



Enrolment Agreement

CHILD'S NAME _____

1. I/we have viewed the Woy Woy Peninsula Community Child Care Co-operative (hereafter called "the Centre") and consent to the enrolment of our child/ children.
Initials Parent/Guardian 1..... Parent/Guardian 2.....
2. I/we acknowledge having received and read the Centre's Family Handbook and I/we understand any changes to such will be displayed on the Centre's notice board in the foyer of the Centre. Initials Parent/Guardian 1..... Parent/Guardian 2.....
3. I/we understand the Federal Governments Priority of Access guidelines (as in the Parent Handbook) may affect my child's enrolment.
Initials Parent/Guardian 1..... Parent/Guardian 2.....
4. I/we agree to comply with all Government requirements in relation to the Centre and its service.
Initials Parent/Guardian 1..... Parent/Guardian 2.....
5. I/we agree to comply with the Centre's Anaphylaxis Policy and Medical Conditions policy and will ensure that my/our child will not attend the Centre without medication prescribed by my/our child's medical practitioner in relation to my/our child's specific health care need, allergy or relevant medical condition.
Initials Parent/Guardian 1..... Parent/Guardian 2.....
6. I/we authorise to the Centre, Nominated Supervisor, or an educator to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service and to the transportation of my child by an ambulance in the case of accident, emergency or injury (the Centre has ambulance Cover). I/we agree to meet any cost incurred as a result of such medical treatment being rendered.
Initials Parent/Guardian 1..... Parent/Guardian 2.....
7. I/we understand that the Centre will attempt to contact me/us and where I/we cannot be immediately contacted, the Centre will attempt to contact my/our Authorised Nominees (emergency contacts) to notify of the actions taken to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service and to the transportation of my child by an ambulance in the case of accident, emergency or injury.
Initials Parent/Guardian 1..... Parent/Guardian 2.....
8. I/we agree to pay all fees one week in advance or as agreed by the Centre. Such fees as charged by the Centre are set out and updated in family accounts available in your child/ren's locker on the first booked day each week.
Initials Parent/Guardian 1..... Parent/Guardian 2.....
9. I/we understand that it is my responsibility to maintain a current Centrelink Income Assessment Notice for Child Care Assistance purposes and complete relevant forms to support my claim for Child Care Benefit and/ or any other Child Care Assistance Payments.
Initials Parent/Guardian 1..... Parent/Guardian 2.....
10. I/we understand that fourteen days notice of cancellation of care must be given in advance; otherwise fees will be charged.
Initials Parent/Guardian 1..... Parent/Guardian 2.....
11.
 - a) I/we understand that fees are not charged by the Centre for public holidays and that make up days are not available.
 - b) I/we understand that fees are payable should my/our child/ren not attend the Centre due to sickness, family holiday or any other reason for non-attendance.
 - c) I/we understand that the Centre closes for three weeks over the Christmas/New Year period.
 - d) I/we understand that my/our withdrawal of child/ren from the Centre which is effective after 30th November in any one year will incur full fees until the Christmas closing date of that year.
Initials Parent/Guardian 1..... Parent/Guardian 2.....
12. I/we understand that a system of payment for late departures and early arrivals operates at the Centre. I/we am aware that I/we are obliged to drop off and pick up my/our child/ren as per his/her hours of attendance. Any late collection or early drop off a child will result in a fee being imposed as set out in the Centre's Family Handbook.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

13. I/we understand that where Childcare Assistance is not available from Centrelink, I/we are responsible for payment of the total amount of fees due. I/we understand that any failure to pay due fees as per the Centre's policy may result in cancellation of the care of my/our child/ren at the Centre's discretion. I/we understand that fees may need to be adjusted from time to time with due notice given to families.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

14. I/we understand that my child/ren will be excluded from care at the Centre if he/she has contracted a contagious disease or condition. I understand that the child/ren will be accepted back into the Centre as per the medical guidelines or upon provision of a "clearance certificate" for the child from a medical practitioner. I/we understand that fees will continue to accrue and be due for payment to the Centre during any such period.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

15. I/we understand that if my/our child/ren have not been immunised the child/ren will be excluded from the Centre in the event of an outbreak of such disease. I/we understand that the child may return to the Centre after receipt of medical advice that the infectious period has passed. I/we understand that fees will continue to accrue and be due for payment to the Centre during any such period.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

16. I/we ☐ give / ☐ do not give permission for my child to be photographed / videoed for internal use in the centre e.g. portfolio's, program, etc.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

17. I/we ☐ give / ☐ do not give permission for my child to be photographed / videoed for the purpose of publicity and or promotions for the Centre.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

18. I/we ☐ give / ☐ do not give permission for my child to be observed by students on accredited training programs in the Centre.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

19. I/we ☐ give / ☐ do not give permission for sunscreen to be re-applied to my child as required by the Sun Smart Policy.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

20. I/we agree to provide the Centre all information regarding the health/immunisation of my child and any other information required by the Centre eg. Medical Management Plans, Medical certificate in the event of a diagnosis, current Immunisation History Statements.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

21. I/we agree to provide the Centre all information regarding Authorised Nominees (emergency contacts) in writing and acknowledge that it is my/our responsibility to provide my/our Authorised Nominees (emergency contacts) with the appropriate child safety seat whilst travelling in their vehicle.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

22. I/we authorise the person/s listed on my/our child's Enrolment Form as Authorised Nominees (emergency contacts) to:

- a) consent to medical treatment of my/our child.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

- b) authorise administration of medication to my/our child.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

- c) authorise an educator to take my/our child outside the education and care service premises.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

- d) Collect my/our child from the Centre.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

23. I/we understand that the service may occasionally have visitors or volunteers who may assist at the Centre. I/we consent to my/our child/ren being in the presence of visitors or volunteers, with the Centre's appropriate supervision.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

24. I/we understand that as part of the Centre's program visitors /performers may attend the service to provide

information / entertainment for the children. I/we agree to pay the fee(s) associated with these visits as informed by the Centre from time to time.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

25. I/we understand the Centre reserves the right to terminate this Agreement when, in its discretion it considers that to do so would be in the interest of the Centre. I/we understand the Centre will give me/us two weeks notice of its intention to exercise this right and will refund any payments in credit at that time.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

26. I/we understand that the Centre seeks and retains information related to families to comply with legislative and legal requirements. I understand that all information supplied will be treated with the sensitivity and diligence required under the Privacy Act.

Initials Parent/Guardian 1..... Parent/Guardian 2.....

NAME(Parent).....SIGNATURE..... DATE.....

NAME(Parent).....SIGNATURE.....DATE.....

NAME(Staff Member).....SIGNATURE..... DATE.....