

Children's Programs Enrolment Form



Belconnen
Community
Service



Belconnen Community Service | Swanson Court, Belconnen

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Child Care Enrolment



**Belconnen
Community
Service**

Please indicate which centre and room you are enrolling your child into:

<input type="checkbox"/> Belconnen Early Childhood Centre	<input type="checkbox"/> Ginninderra Early Childhood Centre	<input type="checkbox"/> Bruce Children's Centre
<input type="checkbox"/> Nursery [0-18months] <input type="checkbox"/> Toddlers [18 months -3years] <input type="checkbox"/> Preschool {3years-school age]	<input type="checkbox"/> Nursery [0-2years] <input type="checkbox"/> Toddlers [2years-3years] <input type="checkbox"/> Preschool [3years-school age]	<input type="checkbox"/> Nursery [0-2years] <input type="checkbox"/> Toddlers [2years-3years] <input type="checkbox"/> Preschool [3years-school age]

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Full Day					
Occasional Care					

Care will commence on _____ and cease (if applicable) _____

PARENT INFORMATION

	Parent /Guardian 1		Parent / Guardian 2	
First Name:				
Surname/Family Name:				
Parent/Family CRN				
Relationship to Child				
Authorised to collect child?	YES	NO	YES	NO
Address:				
Suburb P/Code				
Date of Birth				
Home Phone:				
Work Phone:				
Mobile:				
Email address:				
Ethnicity:				
Country of Birth				
Aboriginal or Torres Strait Islander:				
Are there current Court Orders or Parenting Plans relating to your child?	YES	NO	YES	NO
If yes, a copy must be provided.				
Please circle your preferred method for receiving statements:	Email Parent 1		Email Parent 2	

 **TELL US ABOUT YOUR CHILD**

First Name:		
Surname/Family Name:		
Gender (please circle):	Male	Female
Date of Birth:		
Child's CRN:		
Address:		
Suburb/State/Post Code		
Ethnicity:		
Country of Birth:		
Language 1:		
Language 2:		
Aboriginal or Torres Strait Islander	Yes	No
Has your child previously been in care?	Yes	No
Does your child have any cultural or	Yes	No
If yes, please provide details:		
Does your child have Siblings?		

INFORMATION TO HELP US CARE FOR YOUR CHILD

Developmental History		
Is your child:		
	Crawling	Yes/No Age Achieved
	Walking	Yes/No Age Achieved
Eating		
Favourite Foods		
Feeding Difficulties		
Special Diet		
Toileting	Is your child toilet trained?	Yes/No
Sleep		
Does your child have a day time sleep?		
Does your child have a comforter for sleep time?		
Babies and Toddlers (Birth to 3 years)		
Current feeding routine		
Does your child have a dummy/comforter in bed?		

YOUR CHILD'S MEDICAL INFORMATION

Name of child's Doctor:		
Doctor's Address:		
Doctor's Phone Number:		
Does your child have asthma?	Yes	No
Does your child suffer from allergies to any drugs, food, animals or anything other? If yes, please provide details:	Yes	No
Allergy:		
Symptoms/Reaction:		
Treatment:		
Note:	If your child has asthma or severe allergy, you will need to provide an action plan approved by your doctor.	
Does your child have any known medical condition ?	Yes	No
If yes, please provide details:		
Does your child have any known developmental delay or disability?	Yes	No
If yes, please provide details:		
Is your child taking regular prescribed medication?	Yes	No
If yes, please provide details:		
Your Child's Medicare Number:		
What is your child's current immunisation status?		
A current immunisation record or authorised exemption must be provided to the centre prior to commencing care.		

EMERGENCY CONTACTS

At least 1 emergency contact, other than parents, **must** be provided. These emergency contacts must be advised that you have disclosed their personal information and are also nominated as authorised persons to collect your child.

	Emergency Contact 1		Emergency Contact 2	
Name				
Address:				
Telephone:				
Mobile:				
Relationship to child:				
Authorised to Collect child in emergency?	Yes	No	Yes	No
Authorised to consent to medical treatment of, or to authorise administration of medication to, the child	Yes	No	Yes	No
Authorised to authorise an educator to take the child outside the education and care service premises	Yes	No	Yes	No
Emergency Contacts Advised	Signature Required			

CONTRACT OF CARE

Every effort is made to ensure the safety of your child/ren while they are attending the centre. However, in the unlikely event of an accident or emergency we require the following authorisations:

ACCIDENT AND EMERGENCY

Please sign and date each statement

I hereby give permission for the staff at GECC, BECC, Bruce to give basic first aid treatment to my child in the event of any minor injury to my child.	
I agree to my child being given medical treatment in an accident or emergency.	
If transport to hospital is required, I agree to my child being transported in an ambulance.	
I understand that the associated costs of medical treatment or ambulance transportation are my responsibility.	
I hereby give permission for the staff at GECC, BECC, Bruce to administer Panadol in accordance with the dosage guidelines provided by the manufacturer if my child has a temperature of 38° or greater and they are unable to contact me.	
I agree to be contactable, or have an appropriate contactable person available. I agree to keep you informed of any changes to contact numbers.	

PARENT/GUARDIAN AUTHORISATION

I hereby give permission for my child to participate in activities organised for them in conjunction with the operation of the centre.	
I hereby permit my child to take part in walks away from the centre within the local area.	
I hereby give permission for centre staff to apply sunscreen lotion to my child as required throughout the day.	
I/We agree to pay by direct debit on Thursdays either weekly or fortnightly and agree to ensure that the funds are available in my/our account this day I/We agree that if my/our direct debit regularly defaults, my/our care may be cancelled effective immediately. I am/We are aware that it is my/our responsibility to maintain my/our account and keep payment up to date.	
I/we agree to pay for all contracted hours of care including public holidays and absences by my child for holidays or sick days.	
I/we agree that a bond equivalent to 2 weeks full fees must be paid when accepting a permanent child care offer. Care cannot commence until the bond payment has been received. I / we agree to pay for occasional care in advance prior to my booking commencing	
I/we acknowledge that child care fees must be paid on the due date otherwise late payment fees of \$10 may be added and my enrolment may be cancelled immediately. I/We understand that a system of payment for late departures operates at the Centre to cover overtime payments due to staff. I am/We are aware that I am/We are obliged to pick up my/our child/ren as negotiated with the Centre. Any late collection will result in a fee being imposed of \$2.00 per minute, per child. In circumstances where families have been late on repeat occasions, the Portfolio Manager Children’s Programs, can cease care effective immediately.	
I/we acknowledge that should my/our childcare fees fall into arrears care may be cancelled immediately and recovery action will commence. Any debt recovery expenses, court costs and legal fees reasonably incurred by Belconnen Community Service Inc. will be added to the total amount due.	
I hereby agree that should I wish to terminate care I am required to give two weeks notice, in writing, of my intention to cancel care or agree to pay two weeks fees in lieu for which I won’t be eligible for Child Care Subsidies	
I hereby agree to notify the centre in writing of my intention to change my care requirements by providing two weeks notice.	
I acknowledge that I have received and read the Parent Handbook and hereby agree to abide by all the centre policies and guidelines.	

CONTRACT OF CARE CONTINUED

PARENT/GUARDIAN AUTHORISATION

I hereby give my consent to Belconnen Community Service to use my child's images for promotion reasons in the following publications:	CONSENT TO USE IMAGES
Media Type: Print	
Media Type: Television	
Media Type: Radio	
Media Type: Web	
Media Type: Centre only	
Media Type: Skoolbag App	

By signing this agreement, you provide permission for Belconnen Community Service to use your story and/or images as described above for promotional reasons	
All file, photographs and recordings become the property of Belconnen Community Service and may be used in any of the above agreed media types	
Belconnen Community Service will not pay you or compensate you for the use or reuse of your child's image.	
You agree that in the event you wish to withdraw your consent for Belconnen Community Service to use your child's images / story in publications and media, it is your responsibility to advise Belconnen Community Service in writing immediately.	
<u>Disclaimer for food brought into the centre:</u> Please sign to acknowledge that it is your (the parent/guardian) responsibility to ensure the food brought into the centre by you (the parent/guardian) is prepared and kept/refrigerated in a safe and proper manner before bringing to the centre to minimise the risk of your child becoming ill from consuming food brought into the centre by you (the parent/guardian).	
I hereby give consent to Belconnen Community Service to provide me with up to date information relating to the community	

This form must be signed by a Parent/Legal Guardian	Person 1	Person 2
Name:		
Signature:		
Date:		
Relationship to child:		
Centre Director Name: Centre Director Signed:		Date:

DIRECT DEBIT REQUEST



Belconnen
Community
Service

I/We request you **Belconnen Community Service Inc** and **User ID 408576** to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below.

Name

Address

Postcode

Name and Branch of
Financial Institution

BSB No. -

Account Number

Commencing: Immediately on the next debit cycle; or
 from the next debit cycle after ___/___/___

Please debit:

- the balance owing at billing date (the amount owing on Thursday)
- the balance owing at end of the billing week (the amount owing on invoice)
- the balance owing at each billing date plus 2 weeks in advance

Week 0 Fortnight 0

Signature 1:
Printed Name:
Signature 2:
Printed Name:

If debiting from a joint bank account, both signatures are required

Date

CUSTOMER DDR SERVICE AGREEMENT



**Belconnen
Community
Service**

Our commitment to you

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between **Belconnen Community Service User ID 408576** and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

Initial terms of the arrangement

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount for child care fees.

Drawing arrangements

- The first drawing under this Direct Debit arrangement will occur on the date nominated by the account holder.
- Weekly and fortnightly Direct Debit payments are processed on Monday. Payments outside of these automatic debit dates can be processed with written authorisation from the account holder/s.
- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days notice [in writing or some other means of your choice] when changes to the initial terms of the arrangement are made. This notice will set out changes to the initial terms.
- This Direct Debit system allows for payments to be deducted from cheque or savings accounts only. **CREDIT CARD accounts are unable to be used.** If you are in doubt that your account is suitable, please contact your financial institution.
- Belconnen Community Service Inc has the discretion to cease the Direct Debit arrangement if the payment is returned unpaid three (3) times. Should a debit item correctly requested be returned unpaid by your Financial Institution, an administration fee of \$10 plus any fee charged by Belconnen Community Service's Financial Institution will be charged to your account.
- Parents/carers are informed of fees when enrolling their child[ren] into child care. Fees are varied from time to time and parents/carers will always receive a minimum of 4 weeks notice in writing of such changes. When the amount of the payment due varies from bill to bill, we will always provide you with a bill at least ten (10) working days before the debit date. On the debit date, the amount due will be debited from your nominated account.
- Child care fees are payable 2 weeks in advance
- If you wish to discuss any changes to the initial terms please contact Belconnen Community Service Inc, Children's Services Administration Team. Contact details are provided at the end of this agreement.



Your rights

Changes to the arrangement

If you want to make changes to the drawing arrangements, including:

- deferring the drawing; or
- altering the schedule; or
- stopping an individual debit; or
- suspending the DDR; or
- cancelling the DDR completely.

You must contact us at least 14 working days prior to the next scheduled drawing date and notification must be received in writing. Please refer to the contact details for the Children's Services Administration at the end of this agreement.

Enquiries

Direct all enquiries to us, rather than to your financial institution, and these should be made at least 14 working days prior to the next scheduled drawing date. All communication addressed to us should include your customer reference number.






All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.

Disputes

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting contact Belconnen Community Service Inc, Children's Services Administration Team. All disputes will be responded to within 3 working days. In the event that we cannot substantiate the reason for the drawing, you will receive a refund of the drawing amount. Contact details are provided below.

How to contact us

If you need to contact us to discuss any aspect of this agreement, vary this agreement in any way or dispute a drawing that has been initiated by us, you contact the Children's Services Administration Team via the following methods:

-  02 6264 0200(Phone)
-  02 6253 2901 (Fax)
-  csat@bcsact.com.au
-  PO Box 679, Belconnen ACT 2616
-  In person at our office located at Chandler Street, Belconnen

Your commitment to us



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It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there is sufficient cleared funds in the nominated account; and
- that you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, we will contact you by phone or in writing notifying of the returned payment. Arrangements need to be made to pay the dishonoured amount within 3 days to avoid any disruption to your child care arrangements. Any transaction fees payable by us in respect of the above will be added to your account and will need to be settled with the payment of the returned payment.