



ABN 85 100 281 338

5 O'Brien Street, PO Box 66,
Plumpton NSW 2761

Tel: 02 9675 5310

Fax: 028834 7312

Email: Info@rainbowcare.com.au

Web: www.rainbowcare.com.au

Enrolment Form

Child Information

First Name: Surname:

Other Names the Child is known by:

D.O.B: Sex (M/F):

Address:

Suburb: P/Code:

Place of birth: Religion:

Cultural Background: Languages Spoken: Halal Food Only: Yes / No

Any Aboriginal or Torres Straight Island Descent

Is there anyone who is prohibited from having contact with or collecting the child?

.....

Days Required:

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Start Date Required:

Information required to claim CCB:

CCB Eligible Hours: Is your child attending another centre: Y/N

Child's CRN: _____

Parent Name (Centrelink Contact):

Parent D.O.B: Parent CRN: _____

Is your child attending another centre: **Yes / No** If Yes, how many hours:

Siblings attending another centre: **Yes / No** If Yes, how many siblings:



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Parent Information

Carer One (Mother/Father/Other): Please Specify:

First Name: Surname:

Other Names the Carer is known by:

D.O.B: Marital Status:

Address:

Suburb: P/Code:

Home Phone: Mobile:

Email address:

Languages Spoken: Cultural Background:

Driver's License / Passport No: (copy must be provided)

Work Details: Employer:

Address: Phone (w):

Hours: Occupation:

Carer Two (Mother/Father/Other): Please Specify:

First Name: Surname:

Other Names the Carer is known by:

D.O.B: Marital Status:

Address:

Suburb: P/Code:

Home Phone: Mobile:

Email address:

Languages Spoken: Cultural Background:

Driver's License / Passport No: (copy must be provided)

Work Details: Employer:

Address: Phone (w):

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Authority to Collect/Emergency Contact:

I authorise the staff of this centre to give the following contact names access to my child/ren. (Note: Must be over 18 years old and bring identification with them) Please ensure that these emergency contact persons are willing and able to collect your child/ren in the event of an emergency. **At least 2 Emergency Contact names need to be completed and do not include parents.**

Note : copies of driver's license or passport of all contact persons must be provided to the centre

Contact 1: (Authority to Collect/Emergency Contact) Please specify one or both

First Name: Surname:

Address:

Suburb: P/Code:

Phone: Mobile:

Work Details: Employer: Suburb:

Phone (w): Occupation:

Relationship to Child:

Contact 2: (Authority to Collect/Emergency Contact) Please specify one or both

First Name: Surname:

Address:

Suburb: P/Code:

Phone: Mobile:

Work Details: Employer: Suburb:

Phone (w): Occupation:

Relationship to Child:

Contact 3: (Authority to Collect/Emergency Contact) Please specify one or both

First Name: Surname:

Address:

Suburb: P/Code:

Phone: Mobile:

Work Details: Employer: Suburb:

Phone (w): Occupation:

Relationship to Child:

Signed by Parent/Guardian:

Date:



Medical Details:

Has your child had any of the following: (Please circle)

- | | | | |
|-----------|-------------|------------------|-------------------------|
| Measles | Mumps | German Measles | Recurring Ear Infection |
| Hepatitis | Chicken Pox | Throat Infection | |

Does your child:

- Have any allergic reactions? YES / NO To What?
PLEASE SEE DIRECTOR ABOUT FILLING IN AN ACTION PLAN IF THERE IS ANY ALLERGIC REACTIONS
- How severe? MILD MODERATE SEVERE
- What happens if they consume this or have an attack? What are the symptoms?
.....
- regularly visit a specialist?
- Have any behaviour difficulty?
- Take any regular medication?
- Have any special medical conditions?
 - Treatment:

Has your child been immunised: Yes / No

Please supply evidence of child's Immunisation – either Blue Book or a letter from doctor. It is the responsibility of parents / guardians to keep child's Immunisation UP TO DATE!

Medicare No:

Private Health Care Provider: **Private Health Care Number:**

Does your Private Health Fund provide Ambulance Cover: Yes / No

Doctor's Name: **Phone No:**

Address: **P/Code:**

Contact Doctor: Y/N

Dentist's Name: **Phone No:**

Address: **P/Code:**

Contact Dentist: Y/N

Religious requirements in case of accident:

I hereby give written consent to the carrying out of appropriate medical, dental or hospital treatment in the event that such action appears to be necessary because the child has been injured, or is ill, on the premises. I accept all liabilities including medical, dental, hospital and ambulance that may be incurred. Note: Nothing in this clause limits the authority of a medical practitioner or dentist to carry out emergency medical or dental treatment on a child without consent of the child's parent/caregiver as referred to in section 174 of the Privacy Act.

Signed by Parent/Guardian:

Date:



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CLOTHING POLICY

Please note our clothing and sun safe policies do not permit children to wear any singlet tops, muscle shirts, etc where the shoulders are exposed. They will need to wear a T-shirt which covers their shoulders. Please provide a jacket during the cooler seasons and shorts and T-shirt during warmer months. Sensible shoes are part of the centre's OH&S requirements, please ensure your child wears appropriate secure shoes to prevent them from slipping and falling. Thongs are not allowed

Family Details:

Marital Status: (Please circle)

Single Married Separated Divorced Widowed De Facto

Are there any court orders affecting your child/ren? YES / NO

If Yes, please provide details:

.....
.....

Please provide a copy of the Court Order, or Access Papers, prior to starting your child/ren at the centre.

Number of Adults living in the home Children living in the home

Length of residence in Australia:

Languages spoken in the home:

Are there any cultural/religious requirements or customs that we should honour in caring for your .child?

.....
.....

PERMISSION NOTE

MEDICATION:

I give permission for Oz Kidz CCC to administer medication whilst my child is attending the centre. This is inclusive of medication provided by families via a medication form and also to administer non-prescribed medication in the case of a fever of 37.8 degrees or higher. I am aware that every attempt to contact me will be made prior to administering the medication, but if I or any emergency contact persons are not available, or if there is a long delay in picking up my child, staff of this service will continue to treat and care for my child accordingly until my child has left the centre.

Please circle one or all medications you prefer to be given to your child: Dymadon Panadol (please specify)



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ACCIDENT / INJURY:

I give permission for the staff at Oz Kidz Child Care Centre to undertake emergency treatment in the case of an accident/injury or illness that requires extreme emergency care. I give them permission to seek medical treatment for my child and be transported by ambulance to the nearest available treatment centre. I understand all costs for ambulance, etc is not covered by the centre. I understand that a trained staff member will accompany my child with the child's personal details and act on my behalf until an authorised person arrives.

MEDIA:

I give Oz Kidz Child Care Centre permission to photograph and video my child whilst in attendance at the service. During special occasions that require the centre family and friends to attend, I do not object to having my child photographed or have video footage taken of my child by any persons not employed by Oz Kidz Child Care Centre. All photographs/videos are used for observation/educational purposes such as individual portfolios or daily diaries.

SUNSCREEN:

I give permission for the staff of this service to apply sunscreen purchased by this service on my child in accordance with the centre's sun protection policy. If my child is unable to use the centre's sunscreen I agree to purchase a suitable sunscreen for my child that is to the standard of the Australian Cancer Council Sunsmart Program.

Parent's/Guardian's Signature: **Date:**

Witness (staff)



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PARENTS AGREEMENT:

PLEASE READ THE FOLLOWING CONDITIONS CAREFULLY

1. Before a position at Oz Kidz Child Care Centre can be secured a deposit of \$50 must be paid. This deposit is held by the service until such a time of termination of enrolment when it will be refunded in the form of a credit. Deposits are not refundable if the child/ren does not commence enrolment with this service or leaves the centre within three (3) months.
2. I understand that a BOND of one (1) weeks full fees is payable at enrolment. I agree to pay weekly fees on, or before, Friday of each week. I accept that **ALL** holidays, public holidays, sick days and other absences must be paid for.
3. If my child is going on holidays, I will pay my fees in ADVANCE before going on the holiday
4. Fees must be paid on the due date and always be kept two weeks in advance at all times. I am aware that a late payment fee of \$10 will be applied to my account if fees are not paid by the due date and that my fees are more than two (2) weeks in arrears, my child's placement at this service is at risk and a letter of termination will be given.
5. I understand that in the event of being late to pick up my child/ren a late fee of \$20.00 every 10 minutes per child shall apply.
6. If your child will be absent due to illness, holidays or any other reason, parents must ring the centre before 8:00 am to inform staff that your child will not be attending that day. Children that are not at the centre by 9:30am will be marked as absent and will not be allowed to attend that day.
7. For any fees or other payments overdue for two weeks I/we authorise Oz Kidz Child Care Centre to forward our details to debt collectors or other agencies for collection of the overdue money.
8. I understand that booked days are not transferable and any changes to the booked days must be made in writing giving TWO WEEKS notice. I also understand that TWO WEEKS WRITTEN NOTICE must be given prior to withdrawing my child from this centre otherwise two weeks full fees will be accounted to me. The bond will be refunded two weeks after your child's last day of attendance or if paying full fees, credited to your account.
9. Oz Kidz Child Care Centre is open throughout the year (Except public holidays). Hours of operation are 6:30am to 6:00pm Monday to Friday. This means that children, parents and staff must be off the premises by 6pm.
10. I understand that it is a centre policy that all children must attend the service for a MINIMUM OF 2 DAYS A WEEK.
11. My child has/has not used any other service during this financial year. i.e., 1/7/09-30/6/10. If yes, please attach the latest evidence that shows balance of allowable absences e.g.,/ Receipt
Evidence Given: Yes No
12. Applicable only when child is attending another service whilst attending Oz Kidz Child Care Centre: "My child/ren also attends another service other than Oz Kidz Child Care Centre and I agree to provide a receipt displaying proof of allowable absences from the service every month.
13. Applicable only when child/ren have siblings attending another service:
I would like to inform Oz Kidz Child Care Centre that I have another child/ren attending another service (Long Day Care, Before and After School Care, Vacation Care, etc).
14. I am aware that it is the responsibility of the parent to ensure that clean bedding is available to my child every week and that if this service needs to use the centre's bedding for my child due to failure to provide bedding, a charge of \$2.00 per day will be added to my account.



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15. I hereby authorise the Authorised Supervisor to seek and provide any emergency/dental/hospital or other such services as they see fit should my child suffer any illness or injury whilst at the centre. In the event that the Authorised Supervisor is not on the premises, I hereby authorise a qualified staff member to seek and provide the necessary services. I authorise a staff member to travel by ambulance only to the Hospital or Doctor's Office. I realize that all possible attempts will be made to contact parents or emergency contacts as soon as possible of any action being taken, but the Authorised Supervisor will act in the best interest of my child in cases of emergency.
16. I understand that in the event of an outbreak of infectious disease, my child may be excluded if they have not been immunised. All fees will remain payable by me for the time my child is excluded. I understand that the Authorised Supervisor may contact me at such time that she considers my child too ill to participate in the programme of activities and I will promptly collect my child.
17. If my child is found to have head lice, I understand that he/she will be unable to attend the centre until treatment is completed, there is no traces of lice or egg infestation and/or a letter from a doctor/chemist stating that the head lice is cleared, is given to the centre.
18. I understand that my child is to return back to preschool no earlier than 24 hours after prescribed medication is given (sick child policy). Children with a temperature of 37.8 degrees or more are not permitted to attend this service until the child's normal temperature resumes and is maintained for 24 hours and any suspected contagious diseases. A Doctor's clearance letter is required if the child has been diagnosed with a contagious condition (Exclusion Policy)
19. Oz Kidz Child Care Centre operates under a priority of access system. Parents may be asked to make changes to their child's day of attendance to accommodate a higher priority parent.
20. I understand that if I have any problems regarding staff, fees, programming, etc I will complete the appropriate forms (Such as communication slip/complaints and grievances) before I organise to meet with the Authorised Supervisor and discuss this in the privacy of the office, not in view of other staff members or parents.
21. I / we understand that it is my / our responsibility to keep up to date, all information including (but not limited to) address, telephone numbers, marital status, credit card, any court order, CCB% (Centrelink), contact persons for pick up and drop, child immunisation, doctor, etc.
22. I / we understand that it is my/our responsibility to ensure that drop / pick is undertaken by authorised persons only (those listed in the enrolment form). For any emergency drop / pick up, the Centre will not accept / release child/ren from / to any one, unless the parent / guardian / carer provides the details of the person and unless the person shows ID (driver's license or passport) to the center staff (the person must be min 18 years of age). The centre staff will require copy of the person's ID for centre record.
23. I/we understand that (i) the CCB cannot be claimed until child/ren commences attending the service, (ii) the CCB will cease if the child/ren physically stops attending the service during the two weeks' notice period, (iii) for any days of absence within the two weeks' notice period, the centre will charge full fees (as the Center is not entitled to claim CCB for absent days) unless a doctor's certificate is provided.
24. I/ we have read the above agreement and I am prepared to accept these conditions made by Oz Kidz Child Care Centre.

Parent's/Guardian's Signature: **Date:**

Witness (staff).....



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CREDIT CARD DETAILS & PRIVACY DISCLOSURE FORM

In this section, 'personal information' means information about me including my financial circumstances, **my credit card details**, my credit worthiness, credit history, credit standing and conduct of my account with you. I agree that, subject to the Privacy Act, you and your agents may do the following and this agreement continues until such future outstanding amounts owed by me are repaid:

- Obtain credit reports about me from credit reporting agencies to access this application or to collect overdue payments from me, and obtain personal information from a business that provides credit worthiness information.
- Disclose personal information to credit reporting agencies before, during or providing the service account to me. This includes, but is not limited to:
 - The fact that I have applied for an account
 - Advice about payments at least 60 days overdue and which are in collection (and advice that payments are no longer due)
 - Advice that cheque(s) drawn by me, or Direct Debit requests to my financial institution account which I have authorised you to make, which are more than \$100.00, have been dishonored more than once
 - Your opinion that I do not intend to meet my account obligations or that I have committed some serious credit infringement
 - That the amounts owed by me have been paid or discharged
- Exchange personal information with service providers in a credit report issued by credit reporting agency. This is for purposes including but not limited to:
 - Assessing credit worthiness
 - Notifying other service providers of a default by me
 - Exchanging information about my account where I am in default with other service providers
 - Your administration of my account
- If I am in default under my account, notify and exchange personal information with collection agent.
- **If I am unable to pay the fees by cash or cheque within two weeks, the centre shall charge my credit card for the amount of fees owing.**

Parent/Carer 1:

Parent/Carer 2:

Credit card details:

Card No: _____

Card No: _____

Date of expiry: __ / __

Date of expiry: __ / __

Print Name: _____

Print Name: _____

Sign: _____

Sign: _____

Date: _____

Date: _____



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What to Bring on Your Child's First Day

Child:

- A bag with a change of clothes
- Bed linen - Small pillow, Small Fitted Sheet, Blanket & Bag To Place Sheets In
- Security toy/comforter is optional)
- 1 piece of fruit per child per day

PLEASE LABEL ALL ITEMS CLEARLY WITH YOUR CHILD'S NAME

Parents/Guardians:

- Copies of ID's (driver's license or passport)
- Enrolment Forms
- Blue book – Immunization Record of your Child
- Birth Certificate of your Child
- 1 weeks BOND