



HOLY NAME EARLY LEARNING AND CARE CENTRE COMPLYING WRITTEN ARRANGEMENT 2020

Child's Information:

Surname: First Names:
Address: Post Code:
Phone: DOB: M / F:
Child CRN:

Is your child of Aboriginal/Torres Strait Islander descent? ☐ YES ☐ NO

Cultural background:

Country of birth: Languages spoken:

Does your child have any allergies, medical or other conditions: ☐ YES ☐ NO

If yes, please provide further information and an action plan attached.

Does your child have any other additional needs (including dietary needs)?

Birth Certificate sighted: ☐ Immunisation History Statement ☐ (up to date details):
Please attach copied documents and keep on file.

Bookings Request:

Long Day Care

Start Date: Room Joining

	Monday	Tuesday	Wednesday	Thursday	Friday
Long Day Care					

Outside School Hour Care

Start Date: School Attending

Classroom/Grade..... Teachers Name

Care type: Casual Booking ☐ Regular booking ☐

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					
Vacation Care					

All permanent bookings require 2 weeks' notice for termination of care.

Parent/Guardian Information:

The details of each known parent must be provided (National regulations 102,106-162)

Parent/Guardian (Person responsible for the account)	Parent/Guardian
Name:	Name:
DOB:	DOB:
CRN:	CRN:
Address:	Address:
P/C:	P/C:
Phone:	Phone:
Mob:	Mob:
Email:	Email:
Occupation:	Occupation:
Place of Work/Study:	Place of Work/Study:
Address:	Address:
P/C:	P/C:
Work Phone:	Work Phone:
Country of Birth:	Country of Birth:
Languages Spoken:	Languages Spoken:
Cultural Considerations:	Cultural Considerations:
Care required for (work/study/respite/other):	Care required for (work/study/respite/other):
Talents/Hobbies that can be shared with children:	Talents/Hobbies that can be shared with children:

How did you hear about us? Internet ☐ Word of Mouth ☐ Live in the area ☐ Other ☐

Custody Arrangements:

Are there any court orders in place for your child? YES / NO (attach documentation)

Please provide further details:

Court orders ☐ Parenting Plan ☐ Parenting order ☐

Child's Medical Practitioner

Name:

Address:

Telephone no: Medicare no:

We regret that we are unable to provide care for children who are unwell or who have a communicable or infectious illness. In such an event if we are unable to contact you or your emergency contacts we may deem it necessary to call an ambulance

Siblings

Name:	DOB:	CRN:

Authorised Nominees and Emergency Contacts (NOT PARENT)

IN CASE OF AN EMERGENCY, HOLY NAME WILL CONTACT THE PARENTS/GUARDIAN INITIALLY. IF THEY ARE UNABLE TO BE CONTACTED IMMEDIATELY, WE WILL CONTACT THE FOLLOWING PEOPLE IN THE ORDER THAT THEY ARE LISTED. PERSONS TO BE CONTACTED IN CASE OF EMERGENCY ARE AUTHORISED TO CONSENT TO MEDICAL TREATMENT FOR THE CHILD OR TO AUTHORISE ADMINISTRATION OF MEDICATION TO THE CHILD; THEY ARE ALSO AUTHORISED TO TAKE THE CHILD FROM THE SERVICE'S PREMISES OR TO GIVE APPROVAL FOR AN EDUCATOR TO TAKE THE CHILD OUT OF THE SERVICE IN THE CASE OF AN EMERGENCY; PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

Contact One

Title:	First Name:	Surname:	
Relationship to child:			
Home Address:			
Home Phone:		Mobile Phone:	
Work Phone:		Email:	
Tick Boxes to Authorise:	Pick up	Drop off	Emergency

Please tick each box that you give emergency contact to authorise.

- | | |
|--|--|
| Medical Treatment | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Administration of Medication | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Ambulance to be Called | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Educator to Accompany child in Ambulance (if required) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Excursion Permission | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Collect child from Service | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Contact Two

Title:	First Name:	Surname:	
Relationship to child:			
Home Address:			
Home Phone:		Mobile Phone:	
Work Phone:		Email:	
Tick Boxes to Authorise:	Pick up	Drop off	Emergency

Please tick each box that you give emergency contact to authorise.

- | | |
|--|--|
| Medical Treatment | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Administration of Medication | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Ambulance to be Called | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Educator to Accompany child in Ambulance (if required) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Excursion Permission | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Collect child from Service | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PERMISSIONS

I give my permission for: (Please circle YES or NO)

1. **OSHC ONLY** - My child to be transported to and from school during term time by either the bus service offered by the Holy Name OSHC program or escorted by and educator as they walk to Carlisle Primary. **YES / NO**
2. My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child to participate in a particular activity. **YES / NO**
3. For educators at the service to take my child on excursions by foot within the local community, destination may include: Fletcher Park. **YES / NO**
4. My child being observed by educators and students for programming purposes. **YES / NO**
5. My child's photograph, to be taken or recorded at the service for use within the service (May include photo development and/or printing outside the service) **YES / NO**
6. Permission to use see saw for my child's learning journal. This is an online app that families can access to see their child's learning journal. **YES / NO**
7. I agree that in the case of accident or injury, the centre will contact me. If they cannot reach me, they will try to contact a listed emergency contact. If determined necessary by staff at the centre, I authorise them to seek medical treatment for my child **YES / NO**
8. If they deem it necessary, I agree for them to call an ambulance to take my child to hospital and agree to meet any expenses incurred. **YES / NO**
9. Staff are permitted to apply sunscreen to my child, if my child has sensitive skin, I will provide their own sunscreen for them to use and will complete a risk minimisation form **YES / NO**
10. **LDC ONLY** - Staff are permitted to apply sudo cream to my child at nappy change time if they appear to have nappy rash. **YES / NO**
11. Accounts and correspondence to be sent to me electronically (to the email address provided on this enrolment form). **YES / NO**
12. For educators at the service to take my child on excursions by foot to the Holy Name Church **YES / NO**
13. How often would you like to see your siblings visit each other whilst at the service?
Is there any particular times/routines you would like your siblings to share?

13. My child has permission to interact and hold the centre pets **YES/ NO**

Signature of Parent/guardian 1
Date:

Signature of Parent/guardian 2
Date:

Daily Schedule of Fees
For the 2019/2020 Financial Year
(Effective 2nd of July 2018)

Holy Name Early Learning and Care Centre

Long Day Care (0 years to school aged)

	Normal Session Period	Rate
Long Day Care	6 hours	\$105.00
Long Day Care	10 hours	\$105.00
Long Day Care	11.5 hours	\$105.00

Outside School Hours Care and Vacation Care (School Aged Care)

	Normal Session Period	Rate
Before School Care	2.0 hours	\$27.00
After School Care	3.0 hours	\$37.00
Vacation Care	11.5 hours	\$80.00

Should a child use more than 10 hours of care for Long Day Care or Vacation Care, these additional hours will be provided on a complimentary basis

The actual costs incurred by parents/guardians are decreased by any Child Care Subsidy to which your family is entitled (calculated based on hours worked, family income, daily fees incurred and hours of sessional child care per day). Because your Child Care Subsidy is paid directly to Holy Name for ease of administration you should be charged only the net amount of fees incurred. Estimate your Child Care Subsidy by using the calculator at www.education.gov.au/sites/education/files/sch/index.html

Name: _____ Date of Birth: _____ Age: _____

Name of Parent/Guardian: _____

This information is to be read in conjunction with the Service Agreement and the Fee Schedule FY 18/19 which together, form the **Compliant Written Agreement** consistent with the guidelines for the implementation of the new Child Care Subsidy.

Childcare Provider:

Company: Holy Name Early Learning and Care Centre

Phone: (08) 93667401

Email: Holy.name@cewa.edu.au

Address: 25 Marchamley Place Carlisle WA 6101

Website: ceo.wa.edu.au

Facebook: Holy Name Early Learning and Care Centre

ABN: 63488245040

Service ID: SE-00013733

myGov:

Have you obtained a myGov account (please circle) Yes/No

Have you completed a Child Care Subsidy Assessment (please circle) Yes/No

Type of Care

What type of care are you seeking (please circle)

- a) Routine care, with some casual care
- b) Routine care only
- c) Casual care only

Dates of Care

Planned date that care will commence: _____

Planned date that care will cease (if known): _____

Care Schedule and Sessions:

Please circle your routine care days. A Session for Long Day Care can be either 6, 10 or 11 hours per day. Vacation Care can be 10 hours or 11.5 hours per day, Before School Care is 2.0 hours and After School Care is 3.0 hours. (Hours in excess of 10 hours will be complimentary.)

Type of Care and Opening Hours	Day of the Week				
Long Day Care 9:00am – 3:00pm	Monday	Tuesday	Wednesday	Thursday	Friday
Long Day Care 7:30am – 5:30pm	Monday	Tuesday	Wednesday	Thursday	Friday
Long Day Care 6:30am – 6:00pm	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care 6:30am – 8:30am	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care 3:00pm – 6:00pm	Monday	Tuesday	Wednesday	Thursday	Friday
Vacation Care 7:30m – 5:30pm	Monday	Tuesday	Wednesday	Thursday	Friday
Vacation Care 6:30am – 6:00pm					

Privacy Agreement

Holy Name Long Day Care service, located at 25 Marchamley Place, Carlisle, maintains enrolment details and records of attendance, fee payment, medication administered and information about the development, well-being and health of each child while attending the service. This enables us to plan and program for your child's needs and ensure we meet all of our legislative and regulatory responsibilities.

Information provided by you for this purpose will be treated respectfully and confidentially. All personal, sensitive and health information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

Failure to provide the required information may result in non-acceptance of your child's enrolment.

Only authorised staff members who directly require your information for professional purposes will have access to it. Families are able to access their information upon request.

Information may be disclosed to relevant authorities to confirm our compliance with child care and Child Care Subsidy laws.

Declaration

I/We hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at the centre.

Parent / Guardian (1) Name: Date:

Signature of Parent/Guardian (1):

Parent / Guardian (2) Name: Date:

Signature of Parent/Guardian (2):

Registration Agreement - Please tick all boxes of consent

- ☐ I agree to pay my fees through DEBIT SUCCESS and have read and completed the required documentation.
- ☐ I have received and read the family handbook and I understand any updates to policies will be displayed on the notice board or in the centre newsletter.
- ☐ I understand that I need to comply with all Government requirements in relation to the Centre and its service.
- ☐ I will advise the Centre as soon as practicable of any updates to my circumstances.
- ☐ I understand that it is my responsibility to fulfil any obligations required to receive Child Care Subsidy (CCS).
- ☐ I agree to pay my fees one weeks in advance as determined by the fee payment policy.
- ☐ All children are to complete a minimum of 2 playdates before commencing care. (LDC only)
- ☐ I am aware that any failure to pay fees may result in cancellation of my child's place at the centre.
- ☐ I am aware that fees will be reviewed annually, and I will receive a minimum of two (2) weeks' notice of any changes being made.
- ☐ **I understand that I need to provide two weeks' notice in writing of termination of care for a permanent booking in LDC. I understand that the centre is unable to accommodate swapping days in LDC.**
- ☐ **I am aware that I need to provide seven days' notice in writing of termination of care for a permanent booking in OSHC. I understand that the centre is unable to accommodate swap days in OSHC.**
- ☐ I understand that I must pay fees for any Casual booked days that I have not cancelled at least 24 hours in advance for any casual bookings. This applies for all cancelation of care that do not comply with the notice period.
- ☐ I am aware that I must pay for any public holidays that fall on a day my child is booked to attend. I will also be responsible for payment on any days my child is sick or absent from care.
- ☐ I understand that a system of payment for late collection operates at the centre and that I am responsible for the payment of any fees incurred. Any child collected after 6pm must incur a fee of \$1 a minute
- ☐ I am aware of the services opening and closing times (6.30am – 6.00pm)
- ☐ I am aware that my child will be excluded from care at the centre if they have a communicable or infectious disease. I understand that my child will be accepted back into the centre once the exclusion guidelines have been met.
- ☐ I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by centre staff.
- ☐ I have presented the centre with a copy of my birth certificate. All families attending long day care must provide an up to date copy of **Australian Immunisation History statement** as per the immunisation schedule. This can be found on your MY GOV, Medicare.
- ☐ I have read and understand the Privacy Statement.
- ☐ The Centre reserves the right to cancel care if it considers doing so would be in the best interest of the Centre. Two weeks' notice of cancellation of care will be provided and any outstanding fee credits reimbursed up conclusion of care at the centre.

I have read the registration agreement and agree to adhere to the above conditions and policies.

Parent/Guardian Name:

Date

Signature