Cranbourne Carlisle PRIMARY SCHOOL

Cranbourne Carlisle Childcare Club

Enrolment Form

CURRENT OPERATING TIMES

Morning Session: 7:00a.m. - 8.45a.m. Breakfast will be provided before 8:00a.m.

Afternoon Session: 3.15p.m. - 6:00p.m.

CURRENT FEE STRUCTURE

TYPE OF CARE	PERMANENT BOOKINGS	CASUAL BOOKINGS
Before School Care	$13.00 per child per session	$18.00 per child per session
After School Care	$15.00 per child per session	$20.00 per child per session
Pupil Free Day	$40.00 per child per day	Normal CCS Rates applies
Annual Registration Fee: $20.00		

Bookings and cancellations should be made directly with the Co-ordinator who can be contacted at any time on mobile

0468 967 510

Normal fees are charged for **all** absences of Permanent Bookings

Late Pick up Fee:	A penalty fee of $15.00 per ¼ hour (or part thereof) will be charged for each child not collected on time
Late Payment Fee:	A penalty fee of $25.00 will be charged for fees that remain outstanding after the due date advised on the statement

PAYMENT METHOD

Cash, Direct Debit (MasterCard, Visa or Debit Card) or Internet Direct Transfer

An invoice will be issued each fortnight. Payment is required within 10 days.

Cranbourne Carlisle Child Care Club 'LEARNING DEAL'

Whilst children are in 'Outside School Hours Care', the Cranbourne Carlisle Primary School Learning Deal policy will apply to ensure an environment that is responsive to and supportive of the needs of all children.

CRANBOURNE CARLISLE CHILD CARE CLUB

Welcome to Cranbourne Carlisle Child Care Club – please complete all sections of this enrolment form

We aim to provide a safe and happy environment with activities to give children maximum enjoyment. As part of the Before School Care breakfast can be provided for children arriving before 8:00 a.m. each morning followed by supervised activities.

At 3.15 p.m. After School Care Role Call will be checked, after which children are provided with afternoon tea. Children will then participate in a varied program including art/craft, cooking, games and special events.

CONDITIONS OF USE: (Please read CAREFULLY)

1. **Annual Registration Fee** of $20.00 per family will be charged per calendar year. Children must be enrolled to attend.
2. **Bookings** should be made in advance. This ensures your place in the program and allows for improved planning.
3. **Cancellations** (non-attendance) advice is required from parents if the child is not able to attend booked sessions. Full fee will apply to **all** cancellations.
4. **Casual Cancellations** can be made at any time by contacting the Co-ordinator, but are subject to a place being available on the day. Notice of cancellations must be received ***a.s.a.p*** on the day.
5. **Fees** are to be paid fortnightly within 10 days of being invoiced
6. **A Late Payment Fee** of $25.00 will be charged for fees outstanding after the due date
7. **A fee of $15.00** per ¼ hour, or part thereof, will be imposed for late collection of your children after the end of each session
8. **Outstanding Accounts** of over 21 days will not be eligible to use the program
9. **Unwell Children** who become unwell at the program must be collected or arrangements made for an authorised person to collect unwell child from the program
10. **Children who continuously display inappropriate behaviour** after positive guidance procedures have been followed, parent will be notified and the child may be removed, suspended for a period of time to be determined or excluded permanently from the program
11. **Medication to be given at the program** must be in the original packet, with child's name and dosage instructions and must not be left in school bags but handed to OSHC staff and the required medication form completed and signed by parents or guardians
12. **Medical Conditions** If your child has a medical condition such as asthma, anaphylaxis or allergy, Medical Management Plans which have been signed in consultation with a medical practitioner **must** be attached to the enrolment form and discussed with the Co-ordinator **before care commences**
13. **Signing children in/out** parents must sign children in the morning and out at night and enter the exact time of collection

ACCEPTANCE OF CONDITIONS AND MEDICAL AUTHORISATION:

☐ I / We have read and accept the "Conditions of Use".

☐ In the case of an emergency I / we hereby authorise the Cranbourne Carlisle Child Care Club Co-ordinator to seek emergency medical assistance and treatment as deemed appropriate. I authorise the Co-ordinator/staff member in charge of the program, where they are unable to communicate with me, to my child receiving such medical/surgical attention as may be deemed necessary by a medical practitioner and agree to pay any costs, which may be incurred, including ambulance costs if required.

Signed: _____

Print Name: _____ Date: _____

Office Use: *Registration Fee:* *Date:*

Care Arrangements
There are four types of care arrangements under the Child Care Subsidy Legislation taking effect from July 2018. Enrolment information is required for each child attending the service, for any kind of arrangement. The enrolment notice will reflect the type of arrangement that is in place between the provider and the family/individual or organisation. Please tick the arrangement that relates to your circumstances in relation to Child Care Subsidy **(CCS)**
Complying Written Arrangement – expecting to receive CCS or Additional CCS
Relevant Arrangement – Do not intend to claim CCS
Arrangement with Organisation – an organisation/agency is responsible for payment of fees
Additional CCS (child well being) Provider Eligible Arrangement – child at risk and no eligible individual identified

THE CHILD CARE SUBSIDY SYSTEM – CCSS

- The Child Care Subsidy System (CCSS) is a national child care system that manages all approved child care services online.
- Families will need to complete an online CCS assessment by providing their family income estimate, their activity details and confirming their child's enrolment. These details can be provided through their Centrelink online account via **my.gov.au** or through Express Plus Centrelink mobile App.
- Centrelink will send families an assessment of their CCS eligibility and entitlement after they complete their CCS assessment or CCS claim online, CCS will be paid directly to Cranbourne Carlisle Child Care Club on behalf of these families from 2 July 2018.
- Families can claim CCS by providing you and your child's customer Reference Number (CRN) to the program at enrolment. This may reduce your fees and make your upfront fees more affordable.
- CCS also applies to 42 allowable absences per child, per year, across all services you use. After allowable absences have been exceeded, CCS will only be applied to absences if a medical certificate/documentation is provided for additional days of absence.
- If you do not link your child with Cranbourne Carlisle Child Care Club through Centrelink, or confirm your child's enrolment through your **my.gov** account, or if you do not claim CCS, you will be charged full fees.

FAMILY DETAILS

FAMILY NAME: _____ DATE: _____
Home Address _____
_____ Post Code: _____
Home Phone No _____
Is your child/ren Aboriginal and/ or Torres Strait Islander origin (Please circle) Yes/No
Languages spoken at home _____ Religion_____

CHILD 1:
First Name: _____Surname:_____
Date of Birth: _____CRN: _____
Home Address: _____
_____ Post Code: _____

CHILD 2:
First Name: _____Surname:_____
Date of Birth: _____CRN: _____
Home Address: _____
_____ Post Code: _____

CHILD 3:
First Name: _____Surname:_____
Date of Birth: _____CRN: _____
Home Address: _____
_____ Post Code: _____

PLEASE ADD ONLY THE CRN OF THE CENTRELINK CUSTOMER

PARENT/GUARDIAN DETAILS

MOTHER:
First Name: _____Surname:_____
Date of Birth: _____CRN: _____
Home Address: _____
_____ Post Code: _____
Home Phone No: _____Mobile No: _____
Does the child/ren live with the mother? (please circle) Yes No
Occupation: _____
Work Address: _____
_____ Post Code: _____
Country of Birth: _____

FATHER:

First Name: _____ Surname: _____

Date of Birth: _____ CRN: _____

Home Address: _____

_____ Post Code: _____

Home Phone No: _____ Mobile No: _____

Does the child/ren live with the mother? (please circle) Yes No

Occupation: _____

Work Address: _____

_____ Post Code: _____

Country of Birth: _____

CHILD'S MEDICAL DETAILS:

CHILD 1:

Name: _____ Does your child have any allergies or sensitivity? Yes No

If yes, please discuss with the Program Co-ordinator.

You will be required to provide a management plan signed by a medical practitioner with respect to the allergy, **before commencing care.**

Please attach this plan to your enrolment form

Does your child have any other medical conditions that are relevant to the care of your child?

Eg. Asthma, epilepsy, diabetes etc. Yes No

If yes, please discuss with the Program Co-ordinator.

You will be required to provide a management plan signed by a medical practitioner, **before commencing care.**

Are there any cultural, religious or dietary needs that we should be aware of?

Please provide details

_____

_____

Does your child have any additional needs or challenging behaviours? Yes No

Please provide details

_____

_____

CHILD 2:

Name: _____ Does your child have any allergies or sensitivity? Yes No
If yes, please discuss with the Program Co-ordinator.
You will be required to provide a management plan signed by a medical practitioner with respect to the allergy, before commencing care.
Please attach this plan to your enrolment form

Does your child have any other medical conditions that are relevant to the care of your child?
Eg. Asthma, epilepsy, diabetes etc. Yes No
If yes, please discuss with the Program Co-ordinator.
You will be required to provide a management plan signed by a medical practitioner, **before commencing care.**

Are there any cultural, religious or dietary needs that we should be aware of?
Please provide details

_____

_____

Does your child have any additional needs of challenging behaviours? Yes No
Please provide details

_____

_____

CHILD 3:

Name: _____ Does your child have any allergies or sensitivity? Yes No
If yes, please discuss with the Program Co-ordinator.
You will be required to provide a management plan signed by a medical practitioner with respect to the allergy, **before commencing care.**
Please attach this plan to your enrolment form

Does your child have any other medical conditions that are relevant to the care of your child?
Eg. Asthma, epilepsy, diabetes etc. Yes No
If yes, please discuss with the Program Co-ordinator.
You will be required to provide a management plan signed by a medical practitioner, **before commencing care.**

Are there any cultural, religious or dietary needs that we should be aware of?
Please provide details

_____

_____

Does your child have any additional needs or challenging behaviours? Yes No
Please provide details

_____

_____

ANAPHYLAXIS:

In the case of Anaphylaxis you will be provided with a copy of the Cranbourne Carlisle Child Care Club's Anaphylaxis Management Policy before commencing care. You will be required to provide the service with an Anaphylaxis Management Plan signed by the doctor treating your child – please attach this plan to your enrolment form

CHILD 1:
Has your child been diagnosed at risk of Anaphylaxis? Yes No
Does your child have an auto injection device? Yes No
Has your child's Anaphylaxis Management Plan been provided to the service? Yes No
Has a Risk Minimisation Plan been completed by the service in consultation with you? Yes No

CHILD 2:
Has your child been diagnosed at risk of Anaphylaxis? Yes No
Does your child have an auto injection device? Yes No
Has your child's Anaphylaxis Management Plan been provided to the service? Yes No
Has a Risk Minimisation Plan been completed by the service in consultation with you? Yes No

CHILD 3:
Has your child been diagnosed at risk of Anaphylaxis? Yes No
Does your child have an auto injection device? Yes No
Has your child's Anaphylaxis Management Plan been provided to the service? Yes No
Has a Risk Minimisation Plan been completed by the service in consultation with you? Yes No

MEDICAL INFORMATION: - If all children attend the same clinic please just complete child 1
Medicare No: _____ Ambulance Cover: Yes No

CHILD 1:
Name: _____ Clinic Name: _____
Doctor's Name: _____ Phone No: _____
Address: _____
_____ Medicare Cover: Yes No

CHILD 2:
Name: _____ Clinic Name: _____
Doctor's Name: _____ Phone No: _____
Address: _____
_____ Medicare Cover: Yes No

CHILD 3:
Name: _____ Clinic Name: _____
Doctor's Name: _____ Phone No: _____
Address: _____
_____ Medicare Cover: Yes No

IMMUNISATION RECORD:

Have you provided evidence of your child's immunization record to the School Officer? Yes No

There may be times when a child has an accident, trauma, illness, injury or needs medical treatment or medication and the parents or guardians cannot be contacted. To deal with this situation the service will contact the people nominated below. Your consent is required for other people to collect the child on your behalf. Should the child not be collected at the end of the day this list may also be used. You may change this list throughout the year. Regulation 93 (b) (ii) states an oral authorisation from a registered Medical Practitioner or emergency service is acceptable if the authorising person cannot reasonably be contacted. Regulation 94 Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency. These contacts are authorised to authorise an educator to take the child outside the education and care service premises.

Authorised Nominee: means a person who has been given permission by a parent or family member to collect the child from the education and care service. See section 170 (5) of the law.

EMERGENCY CONTACTS: (required)

WHO ELSE CAN COLLECT YOUR CHILDREN? (Authorised Nominee)

1. Title: _____ First Name: _____ Surname: _____

Address: _____

Contact Phone: (H) _____ (M) _____ (W) _____

Relationship to Child: _____

2. Title: _____ First Name: _____ Surname: _____

Address: _____

Contact Phone: (H) _____ (M) _____ (W) _____

Relationship to Child: _____

3. Title: _____ First Name: _____ Surname: _____

Address: _____

Contact Phone: (H) _____ (M) _____ (W) _____

Relationship to Child: _____

4. Title: _____ First Name: _____ Surname: _____

Address: _____

Contact Phone: (H) _____ (M) _____ (W) _____

Relationship to Child: _____

CUSTODY / LEGAL

Who do the child(ren) live with? Mother ____ Father_____ Other_____
Are there any legal issues we need to be aware of? Yes No
Which child(ren) do the legal issues apply to? Child 1 Child 2 Child 3
Please give details of any access issues we need to be aware of:

_____

_____

_____

Bring the original court orders for staff to see and a copy will be attached to the enrolment form.

BOOKING INFORMATION:

Permanent Bookings are for children who use the service on a weekly basis. Permanent bookings are considered to be at least one session per week. Any additional bookings added that are not permanent will be charged at the casual rate.

	Monday	Tuesday	Wednesday	Thursday	Friday
PERMANENT					
ASC					
BSC					
CASUAL					
ASC					
BSC					

Please nominate days required and indicate starting date

Permissions:

I grant permission for my child to have their photograph taken during the program; these photos would be used for display and promotion of the program.

Signature of Parent/Guardian: _____ Date: _____

I grant permission for my child to apply sunscreen for outside play

Signature of Parent/Guardian: _____ Date: _____

I grant permission for my child to occasionally watch PG movies during the program.

Signature of Parent/Guardian: _____ Date: _____

I have received and will abide by Policies and Procedures in the Parent Handbook.

Signature of Parent/Guardian: _____ Date: _____

Cranbourne Carlisle Child Care Club "easypay" Payments

Cranbourne-Carlisle Child Care Club offers a choice of easy ways to pay for all Before and After School Care fortnightly payments. Please complete either Option 1 (preferred) or Option 2. Further information about these payment plans is as outlined below.

OPTION 1:

Option 1 offers the convenience of paying Child Care Club Invoices directly into the Cranbourne Carlisle Primary School Official Account. If you wish to take up this option, you will be issued a "Unique Identification Code" to use as part of the bank transfer process so that the school can receipt the payment into your Child Care Club Account.

Bank	BSB	Account No.	Payment Information – Unique I.D. Code
Commonwealth Bank of Australia	063-250	10618256	CC _ _ _ _ _ _ _ _

OFFICE USE ONLY: *Please detach and retain in OSHC*

CHILD / CHILDREN'S NAME:

_____

Unique I.D. Code: | C C _ _ _ _ _ _ _ _ |

OPTION 2: offers a Credit Card payment. Please complete the form below and the amount owed will be deducted each fortnight from your MasterCard or Visa Account and both the invoice and the receipt will be mailed to your home address.

CHILD'S NAME:

_____

Expiry Date / _____

I wish to pay by automatic debit to my: **MASTERCARD** **VISA**

(Please circle)

Card Number | | | | | | | | | | | | | | | | |

		/ /
CARDHOLDER'S NAME (Please Print)	SIGNATURE	DATE

Looking at the Multi Cultural Needs of Your Family

To enable our staff to provide appropriate programs for all children, it is important that we have as much information about each child as possible.

Child's Name: _____ D.O.B._____

Country of Origin_____

Are there any religious or cultural practices you would like your child to observe? (Please give details)

_____

_____

Are there any religious or cultural practices you would **not** like your child to observe? (Please give details)

_____

How many family members live with the child? (Older, younger brothers or sisters, grandparents, step-parents, aunts, uncles, foster children etc.? (Please give details)

_____

_____

Does your child have any special dietary needs? E.g. vegetarian, religious beliefs, etc.

_____

_____

Would you be willing to help us to find resources or pictures etc. to assist us to share and enhance your culture with the other children in the program?

_____

_____

Would you be willing to help us to provide an insight into your ethnic cultural background? Are you able to explain jobs, careers, different cultures, food, stories, crafts art etc. from your country to the children?

_____

_____

Implementing a multi-cultural, anti-bias approach in early childhood is of top priority at our Out of School Hours Care Program. Any information you can provide to assist us with this aim would be greatly appreciated.

Diane Johnstone

Cranbourne Carlisle Child Care Club

Co-ordinator