

Administration fee (non-refundable): \$35

Bond Required \$.....

TOTAL AMOUNT RECEIVED:

\$.....

Method :

Office use only

Y/N	Copies retained	Y/N	Information for Parent	Y/N	Follow Up
	Copy of Birth Certificate		Parent Handbook		Informed room Leader of Child's details
	Copy of immunisation records		Orientation letter		Orientation Evaluation given /received
Parent signature:			Induction letter	Room leader Signature	
Staff Signature.....				

CHILDCARE ENROLMENT FORM

Please note: Prior to your child's position beginning at Wind in the Willows Childcare Centre it is essential that the following information is complete and kept up to date. This information must be completed by each known parent who has lawful authority in relation to the child. Please notify the service of any changes to details on this form as soon as possible.

We thank you for your understanding and cooperation.

Child's Details				
Child's Surname:				
Child's Given Name(s):				
Name Usually Called:				
Child's CRN for CCB:				
Are you claiming CCR against your fees?				
Child's Home Address/Addresses:				
Child's Date of Birth:				
Child's Sex (Please Circle):			Male / Female	
Language(s) used in the Child's home:		Nationality:		Religion:
Is the Child of Aboriginal or Torres Strait Islander Descent?			(Please Circle) Yes / No	
Please provide a certified photocopy of the Child's birth certificate or equivalent.			Yes/No	
Days requiring care please tick: we may not be able to give the days you require immediately				
Monday	Tuesday	Wednesday	Thursday	Friday

Personal Characteristics of my child

Shy, Bubbly, Happy, Energetic, Curious, Outgoing, Motivated, Inquisitive, Adventurous, Reserved
Egocentric, Independent, Relaxed

Other: _____

Cultural Considerations	
Please outline the Child's cultural background and if relevant any cultural practices you would like followed:	
Religious Considerations	
Please outline the Child's religious background and if relevant any religious practices you would like followed:	
Dietary Considerations	
Please outline any dietary restrictions or considerations the Child may have (e.g. likes and dislikes. Details of allergies etc. will be expanded on in the Medical section of the form):	
Special/Additional Needs Considerations	
Please outline any special/additional needs the Child may have:	
Medical Requirements	
Child's Registered Medical Practitioner or Service Details: Service Name: Practitioner's Name: Contact Numbers: Address:	
Child's Registered Dental Practitioner or Service Details: Service Name: Practitioner's Name: Contact Numbers: Address:	
Medicare Number (if available):	
Private Health Cover (Please Circle):	Yes / No
Private Health Fund/Private Health Number:	
Ambulance Cover (Please Circle):	Yes / No
Does the Child have any specific health care needs or conditions? (Please Circle)	Yes/No If yes, please attach relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan.
Does the Child have any allergies? (Please Circle)	Yes/No If yes, Please attach relevant details. This includes a medical management plan, anaphylaxis medical management plan or risk minimisation plan.
Has the Child been diagnosed as someone who is at risk of anaphylaxis? (Please Circle)	Yes/No If yes, please attach relevant details. This includes a management plan, anaphylaxis medical management plan or risk minimisation plan.

<p>Please provide the immunisation status of the child. Alternatively, please provide a copy of the Child's health record so that it can be sighted by an Approved Provider.</p>	<p>Details of Immunisation Status (please attached files): Health Record Sighted by Approved Provider (Please Circle) Yes/No</p> <p>Approved Provider's Signature</p> <hr/> <p>Date:</p>
<p>Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date, from its original container, bearing the original label and instructions and before the expiry or use by date; and the medication must be administered in accordance with any instructions attached to the medication; or any written or verbal instructions provided by a registered medical practitioner. - <i>Education and Care Services National Regulations. Part 4.2, Regulation 95</i></p>	<p>Parent 1</p> <p>Signature: _____</p> <p>Parent 2</p> <p>Signature: _____</p>
Further Information about Child	
<p>Does the child have any siblings? If so, please provide their names and ages.</p>	
<p>Does the child have any other close relations attending the centre? E.g. cousins. If so, please provide their names and ages.</p>	
<p>Please provide us with any other information we should know about your child (For example, favourite activities, fears, routines, special words (please translate if applicable), toileting and sleeping practices etc.)</p>	
<p>Are you aware of what school you are planning to send to the Child to? If so, do you give the service permission to exchange information with the school in relation to transitioning your child to school?</p> <p>Name of School:</p> <p>Permission to exchange information:</p>	<p>Parent 1: Yes/No Signature: _____</p> <p>Parent 2: Yes/No Signature: _____</p>
<p>While public schools have no requirements for entry, some private schools may have entry requirements. Please outline if you are aware of any requirements the school you are planning to send the Child to has so we can incorporate them in to your child's program:</p>	

Parent 1	
Relationship to Child:	
Full Name:	
Other Names Known By:	
Parent 1's CRN for CCB:	
Parent 1's Date of Birth	
Country of Birth:	
Are you an Australian citizen?	
Please provide any relevant cultural background details:	Religion:
Home Address:	
Drivers Licence Number:	
Telephone:	(H) (W) (M)
Email Address:	
Does the child live with you? (Please Circle)	Yes/ No
Occupation:	
Place of Employment:	
Medical Authorisation: Parent 1	
Do you authorise for the Nominated Supervisor or other educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No Signature: -----
Do you authorise for the Nominated Supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No Signature: -----
Do you authorise for the Nominated Supervisor or other educator to seek to transport the Child in an ambulance? (Please Circle)	Yes/No Signature: -----
Do you authorise for the Nominated Supervisor or other educator at the service to administer paracetamol or ibuprofen (Panadol) as per the manufacturer's recommendations that suit the Child (e.g. age, weight etc.). *A Nominated Person will be contacted each time the Child may require this. *Should you only wish the Child to be administered with paracetamol or ibuprofen under certain circumstances, please outline these below? Name of product to be used (including trade name and form of strength): (If this varies from the product we use please note that you will	Yes/No

<p>be asked to provide this product) Dosage to be administered: Condition or circumstance when this should be administered: Fever or temperature over: I understand the potential risks and side effects of this medication for my child. In the event of an emergency I agree to collect my child as soon as possible.</p>	<p>Signature: -----</p>
<p>In order to prevent a double dosage of medication being given to your child, please be advised that you must inform us if you have or haven't given your child their morning dosage before they arrive at the service. If you have not advised us, we will make contact before giving your child medication.</p>	<p>Signature: -----</p>
<p>Do you authorise for the Nominated Supervisor or other educator at the service to administer general first aid products as per the manufacturer's recommendations (e.g. paw paw creams or nappy creams, Stingoes (insert other products your service may use)</p>	<p>Yes/No Signature: -----</p>
<p>Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. - <i>Education and Care Services National Regulations, Part 4.2, Regulation 94.</i></p>	<p>Signature: -----</p>
Authorisation for Child to Participate in Excursions and Incursions: Parent 1	
<p>Do you authorise for the Nominated Supervisor or other educator at the service to take the child outside the service's premises for relevant learning experiences, such as routine excursions.</p> <p>Routine excursions include activities such as visiting the local primary school and are bounded by a 1km radius. Further details will be provided when such events are planned. Notice will be given either in written or verbal form. (Please Circle)</p>	<p>Yes/No Signature: -----</p>
<p>In the event that an emergency occurs while on these excursions, do you authorise the Child to follow the emergency procedures that have been planned.</p>	<p>Yes/No Signature: -----</p>
<p>Do you authorise for the Child to participate in any incursions the service may organise. For example, an incursion on fire safety presented by someone from the local fire station. Further details will be given when these events are planned, either by verbal or written notification.</p>	<p>Yes/No Signature: -----</p>

Parent 2	
Relationship to Child:	
Full Name:	D.O.B:
Other Names Known By:	
Parent 2's CRN for CCB:	
Please provide any relevant cultural background details:	
Religion:	
Home Address:	
Telephone:	(H) (W) (M)
Email Address:	
Does the Child live with you? (Please Circle)	Yes/ No
Occupation:	
Place of Employment:	
Medical Authorisation: Parent 2	
Do you authorise for the Nominated Supervisor or other educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No Signature: -----
Do you authorise for the Nominated Supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No Signature: -----
Do you authorise for the Nominated Supervisor or other educator to seek to transport the Child in an ambulance? (Please Circle)	Yes/No Signature: -----
<p>Do you authorise for the Nominated Supervisor or other educator at the service to administer paracetamol or ibuprofen (Panadol) as per the manufacturer's recommendations that suit the Child (e.g. age, weight etc.).</p> <p>A Nominated Person will be contacted each time the Child may require this.</p> <p>Should you only wish the Child to be administered with paracetamol or ibuprofen under certain circumstances, please outline these below.</p> <p>Name of product to be used (including trade name and form of strength):</p> <p>(If this varies from the product we use please note that you will be asked to provide this product)</p> <p>Dosage to be administered:</p> <p>Condition or circumstance when this should be administered:</p> <p>Fever or temperature over:</p> <p>I understand the potential risks and side effects of this medication for my child.</p> <p>In the event of an emergency I agree to collect my child as soon as possible.</p>	<p>Yes/No</p> <p>Signature: -----</p>

In order to prevent a double dosage of medication being given to your child, please be advised that you must inform us if you have or haven't given your child their morning dosage before they arrive at the service. If you have not advised us, we will make contact before giving your child medication.	Signature: -----
Do you authorise for the Nominated Supervisor or other educator at the service to administer general first aid products as per the manufacturer's recommendations (e.g. paw paw creams or nappy creams (insert other products your service may use))	Yes/No Signature: -----
Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations, Part 4.2, Regulation 94.</i>	Signature -----

Authorisation for Child to Participate in Excursions and Incursions: Parent 2

Do you authorise for the Nominated Supervisor or other educator at the service to take the child outside the service's premises for relevant learning experiences, such as routine excursions. Routine excursions include activities such as visiting the local primary school and are bounded by a 1km radius. Further details will be provided when such events are planned. Notice will be given either in written or verbal form. (Please Circle)	Yes/No Signature: -----
In the event that an emergency occurs while on these excursions, do you authorise the Child to follow the emergency procedures that have been planned?	Yes/No Signature: -----
Do you authorise for the Child to participate in any incursions the service may organise. For example, an incursion on fire safety presented by someone from the local fire station. Further details will be given when these events are planned, either by verbal or written notification.	Yes/No Signature: -----

Court Orders Relating to the Child

1) Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

No Yes (Please Circle)

If yes, please provide all relevant documentation and paperwork

2) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

No Yes (Please Circle)

If yes, please provide all relevant documentation and paperwork.

Please note that without this documentation we cannot legally enforce the Order/s.

Emergency Contact Person 1

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 or the family day care educator. *Education and Care Services National Regulations - Part 4.7, Regulation 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.

Name of Individual:

Relationship to Child:

Address:

Telephone:

(H)
(W)
(M)

Declaration of Consent for Being an Emergency Contact Person for the Child

I

PRINT FULL NAME

agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person

Date:

Medical Authorisation for Child: Emergency Contact Person 1

Parent 1: Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the Child in the event that you cannot be contacted? (Please Circle)

Parent 1: Yes/No
Signature: _____

Parent 2: Yes/No
Signature: _____

Parent 3: Yes/No
Signature: _____

Authorisation to take Child outside of service: Emergency Contact Person 1

Parent 1: Can this person be contacted to give consent for the Child to be taken outside the service's premises in the event that you cannot be contacted? (Please Circle)

Parent 1: Yes/No
Signature: _____

Parent 2: Yes/No
Signature: _____

Parent 3: Yes/No
Signature: _____

Emergency Contact Person 2

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 or the family day care educator. *Education and Care Services National Regulations - Part 4.7, Regulation 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s or cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.

Name of Individual:

Relationship to Child:

Address:

Telephone:

(H)

(W)

(M)

Declaration of Consent for Being an Emergency Contact Person for the Child

I

PRINT FULL NAME

agree to be an Emergency Contact Person for the Child and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person

Date:

Medical Authorisation for Child: Emergency Contact Person 2

Parent 1: Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the Child in the event that you cannot be contacted? (Please Circle)

Parent 1: Yes/No

Signature: _____

Parent 2: Yes/No

Signature: _____

Parent 3: Yes/No

Signature: _____

Authorisation to take Child outside of service: Emergency Contact Person 1

Parent 1: Can this person be contacted to give consent for the Child to be taken outside the service's premises in the event that you cannot be contacted? (Please Circle)

Parent 1: Yes/No

Signature: _____

Parent 2: Yes/No

Signature: _____

Parent 3: Yes/No

Signature: _____

Details of Other People who can Collect the Child

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 or the family day care educator. *Education and Care Services National Regulations - Part 4.7, Regulation 161*

In the event that you or your nominated emergency contact cannot collect the Child, educator will use this list to arrange someone to collect the Child. This list may be added to throughout the year. Please list people in the preference you would like them to be contacted. Individuals must be able to produce identification when collecting the Child.

Person 1

Name:

Relationship to Child:

Address:

Telephone:

(H)
(W)
(M)

Person 2

Name:

Relationship to Child:

Address:

Telephone:

(H)
(W)
(M)

Person 3

Name:

Relationship to Child:

Address:

Telephone:

(H)
(W)
(M)

Person 4

Name:

Relationship to Child:

Address:

Telephone:

(H)
(W)
(M)

Person 5	
Name:	
Relationship to Child:	
Address:	
Telephone:	(H) (W) (M)

Photography Policy

I consent to my Child being photographed during their time at WIND IN THE WILLOWS. These photos may be displayed at the service and used throughout the enrolled children's portfolio documentation or may be used to promote the service within the community. Our Photography Policy is available to view at any time, please ask educators for a copy. No outside agency or individual will be allowed to photograph the children without parental consent.

If the Child has a specific medical requirement, the Child's photo will be displayed on a sheet that details how to respond to the Child's medical requirements. This will be displayed in the service's kitchen. Please consent to your child's photo being displayed for this purpose.

Please Circle which boxes are applicable to you.

Parent 1

YES - I consent to my child being photographed while at the service and the photos being displayed and used for promotional purposes.

YES - I consent to my child being photographed and the photos being displayed at the service and in other enrolled children's learning portfolios, but these photos cannot be used for promotional purposes.

NO - I do not consent to my child being photographed.

YES - I give permission for my child's photo to be displayed on a Respond to Medical Condition sheet within the service

NO - I do not give permission for my child's photo to be displayed on a Respond to Medical Condition Sheet within the service.

Printed Name:

Signature:

Date:

Parent 2

YES - I consent to my child being photographed while at the service and the photos being displayed and used for promotional purposes.

YES - I consent to my child being photographed and the photos being displayed at the service and in other enrolled children's learning portfolios, but these photos cannot be used for promotional purposes.

NO - I do not consent to my child being photographed.

YES - I give permission for my child's photo to be displayed on a Respond to Medical Condition sheet within the service

NO - I do not give permission for my child's photo to be displayed on a Respond to Medical Condition Sheet within the service.

Printed Name:

Signature:

Date:

Declaration: Parent 1

I,

PRINT FULL NAME

As a person who has lawful authority of the child referred to in this enrolment form for Wind in the Willows Childcare Centre

- Declare that the information in this enrolment form is true and correct and endeavour to Immediately inform the 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 he/she becomes unwell.
- Consent to the educator's at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.
- Declare that I have read and understood the policies of WIND IN THE WILLOWS and will abide by those policies
- Consent to the educators administering medication if so requested by me or those I have nominated to do so on my behalf.
- Have read and agree with the fees, payment structure and policies of WIND IN THE WILLOWS and agree to pay fees two weeks in advance.
- I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form.
- I agree that the Child's place at the service is subject to the Priority of Access scheme as outlined by the Child Care Management System.
- I agree to the Child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- I agree that I will assist with my child's learning and the service's documentation methods by completing Family Input documentation.

Signature:

Date:

Declaration: Parent 2

I,

PRINT FULL NAME

As a person who has lawful authority of the child referred to in this enrolment form for WIND IN THE WILLOWS CHILD

CARE CENTRE:

- Declare that the information in this enrolment form is true and correct and endeavour to Immediately inform the 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 he/she becomes unwell.
- Consent to the educator's at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.
- Declare that I have read and understood the policies of WIND IN THE WILLOWS and will abide by those policies
- Consent to the educators administering medication if so requested by me or those I have nominated to do so on my behalf.
- Have read and agree with the fees, payment structure and policies of WIND IN THE WILLOWS and agree to pay fees two weeks in advance.
- I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form.
- I agree that the Child's place at the service is subject to the Priority of Access scheme as outlined by the Child Care Management System.
- I agree to the Child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- I agree that I will assist with my child's learning and the service's documentation methods by completing Family Input documentation.

Signature:

Date:

Privacy Disclaimer

WIND IN THE WILLOWS acknowledges and respects the privacy of its clients. The information that is being collected by WIND IN THE WILLOWS is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipients of this information is WIND IN THE WILLOWS CHILDCARE CENTRE, its authorised educators and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the service's Confidentiality Policy.

Anderson Day Care Pty Ltd T/A Wind in the Willows Child Care Centre

TERMS AND CONDITIONS OF ENROLMENT/FEE PAYMENT

Definitions

- 1.1 "Centre" shall mean Anderson Day Care Pty Ltd T/A Wind in the Willows Child Care Centre and its successors and assigns.
- 1.2 "Child" shall mean the child enrolled with the Centre.
- 1.3 "Parent" shall mean the legal guardian (or guardians) of the Child and is the person (or persons) responsible for payment of the Fees. Where more than one Parent has entered into this agreement, both Parents shall be jointly and severally liable for all payments of the Fees.
- 1.4 "Services" shall mean all services supplied by the Centre to the Parents and includes any advice or recommendations.
- 1.5 "Fee" shall mean the cost of the Services as agreed between the Centre and the Parents subject to clause 3 of this contract.

2. The Commonwealth Trade Practices Act 1974 ("TPA") and Fair Trading Acts ("FTA")

- 2.1 Nothing in this agreement is intended to have the effect of contracting out of any applicable provisions of the TPA or the FTA in each of the States and Territories of Australia, except to the extent permitted by those Acts where applicable.

3. Acceptance

- 3.1 The Parent acknowledges that in order to be granted priority placement, the Parent must provide the Centre with proof of employment and/or child care benefit entitlement.
- 3.2 Upon acceptance of these terms and conditions by the Parent the terms and conditions are irrevocable and can only be rescinded in accordance with these terms and conditions or with the written consent of the Co-ordinator and/or Director of the Centre.
- 3.3 None of the Centre's agents or representatives are authorised to make any representations, statements, conditions or agreements not expressed by the Co-ordinator and/or Director of the Centre in writing nor is the Centre bound by any such unauthorised statements, representations, conditions or agreements.
- 3.4 The Parent acknowledges that casual care throughout the year is subject to availability on the basis of the absence of permanent bookings only.

4. Price And Payment

- 4.1 At the Centre's sole discretion the Fee shall be as indicated on invoices provided by the Centre to the Parent in respect of Services supplied and subject to the Centre's current rate schedule.
- 4.2 Time for payment for the Services shall be of the essence and will be stated on the invoice or any other forms. If no time is stated then payment shall be due seven (7) days following the date of the invoice.
- 4.3 The Centre shall charge an annual non-refundable administration fee of twenty-five dollars (\$25.00) and a five dollar (\$5.00) fee per Child, for the supply of the Centre's hat, payable at the time of enrolment. Parents shall be required to pay this fee even when placed on the waiting list.
- 4.4 At the Centre's sole discretion, a bond equal to a full two (2) weeks of Fees shall be required for each Child, and excludes child care benefit relief payments. This bond shall be returned to the Parent once enrolment has ceased, providing all Fees due have been paid.
- 4.5 Fees remain payable in full, even when there is a public holiday, or the child is absent through illness or for any other reason.
- 4.6 Fees must be paid in full unless the Parent is granted a Centre Fee subsidy. In this case, the Fee payable will be the total Fee due. The Parent will be responsible for contacting the co-ordinator, completing the Fee subsidy form and providing proof of income.
- 4.7 The childcare benefit is also available to a Parent through an application to the Family Assistance Office, but it is the responsibility of the Parent to claim from the Family Assistance/Medicare Office. The Centre's paid in full invoice must be signed by the Centre.
- 4.8 The Parent is obliged to contact the Centre if there is any change to his or her circumstances which may have a bearing on the amount of Fees to be paid, and their eligibility for any subsidy.

5. Method of Payment

- 5.1 Fees may be paid by the B-Pay facility that has been provided at no cost to you
- 5.2 GST and other taxes and duties that may be applicable shall be added to the Fee except when they are expressly included in the Fee.

6. Extended Hours Of Care

- 6.1 Pickups past the arranged time shall incur an hourly charge at the current rate.

7. Termination Of Enrolment

- 7.1 Placements may be terminated where an enrolled child is absent from the Centre for two (2) weeks or more with no notice given. If a child is withdrawn without four (4) weeks' notice, two (2) week's Fees shall be due in lieu of notice.

8. Withdrawal on Two Weeks' Notice

- 8.1 When a child is to be withdrawn from care, the Parent is to give four (4) full weeks' notice. If the child does not attend the Centre during this period, no refund of Fees will be made for that period.
- 8.2 The notice of withdrawal is effective from the date it is lodged with the Centre.

9. Absences And Illness

- 9.1 It is the responsibility of the Parents to advise if a child is to be absent as soon as possible, and inform the Centre of the estimated length of absence. If the child is to go on holidays, fees are to be paid in advance to cover the period of absence.
- 9.2 A child will not be able to attend the Centre for any period of time during which:
- (a) the child is suffering from a disease or condition which is contagious through normal social contact; or
 - (b) a medical practitioner has recommended the child not attend pre-school; or
 - (c) when the Co-ordinator and/or Director of the Centre requests that the sick child be kept away from the Centre because the child requires care which the Centre staff resources do not permit; or
 - (d) where a medical practitioner prescribes antibiotics or antifungal medication for a child, the Parent must ensure that the child does not attend the Centre for twenty-four hours after commencement of the medication; or
 - (e) The Child has a temperature of over thirty-seven and a half (37.5) degrees. Upon notification, the Parent shall be required to collect the Child from the Centre in this instance.

10. Default & Consequences Of Default

- 10.1 Interest on overdue invoices shall accrue from the date when payment becomes due daily until the date of payment at a rate of 2.5% per calendar month and shall accrue at such a rate after as well as before any judgement.
- 10.2 If the Parent defaults in payment of any invoice when due, the Parent shall indemnify the Centre from and against all the Centre's costs and disbursements including on a solicitor and own client basis and in addition all of the Centre's nominees costs of collection.
- 10.3 Without prejudice to any other remedies the Centre may have, if at any time the Parent is in breach of any obligation (including those relating to payment) then the Centre Co-ordinator and/or Director has
- (a) the authority to terminate an enrolment at the Centre where the fees remain outstanding for four (4) weeks or more and no agreement to pay is in place, and
 - (b) Any of its other obligations under the terms and conditions.
- The Centre will not be liable to the Parent for any loss or damage the Parent suffers because the Centre exercised its rights under this clause.
- 10.4 If any account remains unpaid at the end of the fourth week after supply of services the following shall apply: An immediate amount of the greater of \$20.00 or 10.00% of the amount overdue shall be levied for administration fees which sum shall become immediately due and payable.

11. Sunscreen

- 11.1 The Parent acknowledges that all children are required to wear sunscreen. In the event any Child is allergic to certain brands of sunscreen, the Parent must supply a brand that is safe to use.

12. Immunisation

- 12.1 The Parent will ensure that the child is immunised appropriately for his/her age prior to commencement at the Centre and will produce proof of immunisation on request.
- 12.2 A child who has not been immunised may be excluded from the Centre if a condition usually prevented by immunisation occurs at the Centre, and shall only be authorised to return once such outbreak has been controlled. Full fees are payable during the period of exclusion.
- 12.3 Should there be any medical, religious or philosophical reason for the child not being immunised, the Parent will present a Doctor's Certificate or Statutory Declaration stating the reason before enrolment of the Child can be accepted

13. Emergency Contacts

- 13.1 The Parent must provide the Centre with the names and addresses of two responsible persons over the age of eighteen (18) who can collect the child in case of an emergency or illness. When contacted by the Centre Co-ordinator and/or Director or their delegate, the Parent or a responsible person authorised by the Parent, must go immediately to the Centre to collect a sick or injured child.

14. Persons To Collect A Child

- 14.1 A child may be released into the care of either Parent, a guardian, or a responsible person into whose care a custodial Parent has signed permission for the child to be released. This may include persons nominated as emergency contacts, persons nominated on the enrolment form to collect the child, or persons nominated to collect the child on specific occasions.
- 14.2 The person collecting the child (other than the Parent) may be required to produce proof of identity to satisfy the Centre of their bona fides before the Child will be released.
- 14.3 Centre staff will not be responsible for the removal of a child from the Centre by a non-custodial Parent or other person, however will do all in their power to prevent this. In such a case, staff will make every effort to contact the custodial Parent and Police.

15. Medication

- 15.1 A Parent whose child requires administration of medication will:
- (a) complete the appropriate form at the Centre; and
 - (b) provide the correct medication in its original container; and
 - (c) provide written instructions from a medical practitioner for the administration of non-prescription medication; and
 - (d) Provide the Centre staff with the doctor's name and contact phone number.
- 15.2 Centre staff are authorised to administer medication only in accordance with the Parents written authority. In doing so, Centre staff are to be regarded as acting in place of the Parent. Staff are not liable for any allergic reaction or injury caused to the child by the administration of the medication in accordance with the Parents written authority. Nor will they be responsible for any error contained in the written permission, or the supply of incorrect medication by the Parent.
- 15.3 The Parent will notify the centre of any changes or developments in the child's medical history.
- 16. Accident/Emergency**
- 16.1 In the event of an accident or emergency resulting in the need for medical attention, the Parent hereby gives authority to the Co-ordinator and/or Director or their delegate to arrange such medical assistance and/or ambulance as deemed necessary. Every reasonable effort will be made to contact the child's Parent. However, if unable to contact them the Co-ordinator and/or Director or their delegate may authorise the administration of medication, transportation to hospital and administration of treatment as is recommended by the child's doctor, any attending doctor, ambulance officer, police or State Government Officer, on behalf of the Parent.
- 16.2 The Parent will be responsible for any costs incurred as a result of transportation or treatment.
- 17. Notification Of Child Abuse**
- 17.1 Under the Child Care and Protection Act Centre staff are mandatory reporters and as such are obliged to report any suspected incidents of child abuse or mistreatment to the licensing body.
- 18. Court Action**
- 18.1 Should a child or children attending the Centre be subject of any court action, particularly custody or access issues being heard before the Family Law Court, the Centre does not allow staff to issue statements or provide reports regarding children except where instructed to do so by the court itself.
- 19. Privacy Act 1988**
- 19.1 The Parents agrees for the Centre to obtain from a credit-reporting agency a credit report containing personal credit information about the Parent in relation to credit provided by the Centre.
- 19.2 The Parent agrees that the Centre may exchange information about the Parent with those credit providers named in a consumer credit report issued by a reporting agency for the following purposes:
- (a) to assess an application by Parent;
 - (b) to notify other credit providers of a default by the Parent;
 - (c) to exchange information with other credit providers as to the status of this credit account, where the Parent is in default with other credit providers; and
 - (d) To assess the credit worthiness of the Parent.
- 19.3 The Parents consents to the Centre being given a consumer credit report to collect overdue payment on commercial credit (Section 18K(1)(h) Privacy Act 1988).
- 19.4 The Parent agrees that Personal Data provided may be used and retained by the Centre for the following purposes and for other purposes as shall be agreed between the Parent and Centre or required by law from time to time:
- (a) provision of Services;
 - (b) marketing of Services and/or Goods by the Centre, its agents or distributors in relation to the Services and Goods;
 - (c) analysing, verifying and/or checking the Parents credit, payment and/or status in relation to provision of Services/Goods;
 - (d) processing of any payment instructions requested by Parent; and
 - (e) Enabling the daily operation of the Parents account and/or the collection of amounts outstanding in the Parents account in relation to the Services and Goods.
- 19.5 The Centre may give information about the Parent to a credit reporting agency for the following purposes:
- (a) to obtain a consumer credit report about the Parent; and/or
 - (b) Allow the credit reporting agency to create or maintain a credit information file containing information about the Parent.
- 20. Quality Assurance**
- 20.1 The Parent expressly permits the Centre to photograph or video record the Child for quality assurance purposes and for the purpose of digital portfolios. The Parent acknowledges that the Child may appear in the background of other portfolios.
- 20.2 Under no circumstances will any media (including, but not limited to, photographs and video recordings) of, or including, the Child be used for advertisement purposes or placed on the internet.
- 21. General**
- 21.1 If any provision of these terms and conditions shall be invalid, void, illegal or unenforceable the validity, existence, legality and enforceability of the remaining provisions shall not be affected, prejudiced or impaired.
- 21.2 These terms and conditions and any contract to which they apply shall be governed by the laws of New South Wales and are subject to the jurisdiction of the courts of New South Wales.
- 21.3 The Centre reserves the right to review these terms and conditions at any time. If, following any such review, there is to be any change to these terms and conditions, then that change will take effect from the date on which the Centre notifies the Parent of such change.

ENROLMENT CONSENT

I certify that the above information is true and correct. I authorise the use of my personal information as detailed in the privacy Act clause (clause 19) attached. I have read and understood all the terms and conditions (attached) of Anderson Day Care Pty Ltd T/A Wind in the Willows Child care Centre which form part of, and are intended to be read in conjunction with this enrolment form and agree to be bound by these conditions.

Guarantee

If I execute this agreement as the person responsible for payment on behalf of the parent/Guardians I guarantee the due and punctual payment of all monies payable under this agreement. This Guarantee and Indemnity shall constitute an unconditional and continuing guarantee and indemnity and accordingly shall be irrevocable and remain in full force and effect until the whole of moneys owing to the centre by the parents/guardians and all obligations herein have been fully paid satisfied and preformed.

Signed: **Date** ____/____/____

Name: