

BEFORE AND AFTER SCHOOL CARE ENROLMENT PACK 2010

| Before School Care | After School Care |
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| <p>Hours of Operation: 7:30 am to 9:00 am (School holidays and Public Holidays excluded).</p> <p>Programs: Bonython & Gilmore (at Gilmore), Calwell, Conder & Gordon (at Gordon), Duffy, Monash, St Thomas, Theodore, Wanniasa Hills Primary Schools.</p> <p>Fees: \$14.00 per day permanent booking \$15.00 per day casual booking</p> | <p>Hours of Operation 3:00 pm to 6:00 pm (School holidays and Public Holidays excluded).</p> <p>Programs: Bonython, Calwell, Chisholm, Conder, Duffy, Gilmore, Gordon, Monash, Mt Rogers, St Thomas, Theodore, Urambi and Wanniasa Hills Primary Schools.</p> <p>Fees: \$20.00 per day permanent booking \$22.00 per day casual booking</p> |
| <p><u>PRESCHOOL CARE</u> Conder ASC, Duffy (before & after school care) and Gilmore (before & after school care) provide care for preschool children enrolled in Preschool at these locations. Preschool children from other locations cannot be transported to these sites.</p> <p>Care for preschoolers in before and after school care is a trial through ACT Children's Policy and Regulation Unit and will be reviewed at the end of the year. Continuation of this service for 2010 has not been confirmed.</p> <p><u>PERMANENT BOOKINGS</u> Please ensure that you mark the days of care you require on your enrolment form. Payment is required for all bookings unless one week's notice is given to the Client Service Team on 6293 6500.</p> <p><u>CASUAL CARE</u> Care is available on a casual basis if a place is available. Bookings must be made prior to 12.00 midday the day before, in the case of Before School Care bookings, and prior to 12.00 midday on the day care is required for After School Care bookings. This can be done by phoning Client Service Team on 6293 6500.</p> <p><u>ENROLMENT FEE</u> An enrolment fee of \$30.00 will be charged to your account at the time of enrolment.</p> | <p><u>RE- ENROLMENTS</u> Enrolments need to be renewed every year. Enrolment forms can be located on our website www.commsatwork.org</p> <p><u>FEES/ACCOUNTS</u> Accounts are created two weeks in arrears and are mailed/emailed out fortnightly. All accounts must be paid in full by the end of the account period indicated on your statement.</p> <p>If you are unable to make the payment, please contact the Client Service Team to make alternative arrangements.</p> <p>For security reasons no payments are accepted at our School Age Care Programs.</p> <p><u>METHODS OF PAYMENT</u> We have facilities to accept payments by</p> <ul style="list-style-type: none"> • direct debit (payment options form) • direct deposit • credit card • Eftpos • Cheque/Money order <p>Payment Option Forms are available from the Client Service Team or by downloading from our website on www.commsatwork.org.</p> <p>Payments may also be made by posting a cheque or money order to PO Box 1066, Tuggeranong ACT 2901, in person at the Tuggeranong Community Centre, or by phoning 6293 6500 to use your credit card.</p> |

CANCELLATIONS

One week's notice is required in writing to cancel a permanent booking. **Payment is required for all days enrolled Permanent or Casual. In the event that you do not use your booked days (due to changed plans, sickness etc), you are still required to pay for your booking unless one week's notice in writing is given to the Client Service Team.**

SUN PROTECTION

Communities@Work Programs are SunSmart services. We implement a **"No Hat, No Play"** rule when the UV rating is 3 or above. Children are only allowed outside wearing a wide brimmed, Legionnaire or bucket style hat, **clothing that covers shoulders and shoes that cover feet.** Singlets and caps will not be permitted.

BEHAVIOUR GUIDANCE

Before and After School Care staff will work with the families to positively guide children's behavior at the service. Our behaviour guidance policy combines positive reinforcement of good behaviour and relevant consequences for inappropriate behaviour. We do, however, reserve the right to cancel a child's booking (in consultation with parents/guardians) when their behaviour continually threatens the positive and safe environment of the Program.

COLLECTION OF CHILDREN

Children will only be released to adults nominated on the enrolment form. The attendance sheet **MUST** be signed when dropping off in the morning and collecting children at the end of the day.

FOOD

Our Before School Care programs provide a light breakfast and nutritious snacks are provided for children attending After School Care.

EXCURSIONS

Generally the costs of any excursion are extra. Parents will be notified in advance and must give written permission or sign a permission note.

LATE PAYMENT OF FEES

If fees are two weeks in arrears a letter will be issued requesting the account to be paid in full within seven days. If no contact or payment is made, care will cease.

LATE FEE

A late fee of **\$20.00** per child for every 15 MINUTES will be charged for children picked up after 6:00 pm. Please ring the program if you are going to be late.

ASSISTANCE WITH FEES

Child Care Benefit is available in the form of a subsidised fee. Assessment is available by application to the Family Assistance Office on 13 61 50

All children not claiming Child Care Benefit as a fee reduction will be charged a contracted amount of \$20.00 per afternoon according to the days of care nominated on the enrolment form, or \$22.00 if enrolment is on a casual basis; or a contracted amount of \$14.00 per morning according to the days nominated on the enrolment form or \$15.00 per morning if enrolment is on a casual basis.

Child Care benefit is payable for up to 41 absences per calendar year. Days for which a medical certificate is provided are not added to this total. If your child's absences exceed the 41 day limit you will no longer be eligible to receive Child Care Benefit for any further absences.

SCHOOL AGE CARE OFFICE HOURS

8.30 am – 5.00 pm

Phone: 6293 6500

Fax: 6293 3978

Email: sac@commsatwork.org

Website: www.commsatwork.org

Postal Address:

Communities@Work

PO Box 1066,

TUGGERANONG ACT 2901

Street Address:

Tuggeranong Community Centre

245 Cowlshaw Street,

GREENWAY ACT 2901

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|-----------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------|
| Child's Full Name (3): | | Child's Full Name (4): | |
| Date of Birth | Male/Female | Date of Birth | Male/Female |
| Address: | | Address: | |
| Child's CRN Number: | Year at school eg: Yr 1 | Child's CRN Number: | Year at school eg: Yr 1 |
| 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 your child has eg: Chicken pox, measles, mumps etc: | | Please note any infectious illness your child has had eg: Chicken pox, measles, mumps etc: | |
| Are there any specific instructions regarding cultural practices: | | | |
| PARENT/GUARDIAN DETAILS (this must be the person whose reference number is listed above) | | | |
| Surname | First name | Date of Birth | |
| CRN Number | Relationship to child | | |
| Street address | Suburb | Post Code | |
| Mobile phone | Home phone | Work phone | |
| Email | Place of Employment | | |
| Is this person authorised to collect your child/ren? YES NO | | | |
| PARENT/GUARDIAN DETAILS | | | |
| Surname | First name | Date of Birth | |
| CRN Number | Relationship to child | | |
| Street address | Suburb | Post Code | |
| Mobile phone | Home phone | Work phone | |
| Email | Place of Employment | | |
| Is this person authorised to collect your child/ren? YES NO | | | |

| BOOKING INFORMATION (please tick program enrolled) | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|--------------------|----------------------|--------------------------------------------|----------------------------------------------------------------------|-----|-----|-----|-----|
| Before School Care (BSC) After School Care (ASC) Bonython and Chisholm BSC is held at Gilmore. | | | | | | | | | | |
| Conder BSC is held at Gordon. Urambi BSC is held at St Thomas | | | | | | | | | | |
| Bonython ASC | | Calwell ASC BSC | | Conder ASC | | Duffy ASC BSC | | | | |
| Gilmore ASC BSC | | Gordon ASC BSC | | Monash ASC BSC | | Mount Rogers ASC | | | | |
| St Thomas ASC BSC | | Theodore ASC BSC | | Urambi ASC | | Wanniassa Hills ASC BSC | | | | |
| Do you require a Casual Booking? YES NO | | | | | Do you require a Permanent Booking? YES NO | | | | | |
| Commencement Date: | | | | | | | | | | |
| If you require a permanent booking please tick the days you would like your child to attend the program | | | | | | | | | | |
| BEFORE SCHOOL CARE | | | | | | AFTERSCHOOL CARE | | | | |
| Child's Name | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri |
| Child 1 | | | | | | | | | | |
| Child 2 | | | | | | | | | | |
| Child 3 | | | | | | | | | | |
| Child 4 | | | | | | | | | | |
| 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 | | | | | | | | | | |
| I 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. | | | | | | | | | | |
| Child's Details | Child 1 | Child 2 | Child 3 | Child 4 | | | | | | |
| Surname | | | | | | | | | | |
| Given Names | | | | | | | | | | |
| 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. I/we understand additional costs may be incurred if referred to a Debt Recovery Agency.
2. I/we understand that the booking 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 program or one week fees will be charged in lieu of notice.
7. 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.
8. The information I have provided on this form are correct.
9. I/We understand that a new enrolment is required each year.

| | |
|-----------------------------------|--------------|
| Parent/guardian signature: | Date: |
|-----------------------------------|--------------|

OPTIONAL

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

Parent Signature _____

11. I give permission for my child/ren 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 excursions from the program within the local community. Families will be informed separately of any excursions not in the local area.

Parent Signature _____

IMPORTANT! – Please note that you will be charged for the days you book. In the event that you do not use your booked days (due to changed plans, sickness, etc) you are still required to pay for your booking unless seven days notice in writing has been given to the Client Service Team.

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 program 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.

| | | | | |
|------------------------|-------------------------|----------------------|-------------------------|-----------------------|
| Bonython - BASP | Calwell - CASC | Conder - CASP | Duffy - DOSH | Gilmore - GKC |
| Gordon - GOSH | Mt Rogers- MROG | Monash - MASP | St Thomas - CAST | Theodore - TSC |
| Urambi – UASP | Wanniassa – WASP | | | |

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. I/We will complete a new authorisation form each calendar year.
3. I/We will advise Communities@Work in writing to change or cancel this authority

Signature/s: Date:

Full Name/s (Block Letters):

Phone No. Home: Work: Mobile:

Please return this completed form to the Client Service Team as soon as possible and allow one week for processing.

Communities@Work
 ABN 19 125 799 859

POSTAL ADDRESS: PO BOX 1066, TUGGERANONG, ACT, 2901
 TELEPHONE: (02) 6293 6500
 FAX: (02) 6293 3978
 TTY: (02) 6293 6557
 Email : sac@commsatwork.org
 Web: www.commsatwork.org