

ENROLMENT AGREEMENT 2014 CONSENTS & PERMISSIONS

ACCOUNT NAME	
CHILD'S NAMES	
Name of Service attending in 2014	

In order to finalise and confirm your child's enrolment, you are required to read and respond to the permissions and consents below. Please note that the **Permissions** provide parents with options to consider, however **Consent Statements** are a compulsory requirement of enrolment.

Please complete an Enrolment Agreement 2014 for each child enrolled at this Centacare Child Care Service.

CONSENT STATEMENT

I/We understand, acknowledge to the following:

MEDICAL (CONDITIONS OF ENROLMENT)

- In the event of an emergency, illness or accident (when unable to contact parent/carer or authorised persons) I/we consent to medical or hospital attention being obtained for my/our child, and, I/we agree to pay any expenses incurred for medical treatment and transport sought to care for my/our child
- I/We understand that the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed (e.g. antibiotics) and non-prescribed medication (e.g. panadol)
- I/We agree to complete the service medication form detailing the dose, time and date of last dose of any medication given to my/our child so as to reduce the risk of overdosing
- I/We give consent for first aid qualified staff to administer first aid and/or medication to my/our child as required
- I am aware that an appropriately qualified staff member will administer anaphylaxis and/or asthma medication should it be deemed necessary even if my/our child has not been previously diagnosed or prescribed such medication
- I understand that my/our child will not be able to attend the service unless a current supply of any prescribed medication is maintained at the service if a dosage is required during attendance times at the service

GENERAL (CONDITIONS OF ENROLMENT)

- that I/we have read the Information Handbook and agree to abide by the Service policies, procedures and Mission, Vision and Values of Centacare Child Care Services
- that it is my/our responsibility to ensure all information associated with my/our child's enrolment is current and notify the service of any changes to details provided
- that my/our child is required to be signed in as attending a session of care by either parent/carer or authorised nominee to ensure all legal obligations are met
- that I/we must notify the service if a person, who is not on the services' current records as authorised to collect my child, will be collecting my child from any session of care and that photo ID will be required on collection
- to provide alternative care arrangements when my/our child is suffering from an infectious or contagious illness, as described in the exclusion guidelines in the Information Handbook or is generally unwell, or is deemed by service staff to be unable to participate in the service program
- Behaviour Support and Guidance – as outlined in the Information Handbook
- that information on this enrolment form may be provided upon request to either parent/carer detailed on this form
- I/We have completed a booking form nominating days of attendance required for my/our child
- I/We have nominated an email address to which account statements, newsletters and other communications may be sent
- for my/our child to participate in all activities offered by the service. I will advise the service in writing if I/we do not wish my/our child to participate in a particular activity
- that the service will not accept responsibility for loss or damage to any property/items brought into the service by children or families

FEES (CONDITIONS OF ENROLMENT)

- the conditions outlined in the services 2014 Fact Sheet 2 (Fee Schedule 2014) & Information Handbook (Bookings, Absences and Cancellations)
- If cancelling a booking written notice of the final day will be provided
- I/we understand that Child Care Benefit and Child Care Rebate will only apply at this service until my/our child's last day of actual attendance (not applicable for stand-alone Kindergartens on Catholic School Sites)

FEES (CONDITIONS OF ENROLMENT) CONT.

- that childcare fees incurred will be paid in advance as per Fact Sheet 2 (Fee Schedule 2014) and any remaining credit will be reimbursed by EFT or cheque within 30 days of my/our child last day of attendance
- if my/our child is not collected from the service by closing time that Late Fee penalty will be incurred as specified in the Fee Schedule – Fact Sheet 2 (Fee Schedule 2014)
- that I/we are financially responsible for any willful damage of equipment or property by my/our child
- that an administration fee may be applicable should I/we request archived information relevant to my/our child's attendance
- that the above information is correct and precisely matches information submitted by me/us to Centrelink. I/we understand that any discrepancies between the two may lead to the service being unable to claim CCB and CCR on my/our behalf. In this instance I/we will be required to pay full fees
- Failure to pay fees incurred within prescribed timeframes may result in withdrawal of child care until account is paid in full or a payment plan negotiated. Failure to adhere to negotiated agreement may result in account referral to a debt collection agency, the cost of which will be added to account

Parent/Carer 1 Signature: _____ Date: ____/____/____

Parent/Carer 2 Signature: _____ Date: ____/____/____

PERMISSIONS (Please circle yes or no)

I/We understand, acknowledge and agree to the following:

Support

To support my/our child further whilst at the service, I/we give permission for the Coordinator/Director or service representative to liaise with school and/or specialist staff **Yes / No**

I/we authorise students under the supervision of staff to undertake observation of my/our child for the purpose of curriculum planning and Educators in training **Yes / No**

Activities Permission

I/We encourage my/our child to start their homework while attending the program (OSHC & FDC only) **Yes / No**

I/We give permission for my/our child to view PG Rated movies, programs and games while at the service (OSHC & FDC only) **Yes / No**

I/We give permission for my/our child to participate in face painting activities **Yes / No**

Health and Safety Permission

I/We give permission for staff to apply adhesive bandages e.g. band aids to my/our child. If no, please provide an alternative **Yes / No**

I/We give permission for my/our child to have 30+ sunscreen/insect repellent applied as required. If no, please provide an alternative. **Yes / No**

In case of an emergency or accident authorise a Qualified Medical Practitioner to administer anaesthetic, blood transfusions and perform operations if the emergency requires such treatment **Yes / No**

I/We will provide teething gel (with pharmacy label) and give permission for staff to apply the gel to my/our child (LDC & FDC only) **Yes / No**

I/We will provide nappy cream (with pharmacy label) and give permission for staff to apply as required to my/our child (LDC & FDC only) **Yes / No**

Media

- I/We understand that photos, videos and digital images are an integral part of the service's program and that my/our child's surname will not be displayed.
- I acknowledge that should my child/ren's images be required for use outside the service (e.g. CCCS presentations, websites, promotional material etc.) a separate permission form will be signed for each event.

If there are child protection or custody issues in relation to the display of media please see the Coordinator/Director I/we give permission for the following **in-service** displays of images of my/our child to be used for service newsletters, service noticeboard displays, school newsletters etc. **Yes / No**

Parent/Carer 1 Signature: _____ Date: ____/____/____

Parent/Carer 2 Signature: _____ Date: ____/____/____