

CHILD'S ENROLMENT FORM

Please note: It is essential that prior to commencement the following information is complete and up to date. This form must be completed by a parent or guardian who has lawful authority in relation to the child. Please notify the centre of any change of address, phone number or care arrangements. Thank you for your cooperation.

FILL THE FORM IN CAPITAL LETTERS

Child's Details

| | | | | | |
|-------------------------------|----------------------------|----------------|--|----------------------|---|
| Child's First Name: | Last Name: | | | M | F |
| Home Address: | Suburb: | | | | |
| Post Code: | Date of Birth: ___/___/___ | Child CRN No.: | | | |
| Main Language spoken at home: | (If not English) | | | Cultural Background: | |

Parent's / Guardian 1 Details

| | | | | | |
|-------------------------------|--|------------------|-----------------|----------------------------|--|
| Email: | | | | | |
| First Name: | | | Last Name: | | |
| Home Address: | | | | | |
| Suburb: | | Post Code: | | Date of Birth: ___/___/___ | |
| Mobile: | | | Home Ph: | | |
| Work Phone: | | | Employer: | | |
| Relationship to the child: | | | Parent CRN No.: | | |
| Main Language spoken at home: | | (If not English) | | Cultural Background: | |

Parent's / Guardian 2 Details

| | | | | | |
|-------------------------------|--|------------------|-----------------|----------------------------|--|
| Email: | | | | | |
| First Name: | | | Last Name: | | |
| Home Address: | | | | | |
| Suburb: | | Post Code: | | Date of Birth: ___/___/___ | |
| Mobile: | | | Home Ph: | | |
| Work Phone: | | | Employer: | | |
| Relationship to the child: | | | Parent CRN No.: | | |
| Main Language spoken at home: | | (If not English) | | Cultural Background: | |

Court Orders Relating to the Child

Are there any court/parenting orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

No Proceed to the next page.
 Yes Please complete the following:-

1. Bring the court order/s for staff to see and a copy to attach to this enrolment form;
2. A) If there orders affect the powers of a parent or guardian of the child to:
 - o Authorise the taking of the child outside the service by a staff member of the services;
 - o Consent to medical treatment of the child;
 - o Request or permit the administration of medication of the child;
 - o Collect the child;
- B) Give these powers to someone else;

Permanent Days Start and End Time

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Start Time | | | | | | | |
| End Time | | | | | | | |
| Total Hours of care per day | | | | | | | |

Arrangement Type and Start Date:

Start Date: / /

Type of Care:

Please select one of the following options by placing a "X" in the square below

Routine Basis
(Permanent Day Only)

Casual
(Occasional Day Care)

Routine Basis with Casual Care
(Permanent Days with Casual Days from time to time if need be)

Authorise Nominee

We authorise the following person to be notified of an emergency involving my child, if the parents of the child cannot be immediately contacted, and who is authorised to consent to medical treatment of, or to authorise administration of medication to the child, or authorise to authorise an educator to take the child outside the education and care premises.

Full Name:

Address:

Post Code

Telephone: H:

Work Ph:

Mobile:

Relationship to the child:

Details of people who can collect the Child

In the event that the child is not collected and the parent/s or guardian/s cannot be contacted, the children's service will use this list to arrange someone to collect the child. This list may be added to throughout the year. **Identification must be produced upon request from staff.**

Full Name:

Address:

Post Code

Telephone: H:

Work Ph:

Mobile:

Relationship to the child:

Full Name:

Address:

Post Code

Telephone: H:

Work Ph:

Mobile:

Relationship to the child:

Authorise Specialist or Agency

The names and contact details of any other specialist or agency involved with your child. Permission for the service to contact these specialists or agency.

Provide copies of any reports to date.

Full Name:

Company Name:

Company Address:

Post Code:

Telephone: H:

Work Ph:

Mobile:

Company email:

My Stars
BERWICK



Enrolment Form

Medical and Health Information

Name of Doctor/Medical Services:

Address: Post Code:

Telephone: H:

Medicare No:

Ambulance Subscription: Yes No Private Health Cover: Yes No

Ambulance Subscription No: Private Health Cover No:

Does the child have any allergy or sensitivity ? Yes No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

Does the child have asthma ? Yes No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

Does the child have any other medical conditions and needs (eg epilepsy, diabetes, behaviour, anaphylaxis etc) which are relevant to children's services ?

Yes No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

Does the child have any dietary requirements ? Yes No

If yes, the following apply:

Sunscreen Protection

In line with the Anti-Cancer Council of Victoria recommendations, the children's service suggests all children are protected by SPF 30+ Sun screen when exposed to sunlight. In conjunction with Sunny Stars Berwick's Sun Smart Policy, we ask that each parent apply SPF 30+ sun screen to their child prior to their arrival at the children's service. Copies of Sunny Stars Berwick Sun Smart Policy are available on request from staff

Yes Re-apply SPF 30+ sun screen, to my child as required when going outside during UV required rating days.

No do not re apply SPF 30+ sun screen to my child.

Print Name

Signature

Date

Other Information

If there is anything else that the children's services should know about the child (eg excessive fears, favourite activities, development delay or disability etc) please provide details:

Immunisation Records

Has the child been immunised? Yes No

Has the child medical records 'My Health' Booklet been sighted by service? Yes No

Name of the educators who recorded notes from 'My Health Booklet'

Copy of Immunisation record required.

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Enrolment Form

Declaration

I

Print Full Name

A person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service
- Consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.
- Consent to the staff of the children's service to seek medical treatment from a registered medical practitioner, hospital or ambulance service transportation by ambulance and transportation of the child by an ambulance service
- Consent to the staff of the children's service administering medication if so requested by me.
- Consent to my child to being photographed during regular childcare sessions and I also consent to these photographs being used for publicity purposes by My Stars Berwick.
- Have read, understand and agree to follow the fee payment structure and policies
- No outside agency or individual will be permitted to photograph the children without parental consent.
- Consent to my child be recorded under surveillance cameras when in My Stars Berwick premises. The purpose of surveillance is to ensure the safety of all children, families, educators and others whom may entering the service. These recordings may be provided to, but are not limited to, an officer in the law.

Signature

Date

Fees

Normal fees are payable by the last day of each fortnight that your child attends for the following weeks. This ensures that you are at least two weeks in advance at all times. You can pay via Direct debit, no cash policy applies.

As your child occupies a Permanent booking at our centre, fees payable for all booked days including absences, whatever the reason. Please give us two week written notice of any alteration or termination of your normal booked days, otherwise two weeks fee in lieu will be charged. My Stars Berwick has no refund policy. Normal fees are applicable for any booked days that your child does not attend (for any reason). Child care benefit is applicable up to 42 absences per financial year. After that you will not be eligible for CCB any additional days absent, that will incur the cost of full fee for these absent days, unless you provide documentation. For any unpaid fees, Credit Card Payment Authority. Please note: It is essential that prior to commencement the following information is complete and up to date. This form must be completed by a parent or guardian who has lawful authority in relation to the child. Please provide written notification the centre of any changes. Details about fees proposed to be charged to the individual for the session of care provided under the arrangement, can be found in the parent handbook, hallway of the service and upon request to the director. The parties entering this agreement expressly understand fees may vary from time to time.

Complying Written Arrangement (CWA)

Approved Service Name: My Stars Berwick
Service Address: 1-3 Michelle Dr, Berwick VIC
3086
Approved Provider Name: Pina Rayat
Contact Number: 8768 9984

Approved Provider Signature:

Parents / Guardian Full Name:

Parents / Guardian Signature:

Date: ___/___/___



Privacy Disclaimer

My Stars Berwick acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in My Star Berwick children's service, providing you with updated information and assisting us to improve our services to you. The personal information collected is of the parents/guardians and the child enrolled in the program. By completing this form, My Stars Berwick accepts that the parents/guardians of the child have consented for this information to be collected. The intended recipients of this information are My Stars Berwick, its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and My Stars Berwick Privacy Policy.

Credit Card Payment Authority

I / We authorise and request My Stars Berwick to debit the credit card specified through the bulk Electronic clearing system in accordance to Invoice or Statement.

| | | | | |
|---------------------|-----------|--------------|------------------|-------------|
| Card Number: | Visa: [] | Expiry Date: | Master Card: [] | Code (CVC): |
| Card holder's Name: | [] | | | |
| Signature: | [] | | | |

Day Care Terms and Conditions

1. I, the undersigned, approve of my child's involvement in My Stars Berwick day care service and have read the terms and conditions in this form and have understood and will follow the My Star Berwick Policy and Procedures
2. I give permission for my children to participate to particular activities organised for the days my child will be attending, including watching G Rated videos / movies.
3. I authorise staff, in the event of any accident or illness, to obtain all necessary medical assistance and treatment of my child and agree to meet any expenses attached to such treatment.
4. I acknowledge that my child will not be attending the service if suffering from any infectious or communicated disease as identified by Department of health.
5. Except as otherwise expressly required by law. My Stars Berwick do not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation at the service due to any cause whatever unless by the proven negligence of My Stars Berwick, Director or Staff.
6. I authorise staff to apply sun screen to my child if I provide such.
7. I understand that if my child continuously demonstrates inappropriate behaviour after guidance procedures have been followed. I will be notified and my child may be removed, suspended for period to be determined or excluded permanently from the service.
8. I understand a late pick up charges of \$15.00 for first 10 minutes,
9. My Stars Berwick must be paid via Direct Debit from a Bank Account or Credit Card
10. I agree to pay for all the days my child is successfully enrolled in (and not cancelled within the relevant time frame regardless of whether my child actually attends.
11. The information I have provided is true and correct, and I have provided Centrelink with the same information.
12. I am responsible for communicating this information to Centrelink.
13. I understand that if any details are incorrect the full fees are payable by me for use of the service until the details are corrected by Centrelink.
14. I understand that if my account is not paid in full by the due date, my child's enrolment and booked sessions may be in jeopardy, and may be subject to exclusion from the centre.
15. My Stars Berwick reserves the right to amend Terms and Conditions

Direct Debit Request - Authorisation Form

Customer Details

| | | | |
|----------------|--|-----------|----------------------|
| First Name: | <input type="text"/> | Surname: | <input type="text"/> |
| Phone: | <input type="text"/> | Mobile: | <input type="text"/> |
| Date of Birth: | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | State: | <input type="text"/> |
| | | Postcode: | <input type="text"/> |
| Email Address: | <input type="text"/> | | |

Select from the Following

| | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> New Account | <input type="checkbox"/> Change Debit Limit | <input type="checkbox"/> Change Account Details |
|--------------------------------------|---|---|

Payment Details

| | | |
|-----------------------|---|---|
| Payment Limit Amount: | <input type="text"/> | <small>This is the maximum amount to deduct at each centre where a balance occurs</small> |
| | <small>\$.00 or Blank = No Limit</small> | |
| Surcharge: | Visa/MasterCard: <input type="text"/> 0.00% | Amex: <input type="text"/> 4.40% |
| | Bank Account: <input type="text"/> \$0.00 | Admin Fee: <input type="text"/> \$2.2 |
| Payment frequency: | <input type="checkbox"/> Weekly <small>(default)</small> | <input type="checkbox"/> Fortnightly |
| | <input type="checkbox"/> 4-Weekly | Day of the week: <input type="text"/> |
| | <input type="checkbox"/> Monthly | Day of the month: <input type="text"/> |
| First Payment Date: | <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

Direct Debit from Bank Account, Building Society Or Credit Union

| | |
|--|--|
| Details of the Account to be debited (All Details must be supplied): | |
| Account Name: | <input type="text"/> |
| BSB Number: | <input type="text"/> |
| Account Number: | <input type="text"/> |
| | I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 184534, to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS). |

Credit Card

| | | | |
|----------------------------------|---|-------------------------------------|------------------------------|
| Please charge my payments to my: | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> AMI |
| Card number: | <input type="text"/> | | |
| Expiry Date: | <input type="text"/> / <input type="text"/> | Name on Card: | <input type="text"/> |

Signature

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understood the same.

| | |
|---------------------------|--|
| Authorising Signature (s) | Date |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Terms and Conditions

DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR Authorisation Form.

INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) APCA User ID 184532 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business).

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the DDR Authorisation Form, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the DDR as instructed by the Business.

RELATIONSHIP

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has no express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

CLEARED FUNDS

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment ("Day to Debit") to enable the direct debit to be honoured on the Day to Debit. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available when the debit is attempted, I/we agree that I/we will be responsible for any fees and charges that may be charged by my/our Financial Institution.

VARIATIONS TO DEBIT TERMS

I/We authorise the Business to vary the amount of the payments from time to time if provided for within my/our agreement with the Business. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

CANCELLING THESE DEBIT TERMS

I/We understand that I/we are able to cancel this DDR by requesting this of the Business or my/our Financial Institution, and I/we acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/we have agreed to.

NON WORKING DAY

When the day to debit falls on a weekend or public holiday the debit will be initiated on the next working day.

DISHONOURD PAYMENTS

I/We acknowledge that:

- (a) if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any Debitsuccess fees and charges (currently up to \$14.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); and
- (b) Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

ACCURACY OF INFORMATION

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the DDR Authorisation Form are correct and that Debitsuccess is not liable to the extent that any such details are wrong and this causes a required payment to be missed. In addition, where I/we are paying the required payments by credit card and have entered the details of the credit card on the DDR Authorisation Form, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this Agreement to the extent that the credit card has expired, and that it wholly my/our responsibility to provide details of any replacement credit card to Debitsuccess via the Business.

DISPUTES

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to direct any such dispute to my/our Financial Institution.

OTHER AUTHORISATIONS

I/We authorise:

- (a) The Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- (b) The Financial Institution to release information allowing Debitsuccess to verify my/our account details.

INFORMATION SECURITY

Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the DDR (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

Debitsuccess will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact Debitsuccess Pty Ltd.

PO BOX 5567, Stafford Heights QLD 4053

Phone: 1800 956 959

E-mail: qkclients@debitsuccess.com

Individual Child's Routine Information

| | |
|------------------------|--|
| Child's Full Name: | |
| Child's Date of Birth: | |

Sleeping (if applicable – leave blank if the child does not sleep at our service)

| | | | | | |
|---|----------|------------------------|---------|--------|-----|
| Usual getting up time: | | Usual evening bedtime: | | | |
| Day Sleep (Approx. time & length): | | | | | |
| At sleep time does your child use a: (Please circle applicable) | | | | | |
| Cot | Mattress | Dummy | Blanket | Bottle | Toy |
| Are there any special words that mean "bed" "rest" "or "sleep" | | | | | |
| Yes | | | No | | |
| If yes, please list: | | | | | |
| Are there any special routines used prior to sleep time? | | | | | |
| Yes | | | No | | |
| If yes, please list: | | | | | |

Dietary Information

| | | | | | |
|---|-------------|---------------|------|---------------|------|
| Does your child use a: (Please circle applicable) | | | | | |
| Bottle | Feeding Cup | Cup | Bowl | Spoon | Fork |
| Is your child able to feed themselves? | | | | | |
| Yes | | | No | | |
| Does your child have any special dietary requirements? | | | | | |
| Yes | | | No | | |
| If yes, please list: | | | | | |
| Is there any food that is not tolerated by the child? | | | | | |
| Yes | | | No | | |
| If yes, please list: | | | | | |
| Are there any food/s particularly liked or disliked by the child? | | | | | |
| Yes | | | No | | |
| If yes, please list: | | | | | |
| Are there any special routines at meal times? | | | | | |
| Yes | | | No | | |
| If yes, please list: | | | | | |
| Does the child eat/ drink? (Please circle applicable) | | | | | |
| Small Amount | | Medium Amount | | Large Amounts | |

Toileting Information

| | | |
|---|----------------------|----------------|
| Is the child: (Please circle applicable) | | |
| In Nappies | Being Toilet Trained | Toilet Trained |
| Are there any special routines at toilet time? | | |
| Yes | | No |
| If yes, please list: | | |
| Are there any special words relating to toileting and their meanings: | | |
| Yes | | No |
| If yes, please list: | | |



Additional Information

Are there any words that have special meaning for your child?

Yes

No

If yes, please list:

Does your child have any particular fears (such as thunder)?

Yes

No

If yes, please list:

Do you have any cultural/religious requirements for your child?

Yes

No

If yes, please list:

Does the child have any Asthmas, Allergies or Sensitivity?

Yes

No

If yes, please list and attach all necessary plans:

Write Further information about the child considered important to notify:

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Enrolment Routine Form