

Shiny Star Play Centre
Outside School Hours Care Services
1 George St, North Strathfield NSW 2137
 TEL: 02 9746 5255
ENROLMENT FORM

Child's Surname _____ Given Names _____

Address _____ Sex _____ D.O.B _____

Child CRN number _____

Parent/ Guardian 1 Surname _____ Given Name/s _____

Parent/Guardian 1 Other Name (Known By) _____ D.O.B _____

Parent/ Guardian 1 CRN number _____

Address (Home) _____ Home Telephone No _____

Place of Work _____ Work Tel No _____

Address (Bus) _____ Mobile _____

Occupation _____ Email _____

Parent/ Guardian 2 Surname _____ Given Name/s _____

Parent/Guardian 2 Other Name (Known By) _____ D.O.B _____

Address (Home) _____ Home Telephone No _____

Place of Work _____ Work Tel No _____

Address (Bus) _____ Mobile _____

Occupation _____ Email: _____

Siblings or other children living in home and their D.O.B _____

Primary language spoken by child _____ Religion _____

Ethnic/Cultural identity _____

Details of any court orders affecting custody of the child _____

NOTE: Access to a child cannot be denied to a natural parent unless there is a current Court Order.
Copy of Court Order Attached YES/NO

Enrolment Date _____ Intended Starting Date _____ School Attending _____

Attendance Days (Please circle)	Before School (BSC) Full Time	Part Time (please circle) (BSC)	M	T	W	T	F
	After School (ASC) Full Time	(ASC)	M	T	W	T	F
	VACATION CARE						

If the days you listed above are not available would you consider changing the days? YES/ NO Please indicate the days

your child has a need to attend ? _____

Do you require going on waiting list to receive the days that you have listed above? YES/NO

MEDICAL DATA

Has your child been immunized? YES/NO _____ Evidence e.g. (Blue Book/Certificate from doctor) _____

Should no evidence of immunisation be given, it is understood that your child's immunisation is not up to date. Should there be an outbreak of an infectious disease, your child will not be able to attend the centre during the incubation period, with fees still payable for your child's absence.

Is your child on regular medication we should know about? YES/NO _____
(If YES, give details) _____

Does your child visit a specialist e.g. Speech, etc _____

Does your child have any behaviour difficulties we should know about? _____

Special Medical Condition/allergies/medical conditions _____

Details of any specific dietary requirements _____

Medicare Number _____

Child's Doctor _____ Telephone No _____

Child's Dentist _____ Telephone No _____

Address _____

I give permission for the service staff to seek urgent medical, dental, or hospital treatment, or ambulance service (see note below): YES/NO

I give permission for the carrying out of medical, dental or hospital treatment (see note below): YES/NO

Parent Name: _____ Parent Signature: _____ Date: _____

NOTE: In the event of an emergency, illness or accident concerning my child and the Centre is unable to contact me or other persons so authorized by me, I consent to the Centre seeking on my behalf medical, dental* or hospital attention for my child and I accept liability for medical, dental or hospital expenses and Ambulance cost as may be incurred.

The Centre staff will not allow children to go with any person unless names are written on this form. You can add or delete names at any time, or fax details through to the Centre.

I grant permission for the Centre to take photographs/videos of my child for evaluation/study purposes and for these photographs/videos and evaluations to be placed/displayed around the Centre and for any advertising. YES/N

I grant permission for the Centre to check my child's hair for head lice. YES/NO

I grant permission for the Centre to administer Panadol to my child, in accordance with the Administering Panadol/Paracetamol Health Policy YES/NO

Signature: _____ Date: _____

Parent's Name: _____

SUNSCREEN

I give permission for the staff of Shiny Star North Strathfield Early Learning Centre to apply SPF30+ board spectrum sunscreen lotion to my child, in accordance with your Sun Protection Policy. YES / NO.

If NO please supply alternative sun protection.

PARENT / GUARDIAN SIGNATURE.....
DATE.....

Shiny Star North Strathfield Early Learning Centre
2a Hamilton St, East, North Strathfield 2137
TEL (02) 9746 7600

AUTHORITY TO COLLECT/EMERGENCY CONTACTS

(NOT including parents)

Please list below, in order of preference, who you wish us to call if you cannot be contacted in an emergency and you authorize to collect your child from the Centre in the event that mother, father or guardian is unavailable to come. (Note: must be over 18 years). Please ensure these emergency contact persons are willing and able to collect your child in the event of an emergency.

Name: _____ Relationship: _____ Phone: (Home) _____

Address: _____ Phone: (Mob) _____

Name: _____ Relationship: _____ Phone: (Home) _____

Address: _____ Phone: (Mob) _____

Name: _____ Relationship: _____ Phone: (Home) _____

Address: _____ Phone: (Mob) _____

HOW DID YOU HEAR ABOUT THE CENTRE?

Yellow Pages

Internet

Drive By

Friends If referred by friend what is their name and phone number _____

Other Please Specify _____

TERMS AND CONDITIONS OF ENROLMENT

(Please read carefully)

Shiny Star Play Centre

Upon accepting enrolment, a \$30 admin fee (non-refundable) will need to be paid, along with a holding bond payment of 2 weeks fees. If your circumstances change, and 2 weeks' notice is given to decline the position before the agreed commencement date, the 2 weeks bond payment will be fully refunded. If notice is 1 week prior to commencement, then 1 week is refunded. Any notice less than 1 week, the total 2 week bond payment is non-refundable.

Shiny Star play centre is open for 52 weeks of the year. Our licensed hours of operation are 7:00am to 9:00am; 3pm-6.30pm Monday to Friday.

1. Allocated days are permanent and not flexible or transferable however, transfers may be negotiated depending on vacancies or ability to move other children of non-working parent. (See No. 6)
2. Fees have to be paid even if my child is absent on a particular day or days including periods of illness and parents annual leave. Fees have to be paid for all Public Holidays. I will notify the Centre when my child will be absent.
3. Fees should be paid **Two Weeks** in advance or as per direct debit terms. I understand that if my fees fall in arrears my position may be declared vacant unless an agreement has been reached. The centre may charge a late payment fee of up to 10% of the outstanding amount if the fees are more than four weeks in arrears. Once the position is declared vacant if fees are not then paid, recovery action may be sought, and I will be charged any applicable recovery fees.
4. Fees will be paid direct debit ONLY. I understand that the centre has a priority of access that is adhered to and the Director may need to change my days to accommodate a higher priority, as this is a requirement of the Child Care Benefit Payments Scheme. I understand that the Centre has the right to ask for proof of my work or study (e.g. payslips, proof of course etc.) to establish my priority.
5. A late fee of **\$15.00** will be charged if my child is left after the Centre's closing time (6.30pm) and then \$1 per minute thereafter. This fee will be charged **per child**. If there is more than one child from the family left after closing time the **\$15.00** late fee will be charged for **each child**, and then \$1 per minute thereafter for **each child**.
6. I will notify the Centre of any change to my child's details (e.g. address, phone number, emergency contacts etc.)
7. A record of my child's immunisation is required for the child's records. I will be required to keep this information up to date. Children who are not immunised will not be allowed to attend the centre when an outbreak of a contagious disease occurs and they will not be allowed to attend until the outbreak has cleared (Fees will have to be paid during this period). This is a requirement of the NSW Health Department.
8. Sick children with infectious disease shall not attend the centre. NO over the counter medications will be given without a letter from your Doctor and all prescription medicine will be only administered as per instructions, and ONLY with your written permission
9. I understand that access to children cannot be denied to a natural parent unless there is a Court Order. A copy of the court order must be provided to the Centre.
10. I will give **two weeks written notice** of my intention to withdraw my child from the centre even if I choose to reduce the number of days.
11. If I drop the number of days my child attends the Centre I understand that I may lose the days I dropped and go back onto a waiting list on those days.
12. If I drop the number of days my child attends the Centre to one day, I understand that my child will only be able to attend on a Monday or Friday, as days in between are given as priority to working parents needing more than one day attendance.
13. I understand that there is a minimum two day enrolment policy at the Centre, (unless organised with management), and that in the case of a one day enrolment, my child can only attend on a Monday or Friday.

I agree to abide by the above-mentioned Terms and Conditions and declare that all information given in this form to be correct to the best of my ability.

Parent / Guardian Signature: _____ Date: _____

