



Star of the Sea Early Learning Centre Enrolment Form

Child's Information:

Surname:		First Names:	
Address:		Post Code:	
Phone:		DOB: M / F:	
Child CRN:			
Is your child of Aboriginal/Torres Strait Islander descent? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Cultural background:			
Country of birth:		Languages spoken:	
Does your child have any allergies, medical or other conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please provide further information and an action plan attached.			
Does your child have any other additional needs (including dietary needs)?			
.....			
.....			
Living Arrangements <input type="checkbox"/> Both Parents <input type="checkbox"/> Mum% <input type="checkbox"/> Dad%			

Birth Certificate sighted: Immunisation (up to date details):
Please attach copied documents and keep on file.

Bookings Request:

- Long Day Care – 3 Year Old Early Learning Program (Child must have turned 3)
- Long Day Care – 4 Year Old Kindy Extension Program (Child must be enrolled in SOTS Kindergarten)

Start Date:

All permanent bookings require 2 weeks' notice to cancel care.

Parent/Guardian Information:

The details of each known parent must be provided (National regulations 102,106-162)

Parent/Guardian (Person responsible for the account)	Parent/Guardian
Name:	Name:
DOB:	DOB:
CRN:	CRN:
Address:	Address:
P/C:	P/C:
Phone:	Phone:
Mob:	Mob:
Email:	Email:
Occupation:	Occupation:
Place of Work/Study:	Place of Work/Study:
Address:	Address:
P/C:	P/C:
Work Phone:	Work Phone:
Country of Birth:	Country of Birth:
Languages Spoken:	Languages Spoken:
Cultural Considerations:	Cultural Considerations:
Care required for (work/study/respite/other):	Care required for (work/study/respite/other):
Talents/Hobbies that can be shared with children:	Talents/Hobbies that can be shared with children:

How did you hear about us? Internet Word of Mouth Live in the area Other

Custody Arrangements:

Are there any court orders in place for your child? YES / NO (attach documentation)

Please provide further details:

Court orders Parenting Plan Parenting order

Child's Medical Practitioner

Name:

Address:

Telephone no: Medicare no:

We regret that we are unable to provide care for children who are unwell or who have a communicable or infectious illness. In such an event if we are unable to contact you or your emergency contacts we may deem it necessary to call an ambulance

Siblings:

Name:	DOB:	Year / Teacher

Authorised Nominees and Emergency Contacts (NOT PARENT)

In case of an emergency, Star of the Sea Early Learning Centre will contact the parents/guardian initially. If they are unable to be contacted immediately, we will contact the following people in the order that they are listed.

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY ARE AUTHORISED TO CONSENT TO MEDICAL TREATMENT FOR THE CHILD OR TO AUTHORISE ADMINISTRATION OF MEDICATION TO THE CHILD; THEY ARE ALSO AUTHORISED TO TAKE THE CHILD FROM THE SERVICE'S PREMISES OR TO GIVE APPROVAL FOR AN EDUCATOR TO TAKE THE CHILD OUT OF THE SERVICE IN THE CASE OF AN EMERGENCY; PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

Contact One

Title:	First Name:	Surname:	
Relationship to child:			
Home Address:			
Home Phone:	Work Phone:		
Work Phone:	Email:		
Tick Boxes to Authorise:	Pick up	Drop off	Emergency

Contact Two

Title:	First Name:	Surname:	
Relationship to child:			
Home Address:			
Home Phone:	Work Phone:		
Work Phone:	Email:		
Tick Boxes to Authorise:	Pick up	Drop off	Emergency

Contact Three

Title:	First Name:	Surname:	
Relationship to child:			
Home Address:			
Home Phone:	Work Phone:		
Work Phone:	Email:		
Circle to Authorise:	Pick up	Drop off	Emergency

Permissions:

I give my permission for: (Please circle YES or NO)

1. My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child to participate in a particular activity. **YES / NO**
2. For educators at the service to take my child on excursions by foot within the local community or transitioning between licenced premises. I agree to read the relevant risk assessments. **YES / NO**
3. My child being observed by educators and students for programming purposes. **YES / NO**
4. My child's photograph, to be taken or recorded at the service for use within the service (May include photo development and/or printing outside the service) **YES / NO**
5. I agree that in the case of accident or injury, the centre will contact me. If they cannot reach me they will try to contact a listed emergency contact. If determined necessary by staff at the centre, I authorise them to seek medical treatment for my child. **YES / NO**
6. If they deem it necessary, I agree for them to call an ambulance to take my child to hospital and agree to meet any expenses incurred. **YES / NO**
7. Staff are permitted apply sunscreen to my child, if my child has sensitive skin I will provide their own sunscreen labelled with my child's name for them to use. **YES / NO**
8. Accounts and correspondence to be sent to me electronically (to the email address provided on this enrolment form). **YES / NO**

Signature of Parent/Guardian (1) : Date:

Signature of Parent/Guardian (2) : Date:



ELC Fee Schedule

Effective 9th October 2023

3YO Early Learning Program Session Types (Inc Vacation Care)	Cost (per day)
7:30am – 4:30pm Monday to Friday	\$120.00
7:00am – 5:00pm Monday to Friday	\$125.00
6:00am – 6:00pm Monday to Friday	\$135.00
4YO Kindergarten Extension Program Session Types (Exc Vacation Care)	Cost (per day)
7:30am – 4:30pm Thursday to Friday	\$120.00
7:00am – 5:00pm Thursday to Friday	\$125.00
6:00am – 6:00pm Thursday to Friday	\$135.00
Public Holidays	
Centre is closed – Permanent Bookings will be Charged	Charges Apply
Casual Bookings Loading	
<ul style="list-style-type: none"> All casual bookings will incur a 10% surcharge Please note that casual bookings will now require payment within 7 days of the child's attendance. All late bookings made within 72hrs of the child's attendance, or after 12pm on a Thursday for Monday bookings, will incur a 20% surcharge from the base listed charge. <p>All cancellations of casual bookings will still be charged at full rates and marked as absent unless 72hrs notice, or before 12pm on a Thursday for Monday bookings, has been given in writing to the Centre.</p>	10% Surcharge
Late Collection Fee	
<p>If you drop off or collect your child outside of your chosen session, you will be moved into the appropriate session and charged accordingly.</p> <p>Failure to collect children by 6:00pm will attract a penalty fee</p> <p>Note: Child Care Subsidy (CCS) is not paid on penalty rates.</p>	\$5.00 per 1 min late per child.

NOTE: Parents can check their child's attendances submitted/claimed on the <https://my.gov.au> website. All ELC enrolments will incur a \$99 Admin Acceptance Fee which is non-refundable and must be paid within 14 days of acceptance.

Absences (for booked care only)

- » Fees are charged for absences of booked care.
- » CCS is paid for 42 absences across all services the child uses, per financial year.
- » CCS can be claimed up to a maximum of ten consecutive weeks.
- » For holidays/extended leave, fees need to be paid and absences authorised in advance.

Termination of Care

Cancellations of permanent bookings must be made 2 weeks prior to the booking or full charges will be incurred. Parents who have enrolled their child/ren into the 4YO Extension Program acknowledges that they are committing to the program from the date of enrolment until the end of the school year (Term 4).

All bookings will be suspended if fees owed are more than \$300 or exceed 14 days.

** Note: CCS cannot be claimed for any absences after a child's last day in care.

Compliant Written Agreement

Name: _____ Date of Birth: _____ Age: _____

Name of Parent/Guardian: _____

This information is to be read in conjunction with the Service Agreement and the Fee Schedule which together, form the **Compliant Written Agreement** consistent with the guidelines for the implementation of the new Child Care Subsidy.

Childcare Provider:

Company: Star of the Sea Early Learning Centre

Phone: (08) 9553 9514

Email: elc@sots.wa.edu.au

Address: Swinestone Street, Rockingham, WA 6168

Website: www.starofthesea.wa.edu.au

ABN: 62 421 100 673

Service ID: SE-40015502

myGov:

Have you obtained a myGov account (please circle) Yes/No

Have you completed a Child Care Subsidy Assessment (please circle) Yes/No

Type of Care

What type of care are you seeking (please circle)

a) Routine care – Set days per week

b) Casual care (must give a min of 48 hours' notice or will be classified as a late booking)

Dates of Care

Planned date that care will commence: _____

Planned date that care will cease (if known): _____

Care Schedule and Sessions:

Please circle your routine care days. A session for Long Day Care can be either 9, 10 or 12 hours per day.

Please note the Kindy Extension Program is only available Thursday and Fridays to current SOTS enrolled kindergarten children. The Kindergarten Extension Program will operate from Term 1 to Term 4 with families committing to the 4 school terms when enrolling into the program.

Type of Care and Opening Hours	Day of the Week				
Long Day Care 7:30am – 4:30pm (9hrs)	Monday	Tuesday	Wednesday	Thursday	Friday
Long Day Care 7:00am – 5:00pm (10hrs)	Monday	Tuesday	Wednesday	Thursday	Friday
Long Day Care 6:00am – 6:00pm (12hrs)	Monday	Tuesday	Wednesday	Thursday	Friday

Privacy Agreement

Star of the Sea Early Learning Centre, located at Swinstone Street, Rockingham, maintains enrolment details and records of attendance, fee payment, medication administered and information about the development, well-being and health of each child while attending the service. This enables us to plan and program for your child's needs and ensure we meet all of our legislative and regulatory responsibilities.

Star of the Sea Care Centres (OSHC & ELC) may share information with Star of the Sea Catholic Primary School if it is deemed necessary to do so.

Information provided by you for this purpose will be treated respectfully and confidentially. All personal, sensitive and health information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

Failure to provide the required information may result in non-acceptance of your child's enrolment.

Only authorised staff members who directly require your information for professional purposes will have access to it. Families are able to access their information upon request.

Information may be disclosed to relevant authorities to confirm our compliance with childcare and Child Care Subsidy laws.

Declaration

I/We hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at the centre.

Parent / Guardian (1) Name: Date:

Signature of Parent/Guardian (1):

Parent / Guardian (2) Name: Date:

Signature of Parent/Guardian (2):

Registration Agreement - Please tick all boxes of consent

- I agree to pay my fees through EZIDEBIT and have read and completed the required documentation.
- I have received and read the family handbook and I understand any updates to policy will be displayed on the notice board or in the centre newsletter.
- I understand that I need to comply with all Government requirements in relation to the Centre and its service.
- I will advise the Centre as soon as practicable of any updates to my circumstances and/or enrolment information. I also understand that the School and Care Centres may at times share enrolment and academic details between each other.
- I understand that it is my responsibility to fulfil any obligations required to receive Child Care Subsidy (CCS).
- I agree to pay my fees one week in advance as determined by the fee payment policy. If my fees are dishonoured, I understand I have 3 days to rectify the payment.
- I am aware that any failure to pay fees may result in cancellation of my child's place at the centre.
- I am aware that fees will be reviewed annually, and I will receive a minimum of two (2) weeks' notice of any changes being made.
- I am aware that two weeks' notice in writing of cancellation of care for a permanent cancellation must be given in advance for all full-time bookings in LDC.
- I understand that for any casual bookings I must pay fees for any booked days that I have not cancelled at least 48 hours in advance. Late bookings within 48hrs notice of my child starting will incur a 5% surcharge.
- I am aware that I must pay for any public holidays that fall on a day my child is booked to attend. I will also be responsible for payment on any days my child is sick or absent from care.
- I understand that a system of payment for late collection operates at the centre (\$1 per minute per child) and that I am responsible for the payment of any fees incurred.
- I am aware of the services opening and closing times (6.00am – 6.00pm)
- I am aware that my child will be excluded from care at the centre if they have a communicable or infectious disease. I understand that my child will be accepted back into the centre once the exclusion guidelines have been met and a Doctors medical clearance has been provided to the service.
- I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by centre staff.
- I have presented the centre with a copy of my child's current immunisation details and birth certificate.
- I have read and understand the Privacy Statement.
- The Centre reserves the right to cancel care if it considers doing so would be in the best interest of the Centre. Two weeks' notice of cancellation of care will be provided and any outstanding fee credits reimbursed up conclusion of care at the centre.
- I acknowledge that the Kindergarten Extension Program operates from Term 1 to Term 4 and I understand that I am committing to the 4 school terms when enrolling into the program.
- I have read the registration agreement and agree to adhere to the above conditions and policies.

Parent/Guardian Name:

Date

Signature