

Child's Name:

Start Date:

CHILDCARE ENROLMENT FORM

RAYMOND TERRACE
EARLY EDUCATION CENTRE



Building a Better Future

ENTERED BY:
DATE:

ATTACHED DOCUMENTS CHECKLIST

Please ensure ALL of the following documents are attached to this application before submission:

PLEASE INDICATE DOCUMENTS ARE ATTACHED	X
1. CHILD BIRTH CERTIFICATE	
2. IMMUNISATION RECORDS <small>From Immunisation Register (not blue book)</small>	
3. ENROLLING PARENT CRN & CHILD'S CRN	
4. ELIGIBILITY PERCENTAGE <small>Once assessed by Human Services</small>	
5. ANY OTHER RELEVANT DOCUMENTATION	
6. CONTRACT / AGREEMENT SIGNED <small>(Last few pages)</small>	

Request to join our private facebook group by searching:
Raymond Terrace Early Education Centre

Download our Centre App, using your smartphone Playstore or App Store simply search:
Raymond Terrace Early Education Centre

Raymond Terrace Early Education Centre
88 Benjamin-Lee Dr, Raymond Terrace
Mon – Fri 7:30am – 6:00pm

Ph: 4987 1588
E: admin@rteec.com.au
W: www.rteec.com.au

Enrolment procedures

- ✚ Contact the Family Assistance Office (Centrelink) to apply for Child Care Benefit (CCB) and Child Care Rebate (CCR) if applicable.
- ✚ To confirm your childcare position you will need to pay a security deposit equal to 2 weeks child care fees. Your security deposit will be returned to you in the form of child care fees when you leave the centre. Child care fees must be paid regularly and on time.
- ✚ A Management fee of \$3.00 and an Enrolment fee of \$27.00 is payable upon enrolment.
- ✚ Supply a current immunisation status and a copy of your child's Birth Certificate.
- ✚ Preferred Payment: You can either pay by Eftpos, or direct deposit. (NO CASH)
- ✚ If you have an email address please ensure we have this so we can email invoices.

RTEEC requires this form to be completed and all documentation attached prior to your child's first day of childcare with us. This information must be completed by one of the child's parents, or guardian who have lawful authority in relation to the child.

Days Required	Monday	Tuesday	Wednesday	Thursday	Friday

Start Date: _____

Number of Siblings attending other service:		Number of siblings you claim CCB for:	
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Are you eligible?

Before you attend our centre it is advisable that you contact Centrelink to apply or see if you are eligible for the below. It can assist in reducing your fees greatly.

- ✚ GCB = Grandparents Childcare Benefit.
- ✚ For grandparents that care for their grandchildren whom are the primary provider of the ongoing daily care for your grandchild and has the responsibility for the day-to-day decisions about your grandchild's care, welfare and development.
- ✚ 60 Hours of CCB = For parents who work / travel / study for long hours. Centrelink can increase your eligible weekly hours.
- ✚ JET = For parents studying or seeking work.

CHILD DETAILS

Child's CRN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Please note <i>Parent and child have their own individual CRN number</i>
First Name(s):	Middle Name:
Surname:	
Date of Birth:	Gender: Female / Male
Country of Birth:	Language(s) Spoken at Home:
Heritage:	
Is your child: Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/>	
If yes: Tribe:	
Is your child under the care of a therapist or specialist? Yes / No	
Details:	
Has your child had previous experience in a childcare setting? Yes / No	
Details:	

PARENT/GUARDIAN DETAILS

PRIMARY PARENT

Parents CRN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Parent 1 is claiming CCB from Centrelink & child will come under Parent 1 CRN Please note Parent and child have their own individual CRN number
Name:	
Relationship to Child:	
Date of Birth:	Country of Birth:
Does the child live with you? YES NO Shared Care	
Comments/Details:	
Home Address:	
Postcode:	
Home Phone:	Mobile Phone:
Email:	
Occupation:	
Organisation Name:	
Work Hours:	
Work Address:	
Postcode:	
Work Phone:	Email:

SECONDARY PARENT

Name:	
Relationship to Child:	
Date of Birth:	Country of Birth:
Does the child live with you? YES NO Shared Care	

Comments/Details	
Home Address:	Postcode:
Home Phone:	Mobile Phone:
Occupation:	
Organisation Name:	
Work Address:	Postcode:
Work Phone:	

THIRD PARENT

First Name(s):	
Relationship to Child:	
Date of Birth:	Country of Birth:
Does the child live with you?	YES NO Shared Care
Comments/Details:	
Home Address:	Postcode:
Home Phone:	Mobile Phone:
Occupation:	
Organisation Name:	
Work Address:	Postcode:
Work Phone:	

EMERGENCY/AUTHORISED PERSON CONTACTS

In case of an emergency, RTEEC will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed.

Please only list contacts that can do the following:

- Collect from RTEEC.
- Consent to medical treatment of your child including administering medication.

Please attach a copy of legal photo ID of each emergency/authorised person.

CONTACT ONE

Name:	Relationship to Child:	
Home Address:	Postcode:	
Home Phone:	Mobile Phone:	Work Phone:
Notes:		

CONTACT TWO

Name:	Relationship to Child:	
Home Address:	Postcode:	
Home Phone:	Mobile Phone:	Work Phone:
Notes:		

CONTACT THREE

Name:	Relationship to Child:	
Home Address:	Postcode:	
Home Phone:	Mobile Phone:	Work Phone:
Notes:		

COURT/CUSTODIAL ORDERS

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? **YES / NO**

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? **YES / NO**

Please attach a copy of all relevant documentation.

Without copies of current court orders or documentation, staff and Educators of Raymond Terrace Early Education Centre cannot enforce parents' requests.

MEDICAL INFORMATION

Medicare Number: _____	Ambulance Cover: YES / NO
Health Insurance Fund: YES / NO	Insurance Number:
Health Insurance Name:	

Family Doctor:	Service Name:
Address:	Postcode:
Contact Phone:	

Family Dentist:	Service Name:
Address:	Postcode:
Contact Phone:	

CHILD HEALTH INFORMATION

Does your child suffer from:	Asthma: Yes / No Diabetes: Yes / No Anaphylaxis: Yes / No
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If you have circled “yes” to any of the above, please supply a detailed action management plan from your doctor.

Immunisation Record

Please be advised the blue book is no longer sufficient as an immunisation record.

Please attach an up to date copy of your child’s immunisation records. (Records can be downloaded from Medicare)

To be eligible for CCB, your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements, your child must be:

-  Fully up to date according to the Australian Standard Vaccination Schedule.
-  On a catch up vaccination schedule.
-  Have an approved exemption for your child.

Is your child fully immunised? YES / NO Please complete the below table.

Immunisation Schedule Child’s Age	Immunisation Type	Date:
Birth	Hep B	
2 Months	DTPA Hep B/Hib OPV	
4 Months	DTPA Hep B/Hib OPV	
6 Months	DTPA OPV	
12 Months	MMR Hep B/Hib	
18 Months	MMR Chickenpox	
4 Years	DTPA MMR OPV	
Other:		

Has your child ever been diagnosed with any of the following?

German Measles	YES		NO		Seizures	YES		NO	
Mumps	YES		NO		Convulsions	YES		NO	
Whooping Cough	YES		NO		Chicken Pox	YES		NO	
Measles	YES		NO						
Other (please specify)									

If you have ticked YES to any in the list above, please specify relevant details below:

Does your child suffer from any allergies?

YES / NO

If yes, please provide relevant details below including your child's allergy, side effects, treatment and action:

Does your child have a diagnosed disability or special needs? YES / NO

If yes, please provide relevant details below:

Does your child take prescribed medication or treatment on a regular basis? YES / NO

If yes, please provide relevant details below:

Does your child suffer from anaphylaxis? YES / NO

If yes, please provide relevant details below:

DIETARY REQUIREMENTS

Does your child have any special dietary or cultural restrictions or particular food dislikes or likes? If yes, please provide relevant details below:

Please list any other details that could help us in providing your child with the most suitable dietary options:



MORE ABOUT YOUR CHILD

Please provide the name and ages of your child's siblings:

Name	Age	D.O.B	Does this live with you?	School or Childcare provider

Does your child sleep in a bed or a cot?

Bed / Cot

Please describe your child's sleeping times/habits (including day/night, comforters, and fears/phobias):

Has your child been toilet trained?

YES / NO

Please provide details, if necessary:

Additional Needs

Does your child have any additional needs/challenging behaviours? YES / NO

Please provide details, if necessary:

Does your child regularly visit a specialist? Eg, speech therapist etc? YES / NO

Please provide details, if necessary:



RTEEC ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Fee's & Payment Requirements

I / we understand that:

- The security deposit equates to two weeks fees.
- Security deposit and enrolment fees are due before the first day of care.
- Fees are payable at least one week in advance at all times.
- If my account falls behind it is my/our responsibility to contact the office to arrange a payment arrangement.
- Payment arrangements are at the Directors discretion.
- A payment arrangement incurs a \$10 fee per arrangement.
- Fees will be charged for booked days my child does not attend. Eg, Illness, Holidays, First 2 days of a natural disaster.
- I need to provide two week's notice in writing prior to withdrawing from the centre.
- Should I fail to pay my fees and my position is withdrawn or when I leave the centre, I will be liable for any additional costs incurred by the centre collecting the outstanding fees.
- I understand if I my account is in arrears and my position be forfeited I will lose any security deposit paid upon enrolment.

Signature _____ Date: _____

DECLARATION AND CONSENT

I/We give permission for this child to:

Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the centre)	YES		NO	
Have SPF30+ / SPF50+ sunscreen applied prior to sun exposure (<i>If not, please provide a letter releasing the centre of any Liability</i>)	YES		NO	
Have Band-Aids, bandage or Stingose applied when necessary	YES		NO	
I give permission for staff to apply aeroguard	YES		NO	

Photos and Video Footage:

I/We give permission:

For photos and video footage to be taken of my/our child for centre use and staff training purposes (Footage will not leave centre)	YES		NO	
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the centre.	YES		NO	
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the centre for students to present to lecturer and class for viewing and marking)	YES		NO	
For photos and video footage of my/our child to be used on the Centre's website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES		NO	

I/We:

- Have viewed the Raymond Terrace Early Education Centre (hereafter called the Centre) and **I agree to abide by all centre policies. I understand that the policy book can be found in the foyer of the centre.**
- I give permission for my child's developmental records and enrolment details to be viewed by representatives from the Department of Education and Communities for centre licensing, assessment and rating purposes.
- Understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child.
- Understand that the person/s nominated as parent/guardian are the authorised parties whom have full responsibilities for the account and fees charged.
- Received and read the Centre's parent handbook and understand any changes to such will be displayed on the Centre's notice board in the entrance of the Centre.
- Agree to comply with all Government requirements in relation to the Centre and its service
- Understand that children who are third priority under the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. The priorities are as follows:
 - **First priority:** Child at risk of serious abuse or neglect
 - **Second Priority:** Children whose parents satisfy work/training/study test under section 14 of the Family Assistance Act
 - **Third priority:** Any other child
- Agree that in the case of accident or injury, the centre will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we to meet any cost incurred.
- I/we agree to the transportation of the child by an ambulance service.

- Are aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition
- Understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner
- Are aware that the Centre may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality
- Agree to provide the Centre with all information regarding the health of my/our child
- Understand that the Centre may be used as a training and observation centre by students aiming to/or already working with young children
- Are aware that the Centre may occasionally have visitors, or volunteers at the Centre, and consent to my/our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision
- Are aware that to cancel childcare we are required to give notice in writing two weeks prior to the date of withdrawal; otherwise fees will continue to be charged. During this period we are aware that if our child does not attend we are liable to pay full fees
- Understand that a system of payment for late collection operates at the Centre, to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the Centre. Any late collection will result in a fee being charged.
- Social Media etiquette, I/we agree to abide by the social media policy.

I/We have read, understood and agree to abide by the conditions of this contract.

Enrolling Parent/Guardian

Print Name:

Sign:

Date:

How did you find out about RTEEC?

Word of mouth		Internet search	
Website		Facebook	
Advertising		Someone you know attends	
Other (please expand)			

Enrolment Pack Checklist

This checklist has been designed to make sure during the Orientation Process the Centre Director and or Office Manager goes through all sections of the enrolment form with the families to ensure all sections have successfully been completed and all additional information/documentation such as parenting plans, court orders and medical action plans have been provided upon enrolment.

Parent Enrolment Pack Checklist

	All sections of the enrolment form been completed and signed
	I have been assessed for Childcare Benefit CCB and or Child Care Rebate CCR
	Court orders and parenting plans have been given to the Centre Director
	Action plan for medical conditions has been provided
	Copy of immunisation schedule has been provided
	Copy of Birth Certificate has been provided

Office Use Only

Director Checklist

	All sections of the enrolment form been completed and signed
	Any relevant court orders have been received & scanned
	Any relevant Action plans have been received & scanned
	Risk Minimisation Plan and Communication Plan for medical conditions have been created in conjunction with the parent
	Immunisation Schedule has been received and scanned
	Enrolment Form has been scanned & entered into QikKids

Additional Reminders

	Communication File has been made
	Profile Summary has been given to relevant room
	All about me page has been given to relevant room

Signature:.....
Director / Office Manager

Date: /..... /.....

