



Administration fee: 30
Holding Deposit: 300
Total: _____

ABN 58 140 352 754
1/42 Spring St Arncliffe 2205 NSW
Telephone (02) 9599 1886
Website www.drmchildcare.com.au

CHILD'S DETAILS

CRN: _____

Surname: _____ First Name: _____

Date of Birth: _____ Age in years and months: _____ M / F

Country of born: _____ Languages Spoken: _____

Days Required: Mon Tue Wed Thur Fri

Are you flexible regarding which days these are? YES NO

Which days must you have? _____

Requested start date: _____ Special Requirements: _____

Traits and Characteristics of my child _____

PARENTS DETAILS

Parent 1 CRN: _____

Parent 1

Full Name: _____

Date of Birth: _____

Address: _____

TELEPHONE NUMBERS

Home: _____ Work: _____

Mobile: _____

Driver's License No: _____

E-mail Address: _____

Occupation: _____

Name of work place: _____

Address of work: _____

Parent 2

Full Name: _____

Date of Birth: _____

Address: _____

TELEPHONE NUMBERS

Home: _____ Work: _____

Mobile: _____

Driver's License No: _____

E-mail Address: _____

Occupation: _____

Name of work place: _____

Address of work: _____

Authority to Collect/Emergency Contacts:

(Other than Parents)

Please list below Contacts who you wish us to call if you cannot be contacted in an emergency and whom you authorize to collect your child from Do Re Mi Long Day Childcare Centre in the event that mother or father is unavailable to do so (note: must be over 18 years of age). Please ensure that these emergency contact persons are willing and able to collect your child in the event of an emergency.

Please Note: Photo ID MUST be shown prior to the child being released to an authorized Contact.

Contact No 1

Is this person also authorized to collect? Yes No

Relationship to Child: _____ Full Name: _____

Address: _____

Home: _____ Work: _____

Mobile: _____ Driver's License No: _____

Contact No 2

Is this person also authorized to collect? Yes No

Relationship to Child: _____ - Full Name: _____

Address: _____

Home: _____ Work: _____

Mobile: _____ Driver's License No: _____

Medical Information:

In the event of an emergency and neither parent is contactable, persons listed below will be called.

Name, Phone Number and address of Doctor and/or Medical Centre

Medicare No: _____ Private Health Name and Number: _____

Ambulance Cover Reference: _____

I hereby authorise the Do Re Mi Long Day Childcare Centre designate representative, in the event of an accident or illness to **obtain medical, ambulance, dentist and hospital assistance** if required. If I cannot be contacted, emergency care will be sought from the nearest appropriate public hospital. I agree to meet any expenses incurred in respect to any medical emergency.

Signature: _____ Date: _____

To reduce fever or pain as appropriate, I hereby consent to the Do Re Mi Long Day Childcare centre designated representative to **administer Panadol** in the dose and frequency recommended on the bottle should my child require this care.

Signature: _____ Date: _____

If my child becomes ill while in care, I, (or a designated person), will do everything possible **to return to the centre** to pick up my child.

Signature: _____ Date: _____

Is your child allergic to the application of band aids or sunscreen? **YES** **NO**

If No, I give permission to the staff of Do Re Mi Long Day Childcare centre to administer this if and when necessary.

Signature: _____ Date: _____

Medical History:

Does your child suffers from, or has had any illnesses/diseases?

Does your child have any allergies? (If yes, please specify)

Has your child experienced any language or speech difficulties, physical problems or other related difficulties? (If yes, please specify)

Is your child currently under any medication? (If so, please state the reason, name of medication, dosage & any side affects we should be aware of)

Has your child suffered from any medical condition that we should know about? (If yes, please specify)

Is your child immunisations up to date? (Please provide proof of immunisation-**NO BLUE BOOK**)

General Needs

In order to comply with the guidelines determined by the Australian Government and to ensure priority of enrolment on a needs basis, you are requested to supply the following information:

Are you two parent or a single parent family? _____

Are you working full time or part time? _____

If you are a two parent family, is your partner working full time or part time?

Do you or your child have any health problems or disabilities? If yes, please describe:

Names of other children in family:

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Are there any other special circumstances? If yes, please describe:

Incursions and Multimedia (please sign if YES to the following)

I give permission for my child to attend in/excursions. (Parent signature)

I give permission for my child to have contact with Animals and Insects that may take place on incursions. (Parent signature)

I give permission for my child to have his/her photograph taken and displayed on the Do Re Mi Long Day Childcare Centre Website Photo Gallery. (Parent signature)

As we are following the interest of your child and implementing an emerging curriculum as an education base, we are required to photograph your child along with many other mediums that are combined to complete your child's individual portfolio. In order for us to do this at a high standard we require your permission to photograph your child on a regular basis. I consent to my child being photographed. (Parent signature)

Fees/Withdrawal/Change of days

I _____ agree to abide by the centre's policy of paying daily fees of Two (2) weeks in advance, via standing order bank transfer. I also understand that fees are to be paid for all days my child/ren is absent, public holidays or sick, and that if fees fall behind, my child/ren place at the centre may be in jeopardy.

I also understand that there is a four (4) weeks' notice period which applies, if I decide to withdraw my child/ren from care. This must be written and forwarded to the office. This four (4) weeks' notice period also applies to the reduction of my child's days.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Fee Payment Policy and Procedure

It is a Do Re Mi Centre Policy that fees are paid on time, preferably in advance. Full fees are payable until the centre receives a current child care benefit percentage letter from Centrelink (Family Assistance Office).

Please note that fees are subject to change, however all families will be given at least two weeks' notice of any fee changes.

The procedure for this policy is outlined below:

- When children enrol to the centre a \$300 bond fee is to be paid on commencement of each child's care. This bond will be returned once the child/ren end care NOT by cancelling before their starting date (that is if all fees are up to date and so forth)
- Fees are charged for all weekdays (the days that the child/ren attend during the week), this also includes public holidays and when children are absent from care
- The centre is closed for a period of two weeks over Christmas (these two weeks will not be charged).
- Invoices will be provided to all parents/families on a weekly to fortnightly basis, in parent pockets.
- Payments can be made directly to the centre director.
- If parents/families are paying by cheque, cheques must be payable to "Do Re Mi "
- Fees must be paid by the due date in order to maintain your child's booking in the centre. Management has the right to allot your place to another child, should any fees be outstanding or your child is absent without notification for a long period of time.
- If fees are not paid by the due date it is essential that arrangements for regular payments be made with the centre director. Therefore parents experiencing difficulties with payments are encouraged to talk with the Centre Director
- Receipts will be issued upon payment and either given directly to the payee or placed into parent pockets.

Date: 20th September 2011

Updated: 2nd July 2012

Revised :Feb 2017

Sourced: Child Care Services Handbook:

<http://www.dest.gov.au/NR/rdonlyres/6A9D8776-4389-4963-B8A4-12B8418FA5D7/21974/cch.pdf>