



Care and Education Enrolment Form 2020

Child Name: _____

Date of Birth: _____

Parent/Guardian Name: _____
(Enrolling child)

PRIORITY OF ACCESS (Please tick the reason care is required):

*Every childcare service must abide by the Australian Government's Priority of Access Guidelines.
<https://www.education.gov.au/priority-allocating-places>*

- At risk of serious harm or abuse
 Work / Training / Study
 Respite / other
 Temporary Protection/Humanitarian/Asylum Seeker Bridging Visa *(if yes, please provide copy)*

ENROLMENT REQUIRED (Please tick):

- Childcare (Long Day Care) – Refer below
 Kindergarten – Refer to Page 2 for Kindergarten
 Pre-Kindergarten – Refer to Page 3 for Pre-Kindergarten

CHILD CARE (LONG DAY CARE)

SESSION TIMES	Full Day	Morning	Afternoon	Before Kinder Care	After Kinder Care	Before School Care	After School Care
Portland	7:30am - 6:00pm	7:30am - 1:00pm	1:00pm - 6:00pm	Tue/Thur Wed/Fri 7:30am-8:30am	Tue/Thur Wed/Fri 4:00pm-6:00pm		
Casterton	7:45am - 5:45pm	7:45am - 12:45pm	12:45pm - 5:45pm	Tue/Wed/Thur 7:45am - 9:00am	Tue/Wed/Thur 2:00pm-5:45pm	7:45am - 9:00am	3:15pm - 5:45pm
Dartmoor	Thurs 9:00am - 6:00pm	Tue/Wed 9:00am - 2:00pm			Thurs 2:00pm-6:00pm		

- Karreeta Peeneeyt Mara (Portland Child & Family Complex)
 Kathleen Millikan Centre (Casterton)
 Dartmoor Children's Centre (operates during Victorian School Terms only)

Long Day Care Commencement date: _____

Requested LDC Booking: *(Indicate approximate times you wish to drop off and collect your child (eg 8.00am-12:30))*

Times	Mon	Tues	Wed	Thurs	Fri
Arrive					
Depart					

KINDERGARTEN (YEAR BEFORE SCHOOL) – Refer to Page 3 for Pre-Kindergarten

Kindergarten Service:	Number Preference 1-3
<input type="checkbox"/> Jaycee (Tuesday and Thursday – Seal Group)	
<input type="checkbox"/> Jaycee (Wednesday and Friday – Dolphin Group)	
<input type="checkbox"/> Kalbarri (Tuesday, Wednesday and Friday)	
<input type="checkbox"/> Karreeta Peeneeyt Mara PCFC (Tuesday and Thursday)	
<input type="checkbox"/> Karreeta Peeneeyt Mara PCFC (Wednesday and Friday)	
<input type="checkbox"/> Kathleen Millikan Centre (Tuesday, Wednesday and Thursday)	
<input type="checkbox"/> Heywood (Tuesday, Wednesday and Thursday)	
<input type="checkbox"/> Dartmoor Children's Centre (Tuesday, Wednesday and Thursday)	

Kindergarten Commencement date: _____

Is your child eligible for Kindergarten Fee Subsidy? <i>(Please indicate if you or your child has the following and supply a copy with your enrolment)</i>	Yes	No
- Commonwealth Health Care Card	<input type="checkbox"/>	<input type="checkbox"/>
- Commonwealth Pensioner Concession Card	<input type="checkbox"/>	<input type="checkbox"/>
- Department Veterans Affairs Gold or White Card	<input type="checkbox"/>	<input type="checkbox"/>
- Refugee or Asylum Seeker Visa	<input type="checkbox"/>	<input type="checkbox"/>
- The child is identified on their birth certificate as a multiple birth <i>(triplets or more)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Is the child attending a second year of Kindergarten (Year before School)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child receiving a Kindergarten Inclusion Support (KIS) package?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child turning 6 years of age before the end of term 4? <i>(If yes, an approved exemption from school entry document is required – please obtain this from the service)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Did your child receive an Early Start Kindergarten Grant in the previous year? <i>(If yes, please tick the relevant category)</i>	Yes	No
- Aboriginal/Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>
- Known to Child Protection	<input type="checkbox"/>	<input type="checkbox"/>
- Both Aboriginal and known to Child Protection	<input type="checkbox"/>	<input type="checkbox"/>
- Attended an Access to Early Learning Program	<input type="checkbox"/>	<input type="checkbox"/>

The Victorian Government provides funding to support children to access a high quality kindergarten program in the year before they start school. Your child can only be funded for a kindergarten place at one service at any one time and only for one year (unless your child is assessed as being eligible for a second funded year by your child's kindergarten teacher). **Please sign below to acknowledge that your child is accessing their funded kindergarten place at our service in 2020.**

Parent/guardian name: _____

Signed: _____ Date: _____

PRE- KINDERGARTEN

Kindergarten Service:	Number Preference 1-3
<input type="checkbox"/> Jaycee (Monday)	
<input type="checkbox"/> Kalbarri (Monday)	
<input type="checkbox"/> Heywood (Monday)	

Pre-Kindergarten Commencement date: _____

Is your child eligible for Early Start Kindergarten? <i>(Please indicate the relevant category)</i>	Yes	No
- Aboriginal and/or Torres Strait Islander Descent	<input type="checkbox"/>	<input type="checkbox"/>
- Child known to Child Protection	<input type="checkbox"/>	<input type="checkbox"/>
- Both Aboriginal and/or Torres Strait Islander AND known to Child Protection	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you answered Yes to any of these questions please complete Early Start Kindergarten additional information below</i>		

Please only complete the section below if you answered YES to any of the above questions

	Yes	No
Does this child receive a Kindergarten Inclusion Support package?	<input type="checkbox"/>	<input type="checkbox"/>
Is this child being supported by an Access to Early Learning (AEL) lead agency?	<input type="checkbox"/>	<input type="checkbox"/>
Are you and your child currently attending a Supported Playgroups & Parent Initiative (SPPI) program?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission to share health & development information from MCH Key Ages and Stages Visits, including Parent Evaluation of Developmental Status (PEDS) or Brigance Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child up to date with their Key Ages and Stages visits?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If not, please state reason</i>		

Does this child live with? <i>(Please indicate the relevant category)</i>	
- Parents	<input type="checkbox"/>
- Informal kinship care	<input type="checkbox"/>
- Formal kinship care	<input type="checkbox"/>
- Foster care	<input type="checkbox"/>
- Permanent care	<input type="checkbox"/>
- Residential care	<input type="checkbox"/>
- Other	<input type="checkbox"/>

Parent/Guardian 1

This must be the person who is registered with Centrelink for the purposes of Child Care Subsidy. Please contact the Australian Government Department of Human Services on 136150 and inform them that you are using childcare. You may be eligible to claim Child Care Subsidy as reduced fees. https://docs.education.gov.au/system/files/doc/other/1_what_is_the_child_care_subsidy.pdf

Given name: _____ Surname: _____

Date of birth: _____ Centrelink CRN: _____

Address: _____

Mobile phone: _____ Home phone: _____

Work phone: _____ Occupation: _____

Email: _____

Employment status: Full Time Part-Time Casual
 Roster/Shift Work Studying Not Employed

Relationship to child: _____

Country of birth: _____ Cultural background: _____

Language(s) spoken at home: _____

Indigenous Status: Aboriginal Heritage Torres Strait Islander Both Neither

Parent/Guardian 2

Given name: _____ Surname: _____

Date of birth: _____ Centrelink CRN: _____

Address: _____

Mobile phone: _____ Home phone: _____

Work phone: _____ Occupation: _____

Email: _____

Employment status: Full Time Part-Time Casual
 Roster/Shift Work Studying Not Employed

Relationship to child: _____

Country of birth: _____ Cultural background: _____

Language(s) spoken at home: _____

Indigenous Status: Aboriginal Heritage Torres Strait Islander Both Neither

Family Doctor

Family doctor name: _____

Address: _____

Phone number: _____

Family Dentist

Family dentist name: _____

Address: _____

Phone number: _____

Child's Immunisation

A copy of your child's up to date Australian Immunisation Register (AIR) Immunisation History Statement is required.

Parents can download and print a copy of their child's AIR Immunisation History Statement from their [myGov](#) account following their linked Medicare details - [instructions available if required](#); or telephone AIR on 1800 653 809; or visit a Medicare or Centrelink office.

Is your child up to date with their immunisations? Yes No

If no please state reason? _____

AIR Immunisation History Statement Attached Yes No

FOR OFFICE USE ONLY:			
Nominated Supervisor or Nominated Officer			
Staff Name:			
Staff Signature:		Date:	

Court Orders

Are there any Court Orders/Parental Orders/Parental Plans which affect the child named on this enrolment form? Yes No

If yes, please attach copies of the Court Orders/Plans

Intervention Orders

Are there any Intervention Orders which affect the child named on this enrolment form? Yes No

If yes, please attach copies of the Intervention Orders

Authorised Nominees (Please nominate three people)

Persons authorised to collect from the service and emergency contact persons must be 18 years of age or over. In the case of an emergency, the service will contact the authorised nominee if unable to contact the primary carer/s.

Given name: _____ Surname: _____

Relationship to child: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Address: _____

Is this person authorised to sign for the administration of medical treatment/medication and/or illness/injury reports for your child? Yes No

Is this person authorised to provide consent for an Educator to take the child/children outside of the care service premises? Yes No

Given name: _____ Surname: _____

Relationship to child: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Address: _____

Is this person authorised to sign for the administration of medical treatment/medication and/or illness/injury reports for your child? Yes No

Is this person authorised to provide consent for an Educator to take the child/children outside of the care service premises? Yes No

Given name: _____ Surname: _____

Relationship to child: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Address: _____

Is this person authorised to sign for the administration of medical treatment/medication and/or illness/injury reports for your child? Yes No

Is this person authorised to provide consent for an Educator to take the child/children outside of the care service premises? Yes No

Child Information

Child's Full Name: _____

Child's Date of Birth: _____ Child's Gender: _____

Child's Centrelink (CRN): _____

Child's Medicare Number: _____

Child's Address: _____

Country of birth: _____ Cultural background: _____

Religion: _____ Religious needs: _____

Language(s) spoken at home: _____

Indigenous Status: Aboriginal Heritage Torres Strait Islander Both Neither

Permissions (Please tick Yes or No)

I give permission for my child to be photographed and observed during the program Yes No

I give permission for my child's first name and photograph to be seen by other families, including learning documentation. These are distributed to families in hard copy and electronically Yes No

I give permission for my child's name and/or photograph to be used for external purposes e.g.: service displays and/or promotional use, external media e.g.: newspaper and newsletters Yes No

I give permission for services to share information with Children's Services my child has previously attended (If yes, please list Service/s attended) Yes No

I give permission for the Kindergarten Teacher/Educator and Primary School Teacher to share information about my child on an as needs basis Yes No

I give permission for the service to apply minimum of 30+ sunscreen to my child that the **service has supplied** Yes No

OR I give permission for the service to apply my child's own minimum of 30+ sunscreen **that I will supply** Yes No

I give permission for the Kindergarten Teacher/Educator to inspect my child's head when an infestation of head lice is suspected at the service Yes No

I give permission to share information with the Maternal and Child Health Service. Portland District Health is the contractor for these services. Yes No

Social Media Authorisation

We encourage families to search and like our public Facebook pages ‘[Glenelg Shire Council](#)’ and ‘[Glenelg Shire Council Children’s Services](#)’. The Facebook pages are used to promote our services and share information with families.

I authorise Glenelg Shire Council to use photo or video footage of my child in online digital spaces e.g. Facebook, Instagram as approved by Children’s Services Team in accordance with the Glenelg Shire Social Media Policy. I understand this may include my **child’s first name** Yes No

I understand that I can withdraw this permission at any time by contacting the Glenelg Shire Children’s Services staff in writing Yes No

The rights and privacy of each family and child will be considered at all times.

Photographs and videos are classified as ‘personal information’ under the Information Privacy Act 2000. Photos and videos of children are only to be taken by authorised Council Officers during education and care sessions.

Health, Wellbeing and Behaviour

This section gives you the opportunity to provide us with information that may be relevant to Glenelg Shire Council’s capacity to meet the particular needs of the child, including our ability to develop appropriate strategies to meet those needs. If information provided is incomplete or misleading, any decision made as to enrolment may be immediately withdrawn.

If your child has any diagnosed specific healthcare, medical condition or allergy, please provide a Medical Management Plan.

A template medical management plan can be obtained from the service or can be downloaded from Council’s website and is required to be taken and completed in conjunction with a medical practitioner. Your enrolment offer will not be approved until required plans are returned to the service. You will be provided with a copy of the Medical Conditions Policy and any other relevant policy when enrolment is processed. The service will complete a risk management plan and communication plan in consultation with you prior to commencement.

Does your child have any of the following medical conditions? (please tick)

Anaphylaxis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Asthma	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Epilepsy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Diabetes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Does your child have any allergies? This is a medical diagnosed allergy Yes No

If yes, please attach Medical Management Plan

Please provide detailed list of allergies and symptoms – spots, breathing difficulties etc.

Health, Wellbeing and Behaviour (Continued)

Does your child have any disabilities (including intellectual, sensory or physical impairment) or any other additional needs (including behavioral needs)? Yes No

If yes, please provide detail

Is your child attending and/or receiving any support services for their additional needs? Yes No

If yes, please provide detail

Does your child take any medication? Yes No

If yes, please provide detail

Does your child have any dental needs or requirements? Yes No

If yes, please provide detail

Does your child have any dietary requirements? Yes No

If yes, please provide detail

Medical Authority

In the case of an accident or emergency, every effort will be made to contact the parent/guardian immediately.

In the event that my child requires urgent medical attention, I authorise Glenelg Shire Council Children's Services staff to seek medical assistance or transport my child by the ambulance service and agree to pay any transport / medical costs incurred.

Parent/guardian name: _____

Signed: _____ Date: _____

Terms of Enrolment

- It is a term of the named child's enrolment at the service operated by Glenelg Shire Council (**Council**) that parent(s)/guardian(s) (collectively, **Parents**) will be in agreeance with these Terms of Enrolment.
- I will advise the service, in writing, of any changes to the information on this form and any special arrangements in relation to the care of my child.
- I agree to notify the service by 8:30am on the day, or as soon as possible, regarding my child's absence. **Full fee for all absences will be charged.**
- Parents must collect the named child by the relevant service's stated finish time unless an alternative arrangement has been agreed in advance.
- I understand that a late fee, as per Council policy, will be applied if the child is not collected by the agreed time.
- Parents dropping off or collecting the named child at/from the service must sign the child in/out before doing so.
- Council appreciates that from time to time the personal circumstances of parents/guardians may result in alternative pick up, drop off, and care arrangements for the named child (either by agreement or court order). Council will endeavour to accommodate these arrangements provided reasonable notice is given (typically being at least seven days). In the absence of such notice, Council reserves the right to refuse the named child or a parent/guardian access to the service until internal measures have been taken to accommodate the arrangement.
- The named child should only attend if fit to do so without risk to the child's health and wellbeing (or the health and wellbeing of others). Parents must otherwise keep the named child at home, and must notify the service of a confirmed or suspected case of an excludable illness or disease.
- The named child and the parents must comply with Council's written and verbal directions, policies and procedures (including any behavioural guidelines and codes of conduct) as published by Council from time to time (including on its website). While compliance is required these directions, policies and procedures do not form part of these Terms of Enrolment.
- Council reserves the right to terminate the named child's enrolment (with or without notice) where the families account is in arrears, where the child (or the child's parents) breach these Terms of Enrolment, or where the child (or the child's parents) has an influence detrimental or harmful to the interests of Council personnel or other children accessing Children's Services, or where Council is not satisfied it can reasonably meet the needs of the child.
- In an emergency situation or a fire drill, where evacuation is necessary, the named child may need to leave the premises under the direction of an Educator.
- Two weeks' notice in writing is required of the named child's intended departure from the service. Two weeks full fee will be charged in lieu of notice. All payable fees and charges must be finalised by the date of departure. Care will not be confirmed with other services of Council while any fees and charges are outstanding.
- A copy of Council's service policy manual is available on request. The policy manual does not form part of these Terms of Enrolment.

Declarations by Parent(s) and/or Guardian(s)

1. I/we are the parent(s) and/or guardian(s) of the named child.
2. I/we have read and agree to the Terms of Enrolment set out above for the duration of the named child's enrolment at the service operated by Glenelg Shire Council.
3. I/we agree to be jointly and severally liable for all fees, charges and levies that may be determined by Council from time to time as being payable in respect of the named child's enrolment. Fees, charges and levies (and the terms on which these must be paid) are set out in Council's Fee Policy published each year, and payment terms will otherwise be specified in the Fee Policy or Council's invoices. A copy of the current Children's Services Fees and Charges Policy is available on our website and at each service location.
4. I/we declare that the information provided to Council in the enrolment application is accurate and up to date. I/we understand that if any information provided to Council is incomplete, inaccurate or out-of-date, and the actual or current information is relevant to Council's decision about whether or not to offer a place, then a place will not be offered (or may be immediately withdrawn by Council, even after an offer has already been made and accepted, and regardless of whether a child's enrolment has already commenced). Fees, charges and levies will not be refunded or waived where this occurs.
5. I/we understand that the information provided to Council in the enrolment application must be kept up to date throughout the period of the child's enrolment.
6. I/we have read and understand Council's policies and procedures (including any behavioural guidelines and codes of conduct) previously provided, and will keep ourselves and the named child abreast of Council's directions, policies and procedures as published from time to time.

To be signed by the enrolling parent/guardians

Parent/guardian name: _____

Signed: _____ Date: _____

The personal information requested on this form is being collected by the Glenelg Shire Council for municipal purposes as specified in the Local Government Act 1989. The Council will use this information only for the specific purpose of collection or for directly related purposes. The information will not be disclosed except as required or specifically authorised by law.

You may request access to any personal information that Council may have collected about you. Also, you may request correction of your personal information if you can establish that it is not accurate or complete. Such requests should be directed to Council's Privacy Officer on telephone 03 5522 2305.

Checklist for documents returned:

Long Day Care

- Immunisation History Statement
- Fee Payment Agreement
- Copy of Temporary Protection/Humanitarian/Asylum Seeker Bridging Visa (if applicable)
- Medical Management Plans (if applicable)
- Court Orders/Parental Orders/Parental Plans (if applicable)
- Intervention Orders (if applicable)

Kindergarten (Year Before School)

- Immunisation History Statement
- Completed Parent/Guardian Occupation Details Form
- Birth Certificate (recommended)
- Fee Payment Agreement (if applicable)
- Copy of Concession Card (if applicable)
- Temporary Protection/Humanitarian/Asylum Seeker Bridging Visa (if applicable)
- Medical Management Plans (if applicable)
- Court Orders/Parental Orders/Parental Plans (if applicable)
- Intervention Orders (if applicable)
- Exemption from School form (if applicable)

Pre-Kindergarten

- Immunisation History Statement
- Birth Certificate (recommended)
- Fee Payment Agreement (if applicable)
- Medical Management Plans (if applicable)
- Court Orders/Parental Orders/Parental Plans (if applicable)
- Intervention Orders (if applicable)

FOR OFFICE USE ONLY:			
Enrolment Received By:		Date:	
Nominated Supervisor or Nominated Officer Staff Name:			
Staff Signature:		Date:	
Enrolment Entered By:		Signature:	
ECM Doc Set ID's:	(Enrolment)	Date:	Notes:
	(Immunisation)		
	(Medical Plans)		
	(Orders)		
	(Additional Info)		



2020 Long Day Care Fee Payment Agreement

Child Name:			
Parent/Guardian Name/s:			
Parent/Guardian Address:			
Service:	Please select: <input type="checkbox"/> Dartmoor Children's Centre <input type="checkbox"/> Karreeta Peeneeyt Mara Portland Child and Family Complex <input type="checkbox"/> Kathleen Millikan Centre		
Enrolment Type:	<input type="checkbox"/> Complying Written Arrangement (I/we intend to claim Childcare Subsidy) <input type="checkbox"/> Relevant Arrangement (I/we do not intend to claim Childcare Subsidy) <input type="checkbox"/> Arrangement with an Organisation (Third Party will pay the account) <input type="checkbox"/> Child Wellbeing (additional application required – please contact the service)		
Invoice Schedule:	Invoices are issued on a Tuesday night, either weekly or fortnightly depending on your account preference below. If selecting Direct Debit, the payment amounts (either gap fees or a set amount) will then be deducted automatically from your nominated bank account on the Friday of the same week that you receive your invoice.		
Fee Payment Charges:	Payments will incur a small fee/charge additional to their care invoice as outlined below per weekly or fortnightly transaction: Fee for BPay - \$1.40 per transaction Fee for Direct Debit from Bank Account - \$1 per transaction Fee for Direct Debit from Debit/Credit Card - \$1 per transaction + 1.8% of the transaction value Fee for Direct Debit from your nominated Amex Card - \$1 per transaction + 3.6% of the transaction value		
Invoice Schedule Options:	Please select your preferred schedule: <input type="checkbox"/> Weekly Invoicing <input type="checkbox"/> Fortnightly Invoicing		
Fee Payment Options:	Please select your preferred payment option: <input type="checkbox"/> BPAY (Your BPAY details will be displayed on your invoice) <input type="checkbox"/> Direct Debit (Please complete and return the form over the page)		
Signed – Parent/Guardian		Date:	



Direct Debit Request

Request and authority to debit the account named below and to pay the amount debited to

Authority to debit

I/We _____ / ____ / ____
 (Given Names or Company name) (Surname or ACN/ARBN) (Date of Birth)

Of _____
 (Street address)

 (City or Town) (State) (Postcode) (Drivers Licence No)

Tel. (H) _____ (M) _____ (W) _____
 (E) _____

Request and hereby authorise Quickpay Pty Ltd ACN 108 135 146, User ID 390388, to debit any amount it may lawfully charge through the Bulk Electronic Clearing System to the account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement set out on the reverse side of this form and in accordance with the information and instructions contained in Schedules A,B,C,D and E below.

Schedule A

Term of Authority

Commencing on ____ / ____ / ____ Weekly Fortnightly

For a minimum number of ____ payments and then until further notice Or, for ____ payments

Schedule B

Amount to be debited

Fee of \$ _____

Or, for the Gap Fee payment amount (as indicated on your statement)

Schedule C

Special Conditions

	Bank Account	VISA/MasterCard	Amex/DC
Transaction Cost (AUD)	\$1.00	\$1.00 + 1.8%	\$1.00 + 3.6%

Paid by Customer: _____ Customer Initial _____

Schedule D

Bank Account to be Debited

OR

Financial institution name _____

Address _____

Name of account holder(s) _____

BSB number _____

Account number _____

Account Holder(s) Signature _____

Schedule E

Credit Card Account to be Debited

Card Type: MasterCard Visa Diners AMEX Expiry Date: ____ / ____

Card No. |____| |____| |____| |____| - |____| |____| |____| |____| - |____| |____| |____| |____| - |____| |____| |____| |____|

CCV: _____

Cardholders Name: _____

Cardholders Signature: _____

Staff Verified Card Details _____ Staff Initial _____

Signature

Signed _____ Date ____ / ____ / ____

Staff Sign _____ Date ____ / ____ / ____