



## ENROLMENT FORM 2019

<b>Office Use Only</b>		Date:	
Program: Occasional Care <input type="checkbox"/> Kindy <input type="checkbox"/> Playgroup <input type="checkbox"/> Playclub <input type="checkbox"/> Creche <input type="checkbox"/> Other <input type="checkbox"/>			
Documentation received: Birth Certificate <input type="checkbox"/> Immunisation Record <input type="checkbox"/> Other <input type="checkbox"/> _____			
CHILD'S INFORMATION			
Surname:		Given Names:	
Address:		Postcode:	
Date of Birth:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Country of Birth:		Cultural Background:	
Language spoken at home:		Religion (if applicable):	
Does your family identify as Aboriginal and/or Torres Strait Islander origin? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Medical Information: Allergies* <input type="checkbox"/> Asthma* <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other <input type="checkbox"/>			
Details:			
*Please provide Anaphylaxis Allergy Plan or Asthma Plan			
Dietary Requirements:			
Are there any custody arrangements or disputes? No <input type="checkbox"/> Yes <input type="checkbox"/> - please provide details/documents			
Details:			
Are there any court orders in place? No <input type="checkbox"/> Yes <input type="checkbox"/> - please provide details/documents			
Details:			
Any other relevant information:			
PARENT/GUARDIAN 1 INFORMATION			
Surname:		Given Names:	
Address: <input type="checkbox"/> as above		Postcode:	
Phone Home:		Mobile:	Work:
Email:		Date of Birth:	
Occupation:		Place of Work/Study:	
Address of Work/Study:			
PARENT/GUARDIAN 2 INFORMATION			
Surname:		Given Names:	
Address: <input type="checkbox"/> as above		Postcode:	
Phone Home:		Mobile:	Work:
Email:		Date of Birth:	
Occupation:		Place of Work/Study:	
Address of Work/Study:			



## ENROLMENT FORM 2019

### DOCTOR AND MEDICAL AUTHORISATION

Child's Doctor:	Surgery:
Address:	Phone:
I hereby give permission to The Yangebup Family Centre Inc. to seek medical attention in the case of an emergency and agree to pay any expenses incurred for medical treatment and transport including ambulance.	
Signature Parent/Guardian:	Date:

### SUNSCREEN AUTHORISATION

I hereby give permission to The Yangebup Family Centre Inc. to apply Coles Brand Sunscreen to my child's skin at least 20 minutes prior to outdoor activities in the afternoon. I understand that I am required to apply sunscreen to my child in the morning before attending the centre and will ensure a sun safe hat is provided for outdoor play.

Signature Parent/Guardian:	Date:
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### PHOTO AND VIDEO AUTHORISATION

Our program documentation requires the use of digital media which is available to parents on request. I acknowledge that staff at the centre will take photographs and video footage of my child while at the centre and these will be used for centre displays and program documentation only.

I hereby give permission for my child to have images taken at the Yangebup Family Centre Inc. to be used for promotional purposes eg newsletter, flyers, website.

No <input type="checkbox"/>	Yes <input type="checkbox"/>
Signature of Parent/Guardian:	Date:

### GENERAL AGREEMENT

I agree to abide by the policies and guidelines of the Yangebup Family Centre Inc.

I acknowledge that my child will not be accepted into care with signs of any communicable disease or condition which may prejudice the health of others.

I acknowledge that if my child is NOT vaccinated then my child will be excluded for the prescribed period as advised by the Public Health Officer, during an outbreak of vaccine preventable disease at the centre and that any fees will still be payable.

I acknowledge that in the event of illness, or if my child becomes distressed, I will be contacted to collect my child from the centre.

The following creams and ointments are used at the centre: Coles Brand Sunscreen, Sudocrem, Bepanthen, Betadine, Savlon, Dettol, and Stingose. I will advise the service in writing if I do not permit these products to be applied to my child.

I acknowledge that medications will only be administered to my child when written authorisation is provided to the centre.

If any information supplied on this enrolment form should change I will inform the centre immediately.

I understand that I must stay at the centre whilst my child is attending mums n bubs, playgroup, playclub, crèche or other events and activities and that I am responsible for my child at all times.

I understand that my child will participate in any or all activities offered at the centre. I agree it is my responsibility to familiarise myself with the program and to advise the staff in writing if I do not wish for my child to participate in a particular activity.

Signature of Parent/Guardian:	Date:
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### How did you first hear about the Yangebup Family Centre?

Recommendation  Social Media  Website  Online Search  Signage   
 Flyer/Poster  School Newsletter  Community Event  Other  \_\_\_\_\_

*The Yangebup Family Centre Inc is collecting the personal information on this form for the purpose of carrying out its business. Your personal information may be disclosed to other third parties as part of the provision of services or if required or authorised to do so by law. For further information, please refer to the Yangebup Family Centre Privacy Statement.*



## ENROLMENT FORM 2019

### ADDITIONAL INFORMATION - OCCASIONAL CARE AND KINDY ONLY

Family CRN:	Child's CRN:
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#### CONFIRMATION OF CHILD CARE AGREEMENT

To ensure that you are linked to the Centre and to have Child Care Subsidy (CCS) applied to your fees you must apply for assessment through mygov.

This is an enrolment agreement between The Yangebup Family Centre Inc and

Name of Parent/Guardian:

Tick Option	
<input type="checkbox"/>	I wish to claim CCS (Complying Written Arrangement)
<input type="checkbox"/>	I do not wish to claim CCS – Please note this cannot be backdated (Relevant Arrangement)
<input type="checkbox"/>	Third party claiming CCS (arrangement with Organisation)

I confirm;

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service and understand the start and end times of these sessions of care.
- That care may be provided on a routine, casual or flexible basis where available at my service at my request.
- I understand I am liable to pay fees for the care of my child as indicated in information provided by the centre such as the fee policy, schedule or handbook, which are subject to change over time.
- The Centre may change its fees and charges structure from time to time by providing at least 14 days written notice.

Signature of Parent/Guardian:	Date:
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#### EMERGENCY CONTACTS AND AUTHORISATION TO COLLECT CHILD FROM CENTRE

Approved persons will be contacted in emergency situations when the parents/guardians are not available. Nominated contacts may be asked to provide proof of identity (e.g. driver's license) when collecting.

1 - Name:		Relationship to child:	
Address:		Postcode:	
Phone Home:	Mobile:	Work:	
2 - Name:		Relationship to child:	
Address:		Postcode:	
Phone Home:	Mobile:	Work:	

#### IMMUNISATION DETAILS

To be eligible for Child Care Subsidy (CCS), your child must meet the current legislative immunisation requirements.

Is your child immunised? No\*  - please complete below    Yes  - please provide statement

No* <input type="checkbox"/>	but I <b>WILL</b> be immunising my child/ensuring immunisations are brought up to date
No* <input type="checkbox"/>	and I <b>WILL NOT</b> be immunising my child

I understand that if my child is not immunised my child will be excluded for the prescribed period as advised by the Public Health Officer, during an outbreak of vaccine preventable disease at the centre and that any fees will still be payable. I understand that in the event of an outbreak of a vaccine preventable disease at the centre, the management must notify the Department of Health of any unimmunised children in the centre and that they will be excluded from attendance for such time as the department deems necessary and that fees are still applicable during this time.

Signature Parent/Guardian:	Date:
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## FEE SCHEDULE - OCCASIONAL CARE AND KINDY ONLY

### NEW CHILD CARE SUBSIDY

From 2 July 2018, one new Child Care Subsidy (CCS) has replaced the two previous child care payments. To register, you will need to complete an online Child Care Subsidy assessment using your Centrelink online account through myGov. More information is available here <https://www.education.gov.au/child-care-package-families>

Each child is entitled to 42 absent days per year.

### OCCASIONAL CARE FEES

Daily Fee: \$82.00

Session Time: 8:30am – 3:30pm


Bookings can be made up to 2 weeks in advance.

Fees must be paid prior to attendance.

At least 24 hours' notice is required to ensure you will not incur out of pocket costs.

Some permanent places are available please see the office for details.

### What you need to do

- ✓ Sign into your Centrelink online account through **myGov** 
- ✓ Select **Complete your Child Care Subsidy** assessment task.
- ✓ Work through the steps to **provide new information** and **confirm** your current details.

### KINDY FEES

Daily Fee: \$54.00

Session Time: 9:00am-2:30pm

Bookings are made on a term basis fees must be paid in advance. Any absent, holiday or sick days will be recorded as an allowable absence and fees must still be paid. Two weeks written notice must be given if you decide to withdraw your child from kindy and fees are still payable for this period. Care will be offered on an Occasional Care basis for School Holidays.

### KINDY BEFORE AND AFTER CARE

We will also be offering a Before and After Kindy Care option. This will be offered in our Occasional Care room. This will be available on a term basis, we will not be taking weekly bookings. CCS will be applied if you are eligible.

CARE	TIME	FEE
Before Kindy Care	8.30-9.00am	\$11 / day
After Kindy Care	2.30-3.30pm	\$22 / day

Please tick applicable box;

- I would like to book for **BEFORE** Kindy Care
- I would like to book for **AFTER** Kindy Care

Child Name:

Kindy Day: