



**Santa Clara O.S.C.
Enrolment Form 2019/20**

Child's Information:

Surname: First Names:

Address: Post Code:

Phone: DOB: M / F:

Child CRN:

Cultural background:

Country of birth: Languages spoken:

Does your child have any allergies, medical or other conditions: YES NO

If yes, please provide further information and an action plan attached.

Does your child have any other additional needs (including dietary needs)?

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Birth Certificate sighted: Immunisation (up to date details):
Please attach copied documents and keep on file.

Bookings Request:

All permanent bookings require 2 weeks' notice to cancel care.

Start Date: School Attending

Classroom/Year Level..... Teachers Name.....

Care type; Regular booking Casual Booking

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					

	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

Parent/Guardian Information:

The details of each known parent must be provided (National regulations 102,106-162)

Parent/Guardian (Person responsible for the account)	Parent/Guardian
Name:	Name:
DOB:	DOB:
CRN:	CRN:
Address:	Address:
P/C:	P/C:
Phone:	Phone:
Mob:	Mob:
Email:	Email:
Occupation:	Occupation:
Place of Work/Study:	Place of Work/Study:
Address:	Address:
P/C:	P/C:
Work Phone:	Work Phone:
Country of Birth:	Country of Birth:
Languages Spoken:	Languages Spoken:
Cultural Considerations:	Cultural Considerations:
Care required for (work/study/respice/other):	Care required for (work/study/respice/other):
Talents/Hobbies that can be shared with children:	Talents/Hobbies that can be shared with children:

Custody Arrangements:

Are there any of the follow court orders in place for your child? If Yes, please tick the orders that are in place and provide service with a copy of the order.

- Parenting Plans YES NO
- Residence YES NO
- Access to People YES NO
- Contact with Parent YES NO

Child's Medical Practitioner

Name:

Address:

Telephone no: Medicare no:

We regret that we are unable to provide care for children who are unwell or who have a communicable or infectious illness. In such an event if we are unable to contact you or your emergency contacts, we may deem it necessary to call an ambulance

Siblings:

Name:	DOB:	Year / Teacher

Authorised Persons to Collect Child from Service

PERSONS WHO HAVE PERMISSION TO COLLECT MY CHILD FROM THE SERVICE MUST BE 18 YEARS OF AGE. THEY WILL BE REQUIRED TO SHOW PHOTO IDENTIFICATION (DRIVERS LICENSE) WHEN COLLECTING CHILD. CHILD WILL NOT BE RELEASED IF THERE IS NO PHOTO IDENTIFICATION OF PERON COLLECTING CHILD. CHILD WILL NOT BE RELEASED TO AN INTOXICATED PERSON.

Contact One

Collect Child from Service YES NO

Excursion Permission YES NO

Authorised person to deliver / collect child:	
Name:	
Home Phone:	
Work Phone:	
Mobile:	
Relationship to your child:	

Contact Two

Collect Child from Service YES NO

Excursion Permission YES NO

Authorised person to deliver / collect child:	
Name:	
Home Phone:	
Work Phone:	
Mobile:	
Relationship to your child:	

Authorised Emergency Contacts

In case of an emergency, Santa Clara O.S.C. will contact the parents/guardian initially. If they are unable to be contacted immediately, we will contact the following people in the order that they are listed.

Contact One: Authorised Emergency Contacts
Name:
Home Phone:
Work Phone:
Mobile:
Relationship to your child:

Please tick each box that you give emergency contact to authorise.

- Medical Treatment YES NO
- Administration of Medication YES NO
- Ambulance to be Called YES NO
- Educator to Accompany child in Ambulance (if required) YES NO
- Excursion Permission YES NO
- Collect child from Service YES NO

AUTHORISED EMERGENCY PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

Contact Two: Authorised Emergency Contacts
Name:
Home Phone:
Work Phone:
Mobile:
Relationship to your child:

Please tick each box that you give emergency contact to authorise.

- Medical Treatment YES NO
- Administration of Medication YES NO
- Ambulance to be Called YES NO
- Educator to Accompany child in Ambulance (if required) YES NO
- Excursion Permission YES NO
- Collect child from Service YES NO

AUTHORISED EMERGENCY PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

Permissions:

I give my permission for: (Please circle YES or NO)

1. My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child to participate in a particular activity. **YES / NO**
2. For educators at the service to take my child on excursions by foot within the local community, destination may include: **YES / NO**
3. My child being observed by educators and students for programming purposes. **YES / NO**
4. My child's photograph, to be taken or recorded at the service for use within the service (May include photo development and/or printing outside the service) **YES / NO**
5. 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 them to seek medical treatment for my child. **YES / NO**
6. If they deem it necessary, I agree for them to call an ambulance to take my child to hospital and agree to meet any expenses incurred. **YES / NO**
7. Staff are permitted apply sunscreen to my child, if my child has sensitive skin, I will provide their own sunscreen for them to use. **YES / NO**
8. Accounts and correspondence to be sent to me electronically (to the email address provided on this enrolment form). **YES / NO**

Signature of Parent/Guardian (1) : Date:

Signature of Parent/Guardian (2) : Date:

Daily Schedule of Fees
For the 2019/2020 Financial Year
(Effective 2019)

Santa Clara O.S.C.

Service Type	Normal Session Period	Rate
Before School Care	7-00am to 9-00am	\$17-00
After School Care	2-45pm to 6-00pm	\$30-00
Vacation Care/Pupil Free	7-30am to 6-00pm	\$70-00

The actual costs incurred by parents/guardians are decreased by any Child Care Subsidy to which your family is entitled (calculated based on hours worked, family income, daily fees incurred and hours of sessional childcare per day). Because your Child Care Subsidy is paid directly to **Santa Clara O.S.C.** for ease of administration you should be charged only the net amount of fees incurred.

Estimate your Child Care Subsidy by using the calculator at
www.education.gov.au/sites/education/files/sch/index.html

Name: _____ Date of Birth: _____ Age: _____

Name of Parent/Guardian: _____

This information is to be read in conjunction with the Service Agreement and the Fee Schedule FY 2019/2020 which together, form the **Compliant Written Agreement** consistent with the guidelines for Child Care Subsidy.

Childcare Provider:

Company: **Santa Clara O.S.C.**

Phone 92510405

Email: keren.barry@cewa.edu.au

Address: 91 Coolgardie Street, St James 6102

Website: web.santaclara.wa.edu.au

ABN: 87577206885

Service ID: 1900113024C

MyGov:

Have you obtained a myGov account (please circle) Yes/No?

Have you completed a Child Care Subsidy Assessment (please circle) Yes/No?

Type of Care

What type of care are you seeking (please circle)

a) Before School Care

b) After School Care

c) Casual care only

Dates of Care

Planned date that care will commence: _____

Planned date that care will cease (if known): _____

Care Schedule and Sessions:

Please circle your routine care days. A Session for Before School Care is 2.0 hours and After School Care is 3.15 hours.

Type of Care and Opening Hours	Day of the Week				
Before School Care 7-00am to 9-00am	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care 2-45pm to 6-00pm	Monday	Tuesday	Wednesday	Thursday	Friday

Privacy Agreement

Santa Clara O.S.C., located at 91 Coolgardie Street, St James, maintains enrolment details and records of attendance, fee payment, medication administered and information about the development, well-being and health of each child while attending the service. This enables us to plan and program for your child's needs and ensure we meet all of our legislative and regulatory responsibilities.

Information provided by you for this purpose will be treated respectfully and confidentially. All personal, sensitive and health information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

Failure to provide the required information may result in non-acceptance of your child's enrolment.

Only authorised staff members who directly require your information for professional purposes will have access to it. Families are able to access their information upon request.

Information may be disclosed to relevant authorities to confirm our compliance with child care and Child Care Subsidy laws.

Declaration

I/We hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at the centre.

Parent / Guardian (1) Name: Date:

Signature of Parent/Guardian (1):

Parent / Guardian (2) Name: Date:

Signature of Parent/Guardian (2):

Registration Agreement - Please tick all boxes of consent

- I agree to pay my fees through EZIDEBIT and have read and completed the required documentation.
- I have received and read the family handbook and I understand any updates to policy will be displayed on the notice board or in the centre newsletter.
- 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 understand that I must pay fees for any booked days that I have not cancelled prior to Thursday of the week before for casual bookings
- I am aware that any failure to pay fees may result in cancellation of my child's place at the centre.
- I am aware that fees will be reviewed annually, and I will receive a minimum of two (2) weeks' notice of any changes being made.
- I am aware that two weeks' notice in writing of cancellation of care for a permanent cancellation must be given in advance for all full-time bookings in LDC.
- I understand that I must pay fees for any booked days that I have not cancelled at least 24 hours in advance for any casual bookings.
- I understand that I will also 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 of the services opening and closing times
- 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.
- I consent to my child being in the presence of volunteers, visitors and students with due notice given, 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.
- 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 and any outstanding fee credits reimbursed up conclusion of care at the centre.

I have read the registration agreement and agree to adhere to the above conditions and policies.

Parent/Guardian Name:..... Date.....

Signature.....