

ACCOUNT NAME	
CHILD'S NAMES	
Name of Service attending in 2019	

In order to finalise and confirm your child's enrolment, you are required to read and respond to the permissions and consents below. Please note that the **Permissions** provide parents with options to consider, however, **Consent Statements** are a compulsory requirement of enrolment.

Please complete an Enrolment Agreement 2019 for each child enrolled at this Centacare Child Care Service.

PERMISSIONS (Please Tick Yes or No)

I/We understand and acknowledge the following:

Support/Communication

- To support my/our child further whilst at the service, I/we give permission for the Coordinator/Director or service representative to liaise with school and/or specialist staff or share relevant enrolment information with the school (where appropriate). YES NO
- I/We authorise students under the supervision of staff to undertake observation of my/our child for the purpose of curriculum planning and Educators in training. YES NO

Activities Permission

- I/We encourage my/our child to start their homework while attending the program. (Outside School Hours Care only) YES NO
- I/We give permission for my/our child to view PG Rated movies, programs and games while at the service. (Outside School Hours Care only) YES NO
- I/We give permission for my/our child to participate in face painting activities. YES NO

Health and Safety Permission

- I/We give permission for staff to apply latex (e.g. band aids) to my/our child. If no, please provide an alternative. If permission is not provided (i.e. latex allergy). The parent/carer is requested to provide suitable product to be stored at the service YES NO
- I/We give permission for my/our child to have 50+ sunscreen/insect repellent applied as required. If no, please provide an alternative. YES NO
- In case of an emergency or incident, I/we authorise a qualified Medical Practitioner to administer treatment (ie anaesthetic, blood transfusions and perform operations) if the emergency requires such treatment. YES NO
- I/We will provide non-prescription or prescription teething gel (with pharmacy label) and give permission for staff to apply the gel to my/our child. (Long Day Care only) YES NO

Media

- I/We provide authorisation for the service to take photos, videos and digital images of my child/children. I/We acknowledge these images will be stored by the approved provider. YES NO
- I/We give permission for images of my child/children to be used for service newsletters, service noticeboard displays, school/parish newsletters, learning journals, day books, digital frames etc. YES NO
- I/We understand that photos, videos and digital images are an integral part of the service's program and that my/our child/children's surname will not be displayed with images taken. YES NO
- I/We acknowledge that should an external party (students/excursion provider/incursion provider etc) wish to take images of our child/children, the external party will be required to seek permission from the Parent/Carers in advance. YES NO
- I/We acknowledge that should CCCS wish to use my child/children's image outside of the service (eg. CCCS presentations, websites, promotional material etc) a separate authorisation form will be provided to the Parent/Carer for completion. YES NO
- I/We acknowledge that if there are child protection or child custody matters in relation to the display of images, the Parent/Carer is required to bring this to the attention of the Coordinator/Director. YES NO

If there are child protection or custody issues in relation to the display of media, please see the Coordinator/Director

Parent/Carer 1 Signature:

Date:

Parent/Carer 2 Signature

Date:

CONSENT STATEMENT

I/We understand and acknowledge the following:

GENERAL (CONDITIONS OF ENROLMENT)

- that I/we have read the Information Handbook and agree to abide by the Service policies, procedures and Mission, Vision and Values of Centacare Child Care Services
- that it is my/our responsibility to ensure all information associated with my/our child's enrolment is current and notify the service of any changes to details provided
- that my/our child is required to be signed in as attending a session of care by either parent/carer or authorised nominee to ensure all legal obligations are met
- that I/we must notify the service if a person authorised by a parent (who is not on the services' current records as authorised to collect my child) will be collecting my child from any session of care. Photo ID maybe required on collection
- that I/we must provide alternative care arrangements when my/our child is suffering from an infectious or contagious illness, as described in the exclusion guidelines in the Information Handbook or is deemed by service staff to be unable to participate in the service program
- that information on this enrolment form may be provided upon request to either parent/carer detailed on this form
- that I/we must be contactable at all times whilst my child is in care. This may require alternative and/or work phone numbers
- I/we have completed a Request for Booking form nominating days of attendance required for my/our child
- I/we have nominated an email address to which account statements, newsletters and other communications may be sent
- for my/our child to participate in all activities offered by the service. I/We will advise the service in writing if I/we do not wish my/our child to participate in a particular activity
- that the service will not accept responsibility for loss or damage to any property/items brought into the service by children or families
- that I/we have read the CCCS HS POL Sleep and Rest Policy and agree to abide by the practices of Red Nose (formally SIDS and KIDS) adopted by CCCS when placing a child to sleep or rest (regardless of age)
- for enrolment of children under the age of 2 years, I/we agree to complete a CCCS PP Form - Sleep and Rest Profile form as part

of the enrolment process, and as required throughout the child's attendance

- CCCS reserves the right to modify and implement changes to a prescribed policy/procedure at anytime and acceptance of enrolment is acceptance of CCCS Policies and Procedures. CCCS will communicate any changes to families and provide a 14 day period for consultation and feedback.
- I/we give permission for staff to take my/our child/children outside the approved premises for the purpose of emergency drills.

FEES (CONDITIONS OF ENROLMENT)

- the conditions outlined in the services Fact Sheet 2 (Fee Schedule)
- if cancelling a booking written notice of the final day will be provided
- I/we understand that Child Care Subsidy will only apply at this service until my/our child's last day of actual attendance (not applicable for stand-alone Kindergartens on Catholic School Sites)
- that child care fees incurred will be paid in advance as per Fact Sheet 2 (Fee Schedule) and any remaining credit will be reimbursed by EFT or cheque within 30 days of my/our child last day of attendance
- if my/our child is not collected from the service by closing time a Late Fee penalty will be incurred as specified in the Fees Schedule – Fact Sheet 2 (Fee Schedule)
- that I/we are financially responsible for any willful damage of equipment or property by my/our child
- that an administration fee may be applicable should I/we request archived information relevant to my/our child's attendance
- that the above information is correct and precisely matches information submitted by me/us to Centrelink. I/We understand that any discrepancies between the two may lead to the service being unable to claim CCS on my/our behalf. In this instance I/we will be required to pay full fees
- failure to pay fees incurred within prescribed timeframes may result in withdrawal of child care until account is paid in full or a payment plan negotiated. Failure to adhere to negotiated agreement may result in account referral to a debt collection agency, the cost of which will be added to account.

MEDICAL CONSENT STATEMENT (CONDITIONS OF ENROLMENT)

- I/We authorise the staff of the approved provider to administer first aid commensurate with their level of training to my child / children as required.
- I/We authorise the staff of the approved provider to provide any required first aid for our child/children and to facilitate medical attention/obtain medical treatment in the event of an incident or emergency. This includes hospitalisation and the engagement of the ambulance service including for transportation if required.
- I/We accept responsibility for payment of all expenses associated with medical treatment for our child/children.
- I/We accept the approved provider will make every effort to contact me/us in the event of any illness/injury/trauma (incident) and /or emergency as required under Regulation 86.
- On enrolling my/our child/children I/we understand the service is unable to care for children who are unwell or who have an infectious or contagious illness. I/We further acknowledge a medical clearance may be required by the service prior to the return of my child/children to the service.
- I/We understand legislation requires the service to hold generic medication for asthma and anaphylaxis.
- I/We understand the service is unable to administer prescription medication (except in the event of an emergency) unless I/we have completed a CCCS CH FORM – Authorisation to Administer medication form, the prescription medication is in its original container, a dispensing label is attached by a pharmacist that details the name of the child and dosage to be given.
- I/We understand the service is unable to administer non-prescription medication (except in the event of an emergency) unless I/we have completed a CCCS CH FORM – Authorisation to Administer medication form. A service may request that the non-prescription medication provided to the service in its original container, has a dispensing label attached by a pharmacist and the label that details the name of the child and dosage to be given.
- I/We agree to complete a CCCS CH FORM – Medication Administered form as required.
- I/We acknowledge a service will record any medication administered by staff on a CCCS CH Form - Medication Administration Form.
- For further information refer to CCCS CH POL Medical Conditions Policy.

Parent/Carer 1 Signature:

Date:

Parent/Carer 2 Signature

Date: