

WELCOME TO OUR FAMILY



MORLEY EARLY LEARNING CENTER

ENROLMENT FORM



DEAR FAMILIES,

Welcome to Morley Early Learning Center, thank you for trusting us with your child's learning journey and we look forward to sharing this with you over your time with us.

We believe the first five years of a child's life are a time of maximum learning and growth.

From birth to age 5, a child's brain develops more rapidly, than at any other time in life. And while genetics plays a significant role, scientific research has made clear that the quality of a child's experiences in the first few years of life help shape how their brain develops.

As family members, you play the central role in your child's learning journey. Your involvement in our activities and in the development of our curriculum is always encouraged.

We have created this Parent Handbook as an introduction to our school. It provides information on some of the things we believe to be important. If you have any questions about the information contained in this handbook, please do not hesitate to speak with one of our friendly educators.

In our schools, we recognise that you are entrusting us with the care and education of your child. Every child is special, and we thank you for allowing us the privilege of investing into their lives during their early years.

We have an 'Open Door' policy. You or your approved family members are welcome to visit our school at any time your child is being educated. We encourage these visits as it helps gives you and your child a sense of belonging.

Below are all the details that we need you to complete prior to your child's first day. Please complete and return to your Campus Director as soon as possible. Under the Education and Care National Regulations Parents/Guardians are required to notify us immediately of any changes to the details given below. Your cooperation in this regard is greatly appreciated.

CHILD

Child's given name: Date of Birth:
Gender: M/F CHILD'S SURNAME:
Preferred Name:
Child's CRN:
Family CRN:
CRN Holder Name:
Child's Home Address: P/code:
Do you have any other children attending a different child care centre or family day care scheme:

Does your child attend another Approved Kindergarten Program:
If so, what days do they attend:
Proposed commencement date:
Days required (please circle): Mon Tues Wed Thurs Fri

PARENT/GUARDIAN 1

Name: D.O.B:
Relationship to Child:
Address: P/code:
Phone (Home): Phone (Work):
Mobile: Place of Employment:
Email: Country of Birth:
Language Spoken:

PARENT/GUARDIAN 2

Name: D.O.B:
Relationship to Child:
Address: P/code:
Phone (Home): Phone (Work):
Mobile: Place of Employment:
Email: Country of Birth:
Language Spoken:

COURT ORDERS/PARENTING ORDERS RELATING TO THE CHILD

Does a current Residence Order/Custody Order exist:

Copy provided to the Centre Manager:

Centre Manager to sign on receipt of document:

Please describe the orders and provide any relevant contact details of any persons given authorities, powers or responsibilities:

EMERGENCY/AUTHORISED NOMINEE TO CONTACT AND COLLECT THE CHILD

There may be times when an incident, injury or illness has taken place and we have been unable to contact the parent/guardian responsible for the child. In the event that this situation arises, we are requesting that you give permission for the Morley Early Learning Center staff to contact the following Emergency/Authorised Nominee. Authorised Nominee, in relation to a child, means a person who has been given permission by a parent or family member to collect the child from the Education and Care Service (section 26 of the Education and Care Service Regulation (QLD) 2013 and Education and Care Services National Regulations). These persons are authorised to collect and care (including the consent for medical treatment and the authorisation to administering medication) for the said child. These persons are also authorised to give an educator consent to take the child outside the centre premises should this be required.

EMERGENCY/AUTHORISED NOMINEE 1

Name: <input type="text"/>	D.O.B: <input type="text"/>
Address: <input type="text"/>	P/code: <input type="text"/>
Phone (Home): <input type="text"/>	Phone (Work): <input type="text"/>
Mobile: <input type="text"/>	Relationship to Child: <input type="text"/>

EMERGENCY/AUTHORISED NOMINEE 2

Name: <input type="text"/>	D.O.B: <input type="text"/>
Address: <input type="text"/>	P/code: <input type="text"/>
Phone (Home): <input type="text"/>	Phone (Work): <input type="text"/>
Mobile: <input type="text"/>	Relationship to Child: <input type="text"/>

EMERGENCY/AUTHORISED NOMINEE 3

Name: <input type="text"/>	D.O.B: <input type="text"/>
Address: <input type="text"/>	P/code: <input type="text"/>
Phone (Home): <input type="text"/>	Phone (Work): <input type="text"/>
Mobile: <input type="text"/>	Relationship to Child: <input type="text"/>

EMERGENCY/AUTHORISED NOMINEE 4

Name: D.O.B:
 Address: P/code:
 Phone (Home): Phone (Work):
 Mobile: Relationship to Child:

CHILD'S MEDICAL INFORMATION

Family Doctor: Phone:
 Doctor's Address: P/code:
 Previous Hospitalisation:
 Medicare No: Health care card: Yes / No

Health care card number:

Copy of Health Care card has been provided:

Does the child have any allergy or sensitivities? If yes, please provide details of any allergies or sensitivities and any management plan to be followed with respect to the allergy or sensitivity:

(Attach a copy of any management plan)

Does your child have Asthma? Yes / No

Does the child have any medical conditions and needs which are relevant to the children's service (e.g. epilepsy, diabetes, etc.)? If yes, please provide details of any medical conditions and needs and any management plan to be followed with respect to the medical condition:

(Attach a copy of any management plan)

Does the child have any dietary restrictions/ cultural beliefs in regards to diet? If yes, please provide details:

ANAPHYLAXIS

Has your child been diagnosed as being at risk of anaphylaxis? Yes / No

Does your child have an auto injection device (e.g. EpiPen or Anapen)? Yes / No

Have you been given a copy of the Centre's anaphylaxis policy? Yes / No

Has the anaphylaxis medical management plan been provided to the service? Yes / No

Has a risk management plan been completed by the service in consultation with you? Yes / No

Attach a copy of any management plan)

Signed:

It is your responsibility to keep the service updated of any changes and keep current expiration dates on EpiPens/Anapens.

PHOTO & OBSERVATION CONSENT FORM

During the year the staff would like to capture special moments and occasions that your child participates in here at the Centre. These will be in the form of photographs, written observations and videos. Please fill out the form below to give us permission to take pictures of your child, write observations about your child and video your child. Photographs and videos will only be used within the Centre and/or in your child's portfolio observation records. These records are taken home at the end of each year and periodically throughout the year when requested. It must also be noted that other children will be pictured in your child's portfolio and that your child's picture may also appear in other children's portfolios. We expect all parents to view these portfolios for their personal use only and to respect the privacy of all children.

I hereby give permission for the staff to use camera or video equipment to capture special moments of my child . I understand that these photographs and videos will not be used in promotional advertisements regarding childcare without my written consent. I understand that photographs will be displayed in portfolios and that my child's photograph may appear in another child's portfolio for observation purposes.

Parent's Signature:

Date:

/ /

I give permission for photos and video footage of my/our child to be used on the Morley Early Learning Center website, social media and other internet purposes, such as advertisement and used in organisation's resources. Please circle Yes / No

Parent's Signature:

Date:

/ /



CONSENTS

Do you consent to the service to seek medical treatment for your child from a medical practitioner, hospital or ambulance in the event you cannot be contacted? Yes / No

Do you consent for your child to be transported by an ambulance service? Yes / No

Do you consent for the service to take photographs and videos of your child during normal activities and excursions? Yes / No

Do you consent to provide your child with a sun safe hat for outdoor activities? Yes / No

I give permission for educators with current first aid to administer paracetamol in an emergency in the correct dosage for the age of my child. Administration of this medication will only be given in the event of a parent being uncontactable in consultation with the director or nominated supervisor.

Parent's Signature: **Date:** / /

Do you consent for the service to apply sunscreen for your child before outdoor activities and excursions? Yes / No

Do you consent for the service to administer Ventolin or Epi-pen to your child in case of emergency? Yes / No

I agree to accurately record the time of arrival and departure of my child from the service in accordance with the service requirements.

I give permission for educators and school teachers/principals to share information about my child in relation to their care and wellbeing.

I give permission for my child to use/view technology (i.e. Tablet, TV, iPod)

I give permission for my child to participate in regular local excursions from the service by foot.

I give permission for my child's photo to be displayed in public places.

I agree to notify the service when my child is to be collected by any person other than those listed on this enrolment form in accordance with the services policies and procedures.

I give permission for photos and video footage of my/our child to be used on the Morley Early Learning Center website, social media and other internet purposes, such as advertisement and used in organisation's resources

Parent's Signature: **Date:** / /

DECLARATIONS

I have read and understood the centre policies and procedures and agree to follow these as a condition of enrolment.

Do you agree to collect or make arrangements for the collection of your child if they become unwell at the service?

Do you agree to keep your child away from the service if they display any symptom which would be considered contagious?

I give permission for my child to participate in regular evacuation drills or an actual evacuation when necessary.

I understand that my child will be relocated from the service under the supervision of their educator and service team member to a safety zone for evacuation purposes.

I am aware that I am required to pay my service fees in accordance with their policies and non-payment could result in cancellation of my child's enrolment and recovery action may be undertaken at my expense.

I am aware that fees are charged weekly and non-payment could result in cancellation of my child's enrolment and recovery action may be undertaken at my expense.

I declare that I am the applicant named in the form and that all information and documents provided as part of my application are true and correct.

I declare that I understand that working families have priority of access to care over non working families and at times non working families may need to change days to allow working families to gain access to care. **PLEASE NOTE** as a business we endeavour to look after all families fairly and with the best interest of each families individual needs. For more information please speak to our Director.

LATE FEE AUTHORISATION

Should none of the authorised persons named in this document, including myself, have collected my child at the closure time of the Centre, I give permission for the Centre to make whatever provisions are deemed necessary to secure the care of my child and I agree to pay a late fee of \$5.00 per minute.

Parent's Signature: Date: / /

Witness Signature: Date: / /

CHILD'S ROUTINE

Is your child able to use

Toilet with help Yes / No

Toilet independently Yes / No

Are there any special words that mean toilet to your child?

Does your child need a sleep or rest during the day? Yes / No

If Yes, approximately what time of the day?

Does your child have a dummy at sleep/rest time? Yes / No

Does your child wear a nappy at sleep/rest time? Yes / No

Does your child take any special objects for sleep/rest times? Yes / No

List

Does your child take a bottle? Yes / No

If Yes, approximately what time of the day?

Does your child have special routines on being put to bed?

Any important language to be used at this time?

Does your child have any particular dietary requirements? Yes / No

If Yes, please specify

Any food your child particularly likes?

Or Dislikes?

Any particular requirements at meal times?

Does your child feed him/herself at home?: Yes / No

GENERAL NEEDS

Does your child have any deep fear about anything in particular (e.g. noise)?

Any words that we need to know that have special meaning for your child?

Please translate if appropriate:

Has your child attended other children's services (playgroup, etc) or been cared for outside the home?:

Does your child attend another children's service at present? Yes / No

Does your child get upset when left with other people?:

How may we help your child this year?

What would you most want for your child at the Centre?

Any particular area that concerns you that we need to know about?:

What interests your child at present?:

Any further information which you feel may assist us in providing the service best suited to your need and the needs of your child (e.g. religious beliefs, family situation, recent significant events)?

Do you have any skills that you would like to contribute to the Centre's program?:

I, the parent, agree that the information provided in this application is true and correct and will be relied upon by Morley Early Learning Center. The parent agrees to notify the Centre immediately of any change in circumstances from the details as outlined in the enrolment form including living arrangements of the child and/or parent/guardian within seven (7) days of the date of such a change.

The parent agrees to keep fees paid fortnightly in advance at all times. If the family's fees fall one (1) week in arrears the child/ren's position will be taken as forfeited and the child/ren will no longer be able to attend the Centre. The parent agrees to pay outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses including mercantile agent's fees, court costs and legal fees reasonably incurred by Morley Early Learning Center.

In the case of a default the parent acknowledges that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to Legal and Commercial Recoveries for legal recovery action.

I, the parent, understand that in the case of a default on payment for childcare fees, enrolment details may be listed on the National Default Registry for a period of six (6) years and thirty (30) days or until paid. This information may be accessed by other care providers at the time of enrolment. Details regarding children will remain confidential. The parent acknowledges that care may be refused in the case of default.

I have viewed the Morley Early Learning Center (hereafter called the Centre) consent to the enrolment of the admitting child (hereafter referred to as the child)

I understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child

I have 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 or communicated via StoryPark

I agree to comply with all Government requirements in relation to the Centre and its service

I 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

I 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 agree to meet any cost incurred

I am aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition

I understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner

I am aware that the Centre may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality

I agree to provide the Centre with all information regarding the health of my/our child

I understand that the Centre may be used as a training and observation centre by students aiming to/or already working with young children

I am 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

I agree to pay the weekly fee on the due day by providing the Centre or its appointed representative with permission to direct debit fees from my/our bank account

I am 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

I am aware that fees for public holidays are payable if the day is a usual day of attendance

I am aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays

I am aware that to have access to Child Care Subsidy we need to meet all current Child Care Subsidy requirements

I 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

I understand that should this account be referred to a Debt Collection Agency an additional fee of 15% of the outstanding amount will be incurred

Parent 1's name:

Signature:

Date: / /

Parent 2's name:

Signature:

Date: / /

FAMILY DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This service agreement outlines the DDR arrangements made between Morley Early Learning Center and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

Initial terms of the arrangement

Morley Early Learning Center will periodically debit your nominated account for the agreed amount for child care fees, all drawings will occur on the agreed day on a weekly basis.

Drawing arrangements

If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.

We will give you 14 days' notice (in writing) when permanent changes to the initial terms of the arrangement are made, e.g. when the centre increases child care fees, fee changes as a result of an increase/decrease in child care days.

Your rights

All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing of your nominated account. Please direct all enquiries to your Campus Director in the first instance, rather than your financial institution. Changes to the arrangements If you want to make changes to the drawing arrangements, please contact your Campus Director. These changes may include: deferring the drawing; or altering the schedule; or (under extraordinary circumstances only) stopping an individual debit suspending the DDR; or cancelling the DDR completely Any changes to the initial terms need to be made at least 14 days (in writing) prior to the next scheduled drawing date and a letter will be issued to confirm the outcome.

Disputes

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting the administration assistant or your Campus Director , as soon as possible.

HOW DID YOU FIND OUT ABOUT MORLEY EARLY LEARNING CENTER?

Word of mouth

Internet search

Website

Facebook Advertising

Other (please expand)

