



Grow Early Learning Centre Long Day Childcare Centre

32 Irelands Road | 204 Targo Road
Blacktown, NSW 2148 | Girraween, NSW 2145
Ph: (02) 9671 2288 | Ph: (02) 9688 1080
growblacktown@gmail.com | growgirraween@gmail.com

ENROLMENT FORM PACKAGE

Dear Parent/Caregiver,

CONGRATULATIONS! You have chosen a centre which is dedicated to the care and wellbeing of your child. Our aim is to supply high quality care and education to your child in preparation for "big school".

We at Grow Early Learning Centre are proud to offer your child the best quality of care and education in a warm and secure environment. We offer full educational programs for children between 0-6 years of age, based on your child's interests and developmental needs.

We are pleased that you wish to become a part of our centre and we would love to welcome you to Grow Early Learning Centre.

If you have any enquiries regarding filling out the enrolment form or about the centre in general, please do not hesitate to contact us.

Please complete your form as soon as possible and return it to one of the above address. Please also bring in your child's Immunisation History Statement and a copy of their Birth Certificate.

If you wish to claim Child Care Subsidy (fee reductions) please contact Centrelink on 136 150.

A **Booking Fee of \$100.00 and a Bond of \$400.00** must be made to Grow Early Learning Centre to be on the waiting list and to secure your child's position at our centre.

An **Extracurricular / Resources Levy** must be paid each year your child is enrolled at Grow ELC. This covers any incursion/events, gifts for special occasions and other resources the centre has to pay for as extracurricular added to our early childhood education (e.g. Living Eggs, Kindifarm, DJ for disco, Christmas entertainment, Activathon, Mothers' and Father's Day gifts and Under the Sea show, just to name a few). This levy replaces fundraising activities within the centre.

Please refer to the table below for our Extracurricular / Resources Levy:

Age group	Annual Levy	If enrolled May-Oct	If enrolled Nov-Dec
0-2 years	\$120 per year	\$70	\$10 per month
2-5 years	\$180 per year	\$100	\$15 per month
School leavers	\$180 per year, plus an additional \$50 payable in June	\$100, plus an additional \$50 payable in June	\$15 per month, plus an additional \$15 per month

Receipt and confirmation will be emailed to you once a permanent day has been allocated to your child.

Your child will receive a hat and bed sheet set once they have been enrolled at our centre.

We look forward to care for and educate your child. ☺

Kind Regards,

Sussana Skinner,
Managing Director

PRIORITY OF ACCESS

One of the main reasons the Australian Government funds child care is to meet the childcare needs of Australian families. However, the demand for child care sometimes exceeds supply in some locations. When this happens, it is important for services to allocate places to those families with the greatest need for child care support.

The Australian Government has Priority Access Guidelines for allocating places in these circumstances. These guidelines apply to centre-based long day care, in home care, family day care and outside school hours care services. They set out the following three levels of priority, which child care services must follow when filling vacant places:

- **Priority 1** - a child at risk of serious abuse or neglect
- **Priority 2** - a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the *A New Tax System (Family Assistance) Act 1999*.
- **Priority 3** - any other child.

Within these main categories priority should also be given to the following children:

- Children in Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families on low incomes
- Children in families from culturally and linguistically diverse backgrounds
- Children in socially isolated families
- Children of single parents

IMPORTANT:

There are some circumstances in which a child who is already in a child care service may be required to leave the service.

Where a service has no vacant places and is providing child care for a child who is a Priority 3 under the Priority of Access Guidelines, the service may require that child to leave the child care service (or reduce their days) in order for the service to provide a place for a higher priority child, but only if:

- a. the person who is liable to pay child care fees in respect of the child was notified when the child first occupied the child care place that the service followed this policy, and
- b. the service gives that person at least 14 days' notice of the requirement for the child to leave the child care service.

ENROLMENT FORM: Child

SECTION 1: CHILD INFORMATION

CRN		Preferred Centre Location	<input type="checkbox"/> Blacktown <input type="checkbox"/> Girraween
Given Names		Place of Birth	
Other Names Known As		Copy of Birth Certificate provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name		Ethnicity	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Religion	
Date of Birth		Language Spoken	
Desired Date of Commencement		Address	
Is your child of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Copy on File	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other children attending approved care (Childcare)?	<input type="checkbox"/> Yes, _____ (how many) <input type="checkbox"/> No	Is your child attending another Childcare centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DAYS REQUIRED

CASUAL DAYS? Yes No

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

HEALTH

Has your child been immunised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immunisation History Statement provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have an allergy? (e.g. food, medicine, grass, bee stings, face paint, etc.) If Yes, please specify.	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	
Does your child have any behavioural difficulties?		
Does your child have a special medical condition? (e.g. asthma, eczema)		
Action Plan for Anaphylaxis/Asthma/Eczema/Allergy provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child take any regular medication?		
Does your child regularly visit a specialist? (e.g. speech or occupational therapist)		



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ENROLMENT FORM: Parent

SECTION 2: PARENT/GUARDIAN INFORMATION

PARENT 1		PARENT 2/OTHER	
CRN		CRN	
Title		Title	
Given Names		Given Names	
Last Name		Last Name	
Other Names Known As		Other Names Known As	
Date Of Birth		Date Of Birth	
Home Address Line 1		Home Address Line 1	
Suburb		Suburb	
Postcode		Postcode	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
E-mail		E-mail	
Occupation		Occupation	
Place of work		Place of work	
Work Address		Work Address	
Country of Birth		Country of Birth	
Languages spoken at home		Languages spoken at home	
Best contact number	<i>(The number we can reach you on at all times)</i>	Best contact number	<i>(The number we can reach you on at all times)</i>

ENROLMENT FORM: Parent

AUTHORITY TO COLLECT & EMERGENCY CONTACTS

Parents please be informed the following points below:

- At least two (2) contact persons, other than the parents, must be provided at the time of enrolment.
- All person/s that have the authority to collect your child must be the age of 18 or over.
- Please ensure the emergency contact person(s) listed are willing and able to collect your child(ren) in the event of an emergency.
- Staff will not allow your child(ren) to go with any person not listed below (or already authorised), unless notified by you in writing prior to them collecting your child.
- Parents must ensure that the person collecting their child(ren) can present photo ID, is sober, responsible and has appropriate car seat(s) fitted in their vehicle if transporting your child(ren) by car.
- Staff have the right to refuse to release your child if the situation poses a risk to your child(ren).

	Person 1	Person 2	Person 3
Emergency Contact & Authority to Pick Up	<input type="checkbox"/> Authority to consent administration of medication to your child <input type="checkbox"/> Authority to consent to your child to attend excursions	<input type="checkbox"/> Authority to consent administration of medication to your child <input type="checkbox"/> Authority to consent to your child to attend excursions	<input type="checkbox"/> Authority to consent administration of medication to your child <input type="checkbox"/> Authority to consent to your child to attend excursions
Relationship to child			
Title			
First Name			
Last Name			
Address			
Home Phone			
Mobile Phone			
Work Phone			

- I verify that the above information is correct and that I understand the above mentioned points.
- I authorise the staff of this centre to give the following people access to my child(ren).
- I authorise the centre to seek medical, dental or hospital treatment, ambulance, and/ or police if the emergency contacts cannot be reached.
- I will notify the centre of any changes to the emergency contact details ASAP (by updating my details through HubWorks!)

_____ / ____ / _____
(Signature) (Date)

HEALTH AND MEDICAL INFORMATION

Medicare Card Number		Dentist Name	
Medical Centre Name		Dentist's Phone	
Doctor's Name		Dentist's Address	
Doctor's Phone		Private Health Insurer	
Doctor's Address			

ENROLMENT FORM: General Information

OTHER INFORMATION

Other children living at home & their ages	
Can you contribute any skills to our centre's program or do you have time to volunteer? <i>(e.g. sewing, typing, read stories, etc.)</i>	
Do you have any other comments?	
How did you hear about us? <i>(e.g. flyer, word-of mouth, newspaper, yellow pages, internet/Google, yellow pages online, Council, etc.)</i>	
Preferred Payment Method <i>(Please complete Direct Debit Request Form)</i>	Direct Debit via: <input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card

GENERAL NEEDS

Is your child allowed to celebrate in all festivals/celebrations? If no, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ _____
Any special words staff can use with your child to make your child's day smoother?	
Does your child have any special comforters?	
Does your child have any fears? <i>(e.g. mowers, blender, thunder, dark, spiders)</i>	
Any other special needs?	
Comments?	

EATING

Does your child have any special dietary needs? <i>(e.g. vegetarian or lactose intolerant)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please provide details of what your child CANNOT have:	My child is vegetarian: <input type="checkbox"/> Yes <input type="checkbox"/> No My child CANNOT eat: <input type="checkbox"/> Beef <input type="checkbox"/> Tuna <input type="checkbox"/> Egg <input type="checkbox"/> Pork <input type="checkbox"/> Gluten <input type="checkbox"/> Other: _____ <input type="checkbox"/> Chicken <input type="checkbox"/> Dairy NB: our centre is nut-free
Child's favourite food	
Any food your child dislikes?	



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AGREEMENT

- I/we understand that under no circumstance will staff allow a person to take my child from the centre unless I have authorised to do so.
- I/we acknowledge and accept that staff working in the Children Services sector are mandatory reporters for children who may be deemed as being abused or neglected under the Children and Young Persons (Care and Protection) Act 1998 - Child Protection.
- I/we understand that the structure of fees are subject to change with two weeks' notice (government subsidy is available to all eligible families).
- I/we understand that fees are payable in advance of 2 weeks. A Late Payment Fee of \$15 applies (and every week thereafter) for declined or returned payments, or any other instances where accounts are in arrears. Suspension or termination of enrolment can result if fees are in arrears, and if an agreement has not been made with the Centre Director to rectify the matter.
- I/we understand that we shall pay for all costs incurred by "Grow Early Learning Centre" (including costs that "Grow Early Learning Centre" may be contingently liable) in any attempt to collect any monies owed by you under this Agreement including debt collection agent costs, repossession costs, location search costs, process server costs and solicitor costs on a solicitor/client basis.
- I/we understand that a penalty rate of \$30 for the first 10 minutes, then \$2 for every minute thereafter will be charged if I collect my child after the official closing time of the centre; and that after the first 3 occurrences in a calendar year, the penalty rate will increase to \$50 for the first 10 minutes, then \$4 for every minute thereafter.
- I/we understand that we must give a minimum of 4 weeks' notice if I wish to change my child's attendance days or withdraw my child from the centre. A bond, payable upon enrolment, is held in trust for this purpose.
- I/we understand that if my/our child has been allocated any permanent days at your centre and we accept, regardless of whether they have started or not, I/we agree to pay 4 weeks' fees if I/we cancel any of the days that have been allocated to my/our child.
- I/we understand that withdrawing my/our child within the first 3 months of attendance will result in forfeiture of 50% their bond.
- I/we understand that we will incur a \$100 administration fee if we drop days within three (3) months of adding new days; and that if we wish to drop days as well as add days, at least four (4) weeks' notice must be provided to drop days before we are able to pick up additional days.
- I/we understand that I/we must sign in and out at the time of dropping off and picking up my child; and that failure to sign in or out will incur a penalty of \$5 for each failed occurrence, plus an additional \$5 for each week thereafter where missing entries are not amended. I also acknowledge that after 5 occurrences per calendar year, this penalty will be raised to \$10.
- I/we understand that there will be a \$5 charge to my account if I request for my childcare account to be reviewed by an office staff and there is no discrepancy found (or is not the fault of the service).
- I/we understand that I/we must notify the centre as early as possible when my child will be absent, and must bring in supporting documentation for those absent days.
- I/we understand that all absentees, including public holidays, must be paid for in advance or on the due date. Fees are to be paid for the days my/our child is booked in with the centre, including times when my/our child is absent due to illness or other commitments.
- I/we understand that my child has up to 42 allowable absences in a financial year to continue to be eligible for CCS payments.
- I/we understand that I must provide a copy of my child's birth certificate upon enrolment.
- I/we understand that my child needs to be fully immunised and an updated Immunisation History Statement is regularly provided to the centre; if not, I/we understand that my child may be temporarily excluded from the centre.
- I/we understand that I must notify the centre if my child has contracted a contagious disease, and that I will not bring the child to the centre until the family doctor indicates in writing that it is safe to return for my child and the other children at the service.
- I/we understand that we may be required to leave the service in accordance with the Australian Government Priority Access guidelines as described on page 2 of this application.
- I/we understand that it is my responsibility to ensure the details on my child/ren's enrolment form are kept up to date at all times. I/we will update my details in Hubworks as required.
- I/we are aware that the centre policies are available to me/us and have access to them. I/we will familiarise myself with the centre Policies and Procedures and agree to abide by them.
- I/we understand and agree that if my child is very unsettled I may be contacted to collect my child early as this is in the best interest for my child and other children in the service.

This agreement is to be read in conjunction with the Parents Handbook and centre Policies and Procedures.

(Signature: Parent 1)

(Signature: Parent 2)

(Signature: Witness)

_____/_____/_____
(Date)

CONSENT

1. **Paracetamol:** A centre staff member may administer paracetamol to my child under verbal or written guidance of a medical practitioner in cases of emergency that raise the body temperature of my child to unacceptable and dangerous levels (38.5°C or higher).
The centre supervisor may use their discretion if you, the parent/guardian, or any other nominated person on this application cannot be contacted.
2. **Medical Attention:** I understand that there may be times when medical attention is required by my child during his/her care at "Grow Early Learning Centre" and therefore, I give permission to the Director or delegated supervisor to seek and/or attend to my child's medical concerns on my behalf. In addition, where necessary, I authorise my child to receive medical treatment from a registered medical practitioner, hospital or ambulance service; or to be transported by ambulance.
3. **Medical Management Plans:** I understand and agree that my child's medical management plans may be displayed around the service as this provides information and the action plan to any adults who may come across a medical emergency with my child. This is to ensure the well-being and health needs of my child are met as best it can be.
4. **Exchange of Information:** I/We give permission for Grow Early Learning Centre staff to exchange information with doctors, therapists, etc. about my child, where and when needed.
5. **Photo Permission:** I give permission for "Grow Early Learning Centre" to use my child's photographs for the following: (a) group or individual photos which might be used in their own or other children's observations/ portfolios (no information about your child will be mentioned in another child's portfolio), (b) general display inside the centre premises, (c) for display in the kitchen or staff room for identifying children with allergies, (d) in different media (including digital) such as newsletters, pamphlets, Childcarers, Facebook (but not limited).
6. **Sun Protection:** I understand it is my responsibility to provide my child with SunSmart clothing that protects their back and shoulders from the sun, as well as a SunSmart hat- please see SunSmart policy for more details. I give permission for the staff of Grow Early Learning Centre to apply minimum SPF 30+ sunscreen to my child's face, ears, neck, arms, and legs in accordance with the SunSmart policy of the centre.
7. **Head Lice Check:** I understand the centre will take all available measures to maintain the health & hygiene of children & staff attending the centre, therefore I understand and agree for my child to have their head checked for head lice randomly or as required. If my child is found to have head lice or head lice eggs in their hair I will arrange for him/ her to be collected immediately (within 1 hour) and to treat his/ her hair to remove head lice and its eggs.
8. **Students/Volunteers at centre:** I understand and agree to that at times there will be students and volunteers, who will be under the centre's employed staff supervision, working in the service with my child. My permission will be sought before any observations are taken by the student.

I/we consent to all the above. Signature: _____ Date: ____ / ____ / _____

