



Lifestreams Christian Church, Corner Murray Street & McNabb Loop, Como. Ph: 9313 1600
 childcare@lifestreamers.com.au

ENROLMENT FORM

CHILD'S DETAILS

Family Name _____ Given Names _____

Date of Birth _____ CRN Number: _____

Copy of Birth Certificate (certified by staff) _____ Please bring original certificate to enrol

Sex _____ Any Nicknames _____ Start date of enrolment _____

Address _____

_____ Postcode _____

Country of Birth/ Culture _____ Languages spoken at home _____

Please tick the relevant boxes for the days and type of care you require. Fees do not include morning tea or lunch.
 A \$45 enrolment fee will be added to your first account (includes a fee for a security swipe).

| Enrolment Type | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|--------|---------|-----------|----------|--------|
| Full Day 0-2 7.00am – 6.00pm \$110/day | | | | | |
| Full Day 2-4 7.00am – 6.00pm \$100/day | | | | | |
| Before School 7.00am – 9.00am \$25/session | | | | | |
| After School 2.30pm – 6.00pm \$45/session | | | | | |

GENERAL INFORMATION

Is your child of Aboriginal or Torres Strait Islander origin? (Please circle one)

No **Yes, Aboriginal** **Yes, Torres Strait Islander**

Has your child been left in care before? Is your child used to being cared for by someone other than immediate family? _____

Are there any religious or cultural exclusion requirements for your child?

Do you have any skills or interests you would like to contribute to the centre's program?

Is there any other information that would assist us in providing quality care for your child?

Other children in the family:

| Name | Age | Name | Age |
|------|-----|------|-----|
| 1. | | 3. | |
| 2. | | 4. | |

Details of any Court Orders affecting the custody of your child?

A photocopy must be attached and the manager notified if circumstances change.

| | Parent One | Parent Two |
|---------------------|------------|------------|
| Name | | |
| Address | | |
| Phone: Home | | |
| Phone: Work | | |
| Phone: Mobile | | |
| Email | | |
| Occupation | | |
| Place of work/study | | |
| Country of birth | | |
| Languages spoken | | |
| Date of birth | | |
| CRN number | | |

Parent sign: _____ Date: _____

| | Contact One | Contact Two |
|---|--|--|
| Name | | |
| Address | | |
| Phone: Home | | |
| Phone: Work | | |
| Phone: Mobile | | |
| Relationship | | |
| Authorities (Please tick relevant boxes) | Authorised Nominee* <input type="checkbox"/> | Authorised Nominee* <input type="checkbox"/> |
| | Collect and deliver child/ren <input type="checkbox"/> | Collect and deliver child/ren <input type="checkbox"/> |
| | Authorise excursions/Incursions <input type="checkbox"/> | Authorise excursions/Incursions <input type="checkbox"/> |
| | Emergency Contact <input type="checkbox"/> | Emergency Contact <input type="checkbox"/> |

AUTHORISED NOMINEE:

If the parent/guardians cannot be contacted, these people have been given the same authority as the parents to consent to medical treatment and transportation by ambulance services, give permission for excursions/incursions, request/permit medication to be given, have permission to collect and deliver children and should be notified of any accident, injury, trauma or illness.

Family Name _____ Given Names _____

AUTHORITIES (Please read the following statements and sign at the bottom)

Do you consent to your child eating nut-free birthday cakes provided by other families? **YES NO**

LIFESTREAMERS CHILDCARE uses the following brands of creams and medications;

- Coles Persona SPF30+ Sunscreen Lotion
- Dettol
- Coles, Elastoplast or Johnson & Johnson Band Aids

Do you consent to the use of the above products on your child should the need arise? **YES NO**

(Should these brands prove to be unsuitable for your child, please provide a more suitable option)

I understand that for all other medications I must complete and sign an **Authority To Give Medication Form** on the day which the medication is to be administered. **YES NO**

In the case of an accident or injury when medical care may need to be sought do you give permission for treatment from a registered medical practitioner, hospital or ambulance service and do you agree to meet any expenses incurred? **YES NO**

In the case of your child becoming ill during the day and we are unable to contact you or an emergency contact, do you agree to meet the costs of extra staffing required to care for your child away from the other children? **YES NO**

Do you agree to meet the costs of recovering any unpaid fees and charges that are outstanding after you have left the service including, but not limited to, legal fees, debt collector fees and commissions? **YES NO**

Do you give permission for your child to attend regular outings to the Lifestreams Christian Church hall, buildings and grounds, given that a risk assessment will be provided? **YES NO**

Do you give permission for LIFESTREAMS staff and/or volunteers to transport your child to and from excursions in the centre bus or private vehicles? This includes trips where there is only one adult in the car. **YES NO**

Please sign below to acknowledge agreement of the above statements?

Parent Sign: _____ Date: _____

I _____ have read the policies of LIFESTREAMERS CHILDCARE and agree to abide by them. (Policies are available on the website <http://lifestreamers.com.au/>)

Parent Sign: _____ Date: _____

Family Name _____ Given Names _____

PHOTOS

LIFESTREAMERS CHILDCARE takes regular photos of the children for programming, advertising and family communication. Do you give your permission for photos to be taken of your child and used in the following ways? (Please circle as appropriate and indicate if you do not want their face shown). Thank you.

| | | | |
|---|----------------|-----|----|
| Programming | Back view only | YES | NO |
| Newsletters and family communication (enrolled families only) | Back view only | YES | NO |
| Website | Back view only | YES | NO |
| Videos for promotional purposes | Back view only | YES | NO |
| Facebook | Back view only | YES | NO |
| Newspaper | Back view only | YES | NO |

Parent Sign: _____ Date: _____

MEDICAL INFORMATION:

Child's Doctor: _____ Phone: _____

Address: _____ P/Code _____

Medicare number _____

Previous illnesses, operations or broken bones: _____

Special Health Support Needs

Does your child have any special health support needs? (i.e. asthma; diabetes; epilepsy; allergies (anaphylaxis); special dietary requirements; skin problems etc. **The following potential allergens may be used at the centre: milk, eggs, fish, sesame, wheat.** YES NO

If your answer is **YES** please specify _____

You and your Doctor will be required to complete a "Special Needs Health Support Plan" and/or an "Individual Emergency Action Plan", to ensure the centre is fully prepared to manage your child's special health needs, including staff appropriately trained to administer medication or other actions required to manage the child's condition.

Immunisation

Is your child's immunisation up-to-date? We will need a copy kept at the centre.

(Please bring yellow/blue booklet or a letter with immunisation details into the centre when you enrol)

Parent Sign: _____ Date: _____

How did you hear about our service?

Fees

Accounts for Long Day Care children are issued by email each fortnight and payment is by Direct Debit on the last Friday of the account period. Fees are payable for **all** days the children are booked in regardless of whether they attend or not, this includes sick days, school holidays, family holidays and public Holidays.

Direct Debit

Families are to nominate their desired account and sign the authority below. Your account will only be debited the amount owing on the selected date. This is not a set amount and will reflect your usage over the nominated period.

Fees associated with Direct Debit are passed on to the family. They are:

- Bank Account per transaction \$0.75
- Visa/Mastercard Calculated on transaction value 0.90% + \$0.75
- Amex Calculated on transaction value 3.85% + \$0.75
- Failed transaction Per failed or returned transaction attempt \$2.75
- Claim/Chargeback Only charged when payment is reversed \$33.00
- Refund Per refund (credit/debit card only) \$2.75

I agree to the terms and conditions governing the debit arrangements between Lifestreamers Childcare and myself and acknowledge the fees associated with this. For the full Service Agreement, please go to the Hubworks site <https://hubhello.com/docs/DDRSA.pdf>

Parent Sign: _____ Date: _____

Please select your preferred payment method.

Bank Account

BSB _____

Account Number _____

Account Name _____

Credit Card

Credit Card Number _____

Expiry _____

Credit Card Name _____

I hereby give authority for Lifestreamers Childcare to set up a Direct Debit from my account to cover fees accrued for my child.

Parent Sign: _____ Date: _____

Parent Registration Agreement Form

1. I agree to comply with all Government requirements in relation to the Centre and its services.
2. I understand that Lifestreamers Childcare is a ministry of Lifestreams Christian Church, and as a church based service, my child/ren will be involved in experiences which may include but not be limited to, Christian grace, prayers, songs and Bible stories.
3. I agree that in the case of accident or injury, medical care may be sought and given and agree to meet any expenses incurred. . In the case of an emergency, as determined by the educators at the service, we authorise the service to contact an ambulance and send the child to hospital.
4. I agree to pay fees by direct deposit within the fortnightly account period.
5. I am aware that should my fees go into arrears by more than two weeks, my child's place may be cancelled.
6. I will indemnify the Centre against and agree to reimburse it for any expenses it may incur in recovering or attempting to recover payment from me of overdue monies. These costs include legal, court, solicitors, debt collection agency commissions and fees.
7. I am aware that two-weeks notice, in writing, of cancellation of care must be given and that fees will be charged up to this date. I am aware that Childcare assistance will only be paid up to the last day of signed-in attendance and therefore failure to attend up until the end of two-weeks notice, will incur full fees.
8. I agree to pay all fees in full within two weeks of my child leaving the service.
9. I agree to provide valid contact details of a guarantor who will be responsible for payment of my fees.
10. I am aware that fees for Public Holidays, sickness and non-attendance days are payable to ensure my child's place at the Centre. I am also aware that I need to sign the attendance files for these days.
11. I am aware that if my child is not picked up by closing time, I will be charged the full cost of staff overtime rates up to the next fifteen minute block.
12. I am aware that it is my responsibility to read all policies, newsletters and family notices provided by the Centre and to respond as required.
13. I agree to inform the Centre of any changes that may affect the priority for care for my child.
14. I am aware that should a child with a higher priority, as determined by Government Regulations, need a position, then my child's days may need to be changed to accommodate this.
15. I am aware that my child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition. I understand that my child will be accepted back into the Centre upon provision of a "clearance certificate" from a doctor.
16. I am aware that should an immunisable disease be diagnosed at the Centre and my child is not immunised, then they will be excluded until the last case has been cleared and that normal fees will be charged.
17. I give permission for my child to participate in outings of interest in close proximity to the Centre.
18. I give permission for my child to be photographed for the purposes of internal promotion and documentation at the Centre.
19. The Centre reserves the right to terminate this agreement when it considers that to do so would be in the best interests of the Centre. It agrees to give the parent reasonable notice of its intention and will refund any payments in credit.
20. I agree that the information provided in this application is true and correct and will be relied upon by Lifestreamers Childcare and as such will notify them of any changes to details within seven days.
21. I have read this registration form and agree to abide by the conditions set forth within it.

Name(s) of child(ren):

Signature of parent/guardian:

Date: