

CHILD CARE AND EDUCATION CENTRES ENROLMENT PACK

Enrolment Information

Welcome to Communities@Work Child Care and Education Centres.

Families are welcome in the centre at all times. Families can be involved with the centre by visiting at any time and contributing to the program through interaction, support or participation in activities. Aspects of family lifestyle, work, culture and interests offer important learning opportunities for all children. We value the opportunity for diverse involvement and invite all families and community members to share their interests, skills and cultures with the Centre.

Enrolment options

Long Day Care: Full day enrolments over 7 hours per day on a permanent basis.

Permanent Part Time: Enrolments over four hours and not exceeding 7 hours per day on a permanent basis.

Occasional Care (Casual) bookings: Occasional bookings (min of 2 hours) can be made daily, up to one week in advance between 8:00 am and 5:00 pm. Phone the Client Service Team on 1300 212 273.

Preschool: Communities@Work centres provide preschool programs promoting school readiness skills for children prior to commencing school. Some of our centres are located next to Government Preschools. Families can elect to enrol their child to a centre that provides drop off and pickup for preschool age children to a Government preschool.

The following Child Care and Education Centres provide the above service for an additional fee: Isabella Plains, Richardson, Taylor and Kambah. Families utilising this service are required to complete an authorisation form for this service to occur.

Child Care Benefit: (CCB) is available in the form of a subsidised fee. Assessment is available by application to the Family Assistance Office (FAO) by phoning 136 150. Should you require assistance for languages other than English, phone 131 202. Families are responsible for the payment of full fees until the Client Service Centre receives the FAO assessment. Child Care Benefit can not be applied to fees if your child is absent on his/her first and last day(s) and that full fees will be charged.

Attendance Sheets: Attendance sheets are a record of children attending the centre and families are required to sign daily on arrival and departure. The rolls are extremely important, they not only indicate attendance at the Centre, but are of key importance in emergency procedures, such as fire drills.

Late Fee: \$20.00 for every 15 MINUTES or part thereof will be charged for children picked up after closing time or after an agreed booking time. Families are required to ring the centre as soon as possible if they will be collecting their child/ren later than the original booking time.

The Centre Manager and Client Service Team are available to discuss your enrolment options and assist with the completion of forms. Additionally the Centre Manager is available to support your transition to the centre. Families are required to provide the Centre Manager with one week's written notice for any proposed changes, or the intention to cease a child's enrolment. Guarantee of changes is subject to availability and approval from the Centre Manager.

Families are also required to notify the Client Service Team before 8.30 am on the day the child will not be attending due to sickness or holidays. If notification of an occasional care cancellation is not received by 8.30am, full fees will be charged as the Centre Manager needs to cover operational costs such as staffing.

Excursions: Excursions and local outings are an important part of our Child Care and Education Centres' programs, as children learn from a broad range of experiences and environments. Our centres provide children with opportunities to explore their local community through excursions and outings. Parents are notified in advance of excursions and are required to give written permission for their children to participate.

Meals: Some of our centres provide all meals for children. For the other centres fresh fruit is provided for all children **able to eat solid food** for morning tea and a variety of healthy eating options are provided for afternoon tea. Families are required to provide their child's lunch and a drink bottle for water. Families are responsible for checking food packaging and following the Child Care and Education Centres Nutritional and Nut Free Policy.

All meals are planned according to national nutrition guidelines by our Food and Nutrition Manager. All menus are available on our website, www.commsatwork.org

Medication: Prescribed medication will only be administered to a child when written instruction from a family member/guardian is recorded on the medication authorisation form. In emergency situations, verbal consent may be sought from the family.

Fees (current as at 5 July 2010)

Long Day Care: \$85.00 per day for children under 3 years of age
\$82.50 per day for children over 3 years of age

Permanent Part Time \$10.00 per hour (up to 7 hours care)
Occasional Care:

Preschool drop off/ pick up (where applicable) \$3.00 per day

A one off enrolment fee of \$30.00 is payable per family for **part time** and **long day care** bookings and is non-refundable. This fee includes the costs associated with the Client Service Team processing your child's enrolment. Please allow one week processing time.

Payment is required on a **daily basis** for **Occasional Care**, unless alternative arrangements have been organised with the Centre Manager and approved in writing. In the case of alternative arrangements, if payment is not received within 7 days of the due date then further bookings will not be accepted. No cash is kept on the premises therefore we provide the facilities to accept payments by direct debit, direct deposit or credit card. Payment forms can be obtained at the centre, by contacting the Client Service team on 1300 212 273 or by downloading from our website on www.commsatwork.org. Payments may also be made by posting a cheque or money order to PO Box 1066, Tuggeranong, ACT, 2901 or in person at the Tuggeranong Community Centre Reception, 245 Cowlshaw Street, Greenway, between 8.30 am and 4.45 pm.

Accounts for **Permanent Part Time** and **Long Day Care** enrolments will be mailed/ emailed each fortnight. All accounts must be paid in full by the end of the accounts period indicated on your statement. If your account remains outstanding this will result in your enrolment being ceased and your account forwarded onto a Debt Recovery Agency unless approved alternate arrangements have been made with the Client Service Team. Full payment must be received within 14 days of the invoice period. Fees are payable for every day of your child's enrolment, including public holidays and absences due to illness or family holidays (***i.e. fees are payable for the full 51 weeks of the year.***)

At the beginning of each financial year, fees are adjusted and notice of the new fee schedule is provided to families in writing prior to adjusting accounts.

The Client Service Team are more than happy to answer any questions you may have and can be contacted on 1300 212 273.

Child Care and Education Centres Enrolment Form

PO BOX 1066 TUGGERANONG ACT 2901 TELEPHONE: 1300 212 273 FAX: 62933 978
EMAIL: csc@commsatwork.org WEB ADDRESS: www.commsatwork.org

NAME OF PROGRAM _____

COMMENCEMENT DATE _____

Please tick Long Day Care Permanent Part Time Occasional

Parent/Guardian must complete this form. Please complete ALL INFORMATION on BOTH SIDES of this application in BLOCK LETTERS.

Parents Centrelink Reference Number: --

Please call the Family Assistance Office (FAO) on 13 61 50 to obtain your Centrelink reference Number (CRN) if you do not have one. If you **do not** intend to claim Child Care Benefit (CCB) to reduce your fees, we still require your CRN to comply with government reporting requirements.

CONFIDENTIAL CHILD/REN DETAILS							
Child's full name (1):				Child's full name (2):			
Date of Birth		Male/Female		Date of Birth		Male/Female	
Address:				Address:			
Childs CRN Number:				Childs CRN Number:			
Allergies YES NO		Asthma YES NO		Allergies YES NO		Asthma YES NO	
Medical condition YES NO		Medication YES NO		Medical condition YES NO		Medication YES NO	
Does this child have any additional or specific needs that we should be aware of which may require support? YES NO				Does this child have any additional or specific needs that we should be aware of which may require support? YES NO			
If Yes to above, please explain: eg Epipen, Asthma Plan etc. (please attach plan)				If Yes to above, please explain: eg Epipen, Asthma Plan etc. (please attach plan)			
Please note any infectious illness eg: Chicken pox, measles, mumps etc:				Please note any infectious illness eg: Chicken pox, measles, mumps etc:			

Office Use Only (Please initial and date)

Entered on Qikkids	Enrolment Fee	Copied	Confirmation	CCMS Enrolled	D/Debit C/Card
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EMERGENCY CONTACT DETAILS (must be over 18 years old)					
Please nominate 2 adults (other than the parent/guardian listed above) to contact in case of emergency:					
Surname	First name		Relationship to child		
Street address	Suburb		Post Code		
Mobile phone	Home phone		Work phone		
Is this person authorised to collect your child/ren? YES NO					
Surname	First name		Relationship to child		
Street address	Suburb		Post Code		
Mobile phone	Home phone		Work phone		
Is this person authorised to collect your child/ren? YES NO					
BACKGROUND INFORMATION					
Does your child attend another program?	Yes	No	Name of Program:		
Are you an Aboriginal or Torres Strait Islander Family?	Yes	No	Do you give permission for your children to be photographed during the program?	Yes	No
Do you give permission for your child to watch PG rated movies under the supervision of Staff during the program?	Yes	No	Are there any court orders that affect any of the children listed on this enrolment application? (Please attach documents)	Yes	No
What is the primary language spoken at home?			Cultural background		
CHILD CARE BENEFIT (CCB) (Please Tick)					
I would like to claim (CCB) as reduced fees. Please Note: You must register with the FAO on 13 61 50.					

MEDICAL INFORMATION							
Name of Family Doctor:				Phone Number:			
Is your child/ren Immunised? YES NO				Parents signature:			
Immunisation records to be provided							
BOOKING INFORMATION (please tick program enrolled)							
(LDC) Long Day Care				(PPT) Permanent Part Time			
Appletree House LDC, PPT		Greenway LDC		Illoura LDC		Isabella Plains LDC	
Richardson LDC, PPT		Stirling LDC		Taylor LDC, PPT		Tuggeranong LDC	
						Kambah LDC, PPT	
						Ngunnawal LDC	
ACCOUNTS (please tick a box)							
Name of Person Responsible for payment of Account:				I would like to receive my account by mail: <input type="checkbox"/>			
I would like to receive my account by email: <input type="checkbox"/>				Email Address:			
PARENT STATEMENT FORM							
If you have a current Assessment Notice from Family Assistance Office and there are siblings listed on this Assessment Notice and those siblings attend another approved Long Day Care, Family Day Care or School Age Care program, please fill out the details of the other siblings listed and the name of the program so the higher percentage of CCB can be applied to your fees.							
Details	Child 1	Child 2	Child 3	Child 4			
Surname							
First Name							
Date of Birth							
Other program name							
How many of your children attend approved Long Day Care, Family Day Care or School Age Care Programs or any combination of these services in the same week? ()							
REFERENCE BASE							
Why did you choose this program for your child/ren?							
What was your initial source of information on the centre?							
Yellow Pages () White Pages () Friend () Another Parent ()							
Internet () Signage on Location () Other () Specify:							

PARENT/GUARDIAN DECLARATION

I the undersigned:

1. I/we agree to pay all fees and charges by the due date for any account rendered. I/we understand that in the event of financial hardship, special arrangements may be made on application to the Director Child Care and Education Centres . I/we understand that the centre is entitled to the recovery of outstanding fees plus additional costs incurred to a collection agency for recovery action.
2. I/we understand that the booking/enrolment will be cancelled if the account remains outstanding and will be forwarded to a debt recovery agency.
3. I/we agree to indemnify Communities@Work and any person associated with the program in relation to any claim for damages as a result of an accident or injury to my child unless it is the direct result of negligence on the behalf of Communities@Work or associated persons.
4. In the event of an accident or illness requiring emergency medical treatment, I authorise Communities@Work staff to seek emergency medical treatment for my child should this be considered necessary. I agree to meet any medical and ambulance expense incurred.
5. I/we give permission for the administration of a bronchodilator using an inhaling device if my child should suddenly collapse and/or have difficulty in breathing.
6. I/we understand that a minimum of one weeks notice, in writing, is required prior to withdrawing my child from the centre or one week fees will be charged in lieu of notice.
7. I/we understand, that Child Care Benefit can not be applied to my fees if my child is absent on his/her first and last day(s) and that full fees will be charged.
8. I/we understand that a late fee of \$20.00 per child for every fifteen minutes will be charged for children picked up after 6.00pm
9. The information I have provided on this form is correct.

Parent/guardian signature:	Date:
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OPTIONAL

10. I consent to my child/ren being the subject of observations for program development.

Parent Signature _____

11. I/we give permission for my child to be photographed or videoed during various activities for Quality Assurance purposes.

Parent Signature _____

12. I give permission for my child/ren to participate in incursions/excursions from the centre within the local community. Families will be informed separately of any excursions not in the local area.

Parent Signature _____

OFFICE USE ONLY

BOOKING AGREEMENT Pending approval by Manager

CENTRE: _____ **ROOM:** _____

FAMILY INFORMATION

	Surname	First Name	DOB
Parent			
Child 1			
Child 2			
Child 3			
Child 4			

Address:

Contact number..... Email

Child's Name	Perm Part Time (list Hours)	LDC	Mon	Tues	Wed	Thurs	Friday

Commencement date of booking ___/___/___

I/we agree to pay by the due date, all fees and charges for which an account has been rendered. I/we understand that Communities@Work will use a debt recovery agency for outstanding accounts.

I/we understand, that Child Care Benefit can not be applied to my fees if my child is absent on his/her first and last day(s) and that full fees will be charged.

A one off enrolment fee of \$30.00 is payable per family for part time and long day care bookings and is non-refundable. This fee includes the costs associated with the Client Service Team processing your child's enrolment. Please allow one week for processing.

Parent / Guardian Signature _____ Date _____

Office use only:

Manager's signature: _____ Approved Yes / No Date ___/___/___

Client Service signature: _____ Date: ___/___/___

Comments/Follow up: _____

PAYMENT OPTION 3

Direct Deposit / Internet Banking - Please complete the details below.

Please be advised that the fortnightly fees owed will be deposited into the following Commonwealth Bank Australia account and will be identified with the following code as printed below and with our child/s surname.

BSB: **062-908**; Account No. **00803240** Account Name - **Communities@Work**

The first payment will occur on the following date: Amount:

Identification Code: Child/s Surname:

Please include the identification code of the centre that provides care from the chart below and the child's surname when banking or making a payment by the internet.

<i>Appletree House - AHECC</i>	<i>Greenway – GECC</i>	<i>Illoura – IECC</i>	<i>Isabella Plains – IPECC</i>	<i>Kambah – KECC</i>
<i>Richardson - RECC</i>	<i>Stirling – SECC</i>	<i>Taylor – TAECC</i>	<i>Tuggeranong - TECC</i>	<i>Ngunnawal - NECC</i>

DECLARATION – Please read and sign (for any payment option selected)

I/We understand and acknowledge that:

1. If there should be any increase or reduction in my fees I/We authorise you to adjust any deduction and/ or I/we will adjust any direct deposit accordingly.
2. This authority will remain in force until Communities@Work receives notification in writing to the contrary from me/us or booking has been ceased.

Signature/s:

Date:

Full Name/s: (Block Letters):

Phone No.: Home:

Work:

Mobile:

Please return this completed form to the Child Care and Education Centre that your child/ren is booked into as soon as possible and allow one week for processing. Please contact the Client Service Centre on 1300 212 273 with any queries.