Center _____ Date _____

All Quality Child Care Pty. Ltd
Trading as **Austral Cloud**
Unit 3/84 Old Pittwater Road
Brookvale NSW 2100
(02) 9939 0998 ABN 74 106 036 355
www.australcloud.com.au

Direct Debit Request

Request and Authority to debit the account named below to pay
All Quality Child Care Pty. Ltd

Your Surname (or Company Name) _____

Given names(or ABN) _____ "you"

request and authorise All Quality Child Care Pty. Ltd. (Debit User **377231**) to arrange, through its own financial institution, a debit to your nominated account any amount All Quality Child Care Pty. Ltd. has deemed payable by *you*. This debit or charge will be made through the Bulk Electronic Clearing System from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).

How would you like to pay for your childcare? Please complete section A or B

Section A Bank Account

Financial institution

name _____

Name on

account _____

BSB number

(Must be 6 Digits) | | | | | - | | | | |

Account number

| | | | | | | | | | | | | | |

Section B Credit Card

Card Type

☐ MasterCard or ☐ Visa

Name on card

Card Number

| | | | | | | | | | | | | | | | | | | | |

Expiry Date | | | | / | | | |

Signature

of card holder _____

Acknowledgment

By *signing and/or* providing us with a **valid instruction** in respect to *your* Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and All Quality Child Care Pty. Ltd. as set out in this Request and in your Direct Debit Request Service Agreement.

Payment Options

Your Account will be debited as required.
The frequency and amount will be indicated on your Fees Payments Form.

Insert your
signature and
address

Signature _____ Print Name _____

Address _____

Email _____

Date ____ / ____ / ____ Phone

Phone (W) _____ (M) _____

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Direct Debit Request Service Agreement

The following is your Direct Debit Service Agreement with All Quality Child Care Pty. Ltd. Trading as Future Blocks ABN 74 106 036 355. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Definitions:

account means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you*.

us or we means All Quality Child Care Pty. Ltd(AQCC). Trading as Future Blocks, (the Debit User) *you* have authorised by signing a *Direct Debit Request*.

you means the customer who has signed or authorised by other means the *Direct Debit Request*.

your financial institution means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

1. Debiting your account

1.1 By signing a *Direct Debit Request* or by providing *us* with a valid instruction, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.

1.2 We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.

or

We will only arrange for funds to be debited from *your account* if we have sent to the address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.

1.3 If the *debit day* falls on a day that is not a *banking day*, we may direct *your financial institution* to debit *your account* on the following *banking day*. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

Amendments by us

2 We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least fourteen (14) days written notice.

3.1 Amendments by you

3.2 *You* may change, stop or defer a debit payment, or terminate this agreement by providing *us* with at least fourteen (14) days) notification by writing to:

Your Childcare Provider or writing to AQCC Unit 3,84 Old Pittwater Rd, BROOKVALE NSW 2100

or

by telephoning your Childcare Provider or us on (02) 9939 0998 during business hours;

or

arranging it through your own financial institution.

4.1 Your obligations

It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to

be made in accordance with the *Direct Debit Request*.

4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:

- (a) *you* may be charged a fee and/or interest by *your financial institution*;
- (b) *you* may also incur fees or charges imposed or incurred by *us*; and
- (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.

4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct

4.4 If All Quality Child Care Pty. Ltd. Trading as Future Blocks is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay All Quality Child Care Pty. Ltd. Trading as Future Blocks on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5.1 **Dispute**

If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly by contacting your Childcare Provider or AQCC by mail Unit 3, 84 Old Pittwater Road, Brookvale NSW 2100 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve your query more quickly. Alternatively *you* can take it up with your financial institution direct.

5.2 If *we* conclude as a result of our investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.

5.3 If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

Accounts

6 *You* should check:

- (a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- (b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
- (c) with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

7.1 **Confidentiality**

We will keep any information (including *your account* details) in *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 *We* will only disclose information that *we* have about *you*:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8.1 **Notice**

8.2 If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to your Childcare Provider or All Quality Child Care Pty. Ltd. Trading as Austral Cloud, Unit 3, 84 Old Pittwater Road, Brookvale NSW 2100

8.2 *We* will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

8.3 Any notice will be deemed to have been received on the third *banking* day after posting.

Comments

Please contact your Childcare Provider in the first instance to have your questions or changes implemented.

Thank you

Revision 7 as at 6 August 2014



Multimedia Authority

I, _____ (parent /guardian) give permission for my child
_____ (Child name) to participate in short films, still photography, which
may be used in email broadcasts, podcast, uploaded to the internet, on Facebook, in
print media and display around the center

Signature: _____ Date: _____

Newsletter Subscription

I would like to receive Playhouse Learning Center's monthly newsletter be email and
give permission for my name to be added to the distribution list.

Signature: _____ Date: _____

Excursion Authorization

I, _____ (parent /guardian) give permission for my child
_____ (Child name) to participate in excursions or sporting activities that
are conducted at the completed prior to leaving the centre

Signature: _____ Date: _____

Nappy Rash Cream Authorization

I, _____ (parent /guardian) give permission for educator at
Playhouse Learning Center to apply Sudo cream if my child _____ (Child
name) develops a nappy rash and I have not provided my own supply of nappy rash
cream, or if my own supply of nappy rash cream has been finished or expired.

Signature: _____ Date: _____