

Little Rascals

CHILDCARE & OUTSIDE SCHOOL HOURS CARE

Little Rascals Out of School Hours Care Before / After School & Vacation Care

62 Sloan Drive Leda
P: 9419 7868
E: schoolies.leda@outlook.com

2 Budden Way Medina
P: 9439 6804
E: little.rascals.medina@gmail.com

Little Rascals Childcare Long Daycare

6 English Retreat Leda
P: 9439 2382
E: little.rascals.leda@gmail.com

26 Wanliss Street Rockingham
P: 9591 1645
E: littlerascalsrockingham@gmail.com

Childcare Enrolment Form

ATTACHED DOCUMENT CHECKLIST

Please ensure ALL of the following documents are attached to this application upon submission

- Childs Birth Certificate
- Immunisation Records
- CCB / JET Eligibility Letter
- Court orders (if required)
- Medical Action Plan (if required)

Child's name:

Entered By:

Date:

Please complete all information in **BLOCK LETTERS** (Please note: Parents & Children have their own individual CRN)
Please be aware that if information is incomplete, you may not be able to claim CCB / CCR from Centrelink. You
will be charged **FULL FEES** until all information is updated and correct

CHILD DETAILS

| | | |
|------------------------------|------------------|------------------|
| Child CRN: | | |
| First Name (s): | Middle Name (s): | |
| Surname: | | |
| Preferred Name: | | |
| Date of Birth: | Gender: | Male Female |
| Home Address: | | |
| Country of Birth: | | |
| Language (s) spoken at home: | | |

FAMILY INFORMATION:

Are there any court orders, parenting orders or plans in relation to the child/ren or access to the child/ren?
YES NO If yes, please attach a copy of the documentation and give brief details.

Cultural Background: Aboriginal Torres Strait Islander

Other: (Please specify) _____

Language/s spoken at home: _____

Any cultural or religious requirements to be observed:

BOOKINGS REQUIRED:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| Before School | | | | | |
| After School | | | | | |
| Vacation Care | | | | | |

Start Date: _____

Name of School: _____

Phone Number: _____ Fax: _____

Email Address: _____

Name of Principal: _____

Child's Year at School: _____

Child's Classroom number: _____

Teacher's Name: _____

PARENT / GUARDIAN DETAILS :

PRIMARY PARENT

| | | |
|-------------------------------|------------------|------------------|
| CRN: | | Title: |
| First Name (s): | Middle Name (s): | |
| Surname: | | |
| Relationship to child: | | |
| Date of Birth: | Gender: | Male Female |
| Home Phone: | Mobile Phone: | |
| Home Address: | | |
| Occupation: | | |
| Work Address: | | |
| Work Phone: | Email: | |
| Does the child live with you: | YES NO | Shared Care |
| Language (s) spoken at home: | | |

SECONDARY PARENT

| | | |
|--|------------------------|------------------|
| Title: | First Name (s): | |
| Surname: | Relationship to child: | |
| Date of Birth: | Gender: | Male Female |
| Home Phone: | Mobile Phone: | |
| Home Address: | | |
| Occupation: | | |
| Work Address: | | |
| Work Phone: | Email: | |
| Does the child live with you: | YES NO | Shared Care |
| Language (s) spoken at home: | | |
| Authorised to consent to medical treatment: YES NO | | |

EMERGENCY CONTACTS: (Must be over 18 years old) If, in the case of an emergency and we are unable to contact the Primary or Secondary Parents we will contact the following people in order they are listed.

CONTACT ONE:

| | | | |
|--|-----------------|--|--|
| Title: | First Name (s): | | |
| Surname: | | Relationship to child: | |
| Home Phone: | | Mobile Phone: | |
| Home Address: | | | |
| Work Phone: | | Email: | |
| Authorised to pick up: Yes / No | | Authorised to consent to medical treatment: YES NO | |

CONTACT TWO:

| | | | |
|--|-----------------|--|--|
| Title: | First Name (s): | | |
| Surname: | | Relationship to child: | |
| Home Phone: | | Mobile Phone: | |
| Home Address: | | | |
| Work Phone: | | Email: | |
| Authorised to pick up: Yes / No | | Authorised to consent to medical treatment: YES NO | |

CONTACT THREE:

| | | | |
|--|-----------------|--|--|
| Title: | First Name (s): | | |
| Surname: | | Relationship to child: | |
| Home Phone: | | Mobile Phone: | |
| Home Address: | | | |
| Work Phone: | | Email: | |
| Authorised to pick up: Yes / No | | Authorised to consent to medical treatment: YES NO | |

MEDICAL INFORMATION:

| | |
|---|---|
| Doctor: | Medical Practice: |
| Phone Number: | Medicare Number: |
| Ambulance cover: Yes/ No Fund: | |
| Private Health: Yes/ No | Name of fund: Member Number: |
| Are your child's immunisations up to date? YES NO | Copy of Immunisation record attached YES NO |

CHILD HEALTH INFORMATION:

| | Child 1 | Child 2 | Child 3 |
|---|---------|---------|---------|
| Does your child have allergies, intolerances or dietary restrictions? | Yes No | Yes No | Yes No |
| Does your child have any medical conditions? | Yes No | Yes No | Yes No |
| Does your child take any medication? | Yes No | Yes No | Yes No |
| Does your child have an Action Plan? | Yes No | Yes No | Yes No |
| Is your child at risk of Anaphylaxis? | Yes No | Yes No | Yes No |

Please give details of any medical conditions, additional needs, dietary needs etc. your child has.

| Details | Action Required: |
|---------|------------------|
| | |

Does your child have a diagnosed disability or special needs? YES NO
 If yes, please provide relevant details:

Does your child take any prescribed medication daily? Yes / No
 If Yes, please provide any relevant details / documentation.

AUTHORISATIONS:

Photos and video footage

I / we give permission:

| | | |
|---|-----|----|
| Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the centre). | YES | NO |
| Have SPF30+ sun cream applied prior to sun exposure. | YES | NO |
| Have band aids or sticking plasters applied when necessary. | YES | NO |
| Administer my child Panadol. | YES | NO |
| For photos and video footage to be taken of my / our child for centre use and staff training purposes. (Footage will not leave the centre). | YES | NO |
| For photos and video footage of my / our child to be used in Learning Stories and to be shared with other families that attend the centre. | YES | NO |
| For photos and video footage of my / our child to be used for student training purposes. (Photos and video footage may leave the centre for students to present to lecturer and class for viewing and marking). | YES | NO |
| For photos and video footage of my / our child to be used in Little Rascals Childcare Centre's monthly newsletter. | YES | NO |
| I/we give permission for my child to travel to and from the above named school, under the supervision of Little Rascals Childcare Centre staff | YES | NO |

Parent / Guardian Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____

How did you hear about Little Rascals OSHC?

Please tick the relevant boxes.

| | | | |
|---------------|--|-------------------------|--|
| Word of Mouth | | Internet Search | |
| Website | | Facebook | |
| Advertising | | Other (Please explain): | |

PARENTS / GUARDIANS ENROLMENT AGREEMENT

(The use of the word “we” will also include the singular “I” where applicable in this section.)

1. We have viewed Little Rascals Childcare Centre (hereafter called the centre) and consent to the enrolment of the admitting child/ren (hereafter referred to as the child).
2. We acknowledge having received and read the Parents Handbook and we understand any changes to such will be displayed on the centre’s noticeboard in the foyer of the centre.
3. We agree to comply with all government requirements in relation to the centre and its service.
4. We agree that in the case of accident or injury, the centre will attempt to contact us and where we cannot be contacted medical care and / or ambulance services may be sought and given to the child and we agree to meet any cost incurred.
5. We agree to pay the fee on the due day as determined by the centre’s payment requirement or as agreed to by the centre
6. We are aware that it is our responsibility to maintain a current Family Assistance Office Child Care Benefit Assessment for Child Care Benefit purposes. We understand that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.
7. We are aware that fourteen (14) days notice in writing of cancellation of care must be given in advance, otherwise fees will continue to be charged. We are aware that care not used at the beginning or end of a care period will incur full normal weekly fees
8. We are aware that:
 - a. Fees for public holidays are payable if the day is a usual day of attendance
 - b. Fees are payable for days where any absences are taken (eg. Sick, holidays).
9. We understand that a system of payment for late departures and early arrivals operates at the centre to cover expenses incurred outside normal operating hours. We are aware that we are obliged to drop off and pick up the child as negotiated with the centre. Any late collection or early drop off will result in a fee being imposed. Such fees will be \$1.50 per minute and is unrelated to Child Care Benefit payment.
10. We are aware that any failure to pay due fees within seven (7) days may result in cancellation of care at the centre’s option. We are aware that fees may need to be adjusted from time to time with due notice given to parents.
11. We fully understand that overdue fees may be sent to a collection agency. Any costs imposed or incurred by centre in recovering any outstanding monies including late payment fees, collection agency fees, solicitor costs, any court related fees and expenses shall be paid by the parents/guardians.
12. We understand that in case of a default on payments for childcare fees, enrolment details may be listed on the National Default Registry for a period of 5 years. This information may be accessed by other providers at the time of enrolment.
13. We understand that children who are third priority in the Priority of Access Guidelines may be required to alter their days or give up their place at the centre in order to provide a place for a higher priority child. The priorities are as follows:
 - a. **First priority – children at risk of serious abuse or neglect**
 - b. **Second priority – children whose parents satisfy the work/training/study test (under section 14 of the Family Assistance Act)**
 - c. **Third priority – any other child**
14. We are aware that the child will be excluded from care at the centre if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the centre upon provision of a ‘clearance certificate’ for the child from a medical practitioner.
15. We are aware that if the child has not been immunised against any scheduled immunisable disease, or in the absence of proof of earlier contact with any such disease, the child will be excluded from the centre on outbreak of such diseases may occur. We understand that the child will be accepted for further care by the centre after receipt of medical advice that the infectious period has passed.
16. We are aware that the centre may require the presentation of a medical certificate in the event of the child developing a medical disability or abnormality.

17. We agree to provide the centre with all information regarding the health of our child and any other information required by the centre.
18. We are aware that the centre may occasionally have visitors to the centre and have volunteers that may assist at the centre. We consent to our child being in the presence of visitors or volunteers, with the centre's appropriate supervision.
19. The centre reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of the centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
20. All attendance fees are to be paid two weeks in advance. The centre will provide a statement of weekly fees due as guideline to payment each week. The centre accepts payment of fees through Direct Debit (Ezidebit). We agree to complete all relevant direct debit forms correctly upon enrolment.
21. We have read this contract, we understand the conditions and agree to abide by them and received relevant information about the service offered by this centre for the care of the below children.

Upon signing below, you have consented to the terms and conditions outlined above in the Parents/Guardians' Registration Agreement. (It also includes all other requirements stated in the Parent Handbook).

| | | | |
|---------------------------------------|-------------|-----------------------------|-------------------|
| Signature of Parent/Guardian | Date | Signature of Witness | |
| Signature for and on behalf of | Date | Signature of Witness | the Centre |

Failure to provide the above information will result in the non-acceptance of the child.