



ENROLMENT FORM 2014

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www.mintchildcare.com.au

CHILD: First Name: _____ Surname: _____ Gender (M/F) ____

Child's Address: _____

Date of Birth: _____ Place of Birth: _____

Centrelink CRN # _____

Previous Childcare Centres/pre-schools attended: _____

PARENT/GUARDIAN: First Name: _____ Surname: _____

Centrelink CRN #: _____

Ph.(Home): _____ Ph.(Mobile): _____

Address (Home): _____

Ph (Work): _____ Address (Work): _____

Drivers Licence No: _____ Date of Birth (FAO requirement): _____

E-mail: _____

I am happy to receive email communication from Mint Child Care & Kindy that is relevant to me or my child

OTHER PARENT/GUARDIAN: First Name: _____ Surname: _____

Ph.(Home): _____ Ph.(Mobile): _____

Address (Home): _____

Ph (Work): _____ Address (Work): _____

Office use only:

Immunisation copied and attached to enrolment form

Data entered into Qik Kids

Diary updated with child's start date

Birth Certificate sighted

Care plan & relevant info provided to room leader

Direct Debit form received

Name of team member: _____

Date: _____

CUSTODY OF THE CHILD:

1. Have any court orders been made regarding the child? (Y/N)
 - *If yes*, please provide copies of all court orders relating to the child including any court proceedings still pending.
 2. Are there any custody disputes concerning the child? (Y/N)
 - *If yes*, please provide details _____
-

Other persons authorised to collect your child from *Mint Child Care & Kindy* or to be contacted in the case of an emergency:

First Choice:

Second Choice:

Third Choice:

Name: _____	_____	_____
Relation: _____	_____	_____
Ph.(H): _____	_____	_____
Ph.(M): _____	_____	_____
Ph.(W): _____	_____	_____
Address: _____	_____	_____
_____	_____	_____

PHOTOGRAPHS:

At Mint Child Care & Kindy we take photos of children's participation in experiences to use within the centre in our day books, curriculum programming and observations and creating displays and activities. Should you have any questions or concerns about the use of photos within the centre, please see a team member. You may opt out by ticking below box.

Opt out of photos to be used within the centre

We also update our Facebook page, which is available for viewing by families, friends and community who 'like' the page. It is a great way to see what your children are doing each week in the centre. Children's and families names are not used to protect privacy. Should you have any questions or concerns about the use of photos within the centre, please see a team member. You may opt out by ticking below box.

Opt out of photos to be used on the Mint Facebook page

MEDICAL AND HEALTH INFORMATION

Family Doctor Name: _____ Phone: _____

Address: _____

Medicare Number: _____ Ambulance Health Fund Number: _____

Which communicable diseases have your child had?

German measles YES NO

Chicken pox YES NO

Mumps YES NO

Whooping cough YES NO

Other: (give details) _____

Any serious illness or hospitalization? YES NO

Any physical disabilities? YES NO

Any food allergies? YES NO

Any known allergies? YES NO

Have they convulsed with a temperature? YES NO

Is your child taking regular medication? YES NO

Any asthma or recurrent chest infections? YES NO

Details of any other special needs? _____

Medical Attention Consent:

I hereby give permission to Mint Child Care & Kindy to call for medical advice from the above mentioned doctor in case of emergency, using my Medicare Number. When permission to use Medicare Number is not granted, or medical fees exceed the Medicare benefit, I shall pay any expense incurred for medical treatment and transport.

Signed: _____ (Parent / Guardian)

Administering Medication:

Mint Child Care & Kindy will administer medication including Panadol if we have written consent from the child's parent or guardian. Medication must be provided in advance by the parent/guardian. *Please ask your carer for a Medical Consent Form to complete if this is required.*

IMPORTANT NOTE:

A child cannot be accepted into the Centre with signs of a Communicable Disease or condition, which may prejudice the health of others.

DAYS REQUESTED FOR CARE *(please tick)*

Monday	Tuesday	Wednesday	Thursday	Friday

Commencement date for care: _____

If attending School please advise:

Name of school: _____

Which year is the child in?: Kindy / Pre-Primary / Other: _____

Class room number / name: _____ Teachers Name: _____

Days attending school:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					

- I hereby give permission for my child to be transported to and from their school and the centre under the supervision of Mint Child Care & Kindy employee/s in their vehicle.
- I agree that my child may be taken on excursions. I understand that I will be asked for my written authority in each case.
- I have received a copy of the Parent Handbook for Mint Child Care & Kindy.

CONDITIONS OF ENROLMENT:

1. All enrolments are taken to be on an ongoing and continuous basis. Cancellation or changes to permanent booked days requires two weeks paid notice. Swapping of days is not permitted but additional ad-hoc days can be added if there is availability.
2. Fee payments are required one week in advance of the current week and must be paid via Savings account or Credit Card direct debit via Ezi Debit.
3. Child Care Benefit (CCB) shall be deducted from fees where applicable.
4. Full payment of fees is required for non-attendance, e.g. family holidays, sickness and public holidays.
5. Fees may change from time to time. You will be notified in writing with sufficient time to make the necessary adjustment. Where possible one full month's notice will be given.
6. Full fees are payable until receipt of approval from Centrelink. You are responsible for renewing your Child Care Benefit details with Centrelink as required.
7. Fees more than 2 weeks in arrears may be subject to a \$10 per week charge to cover additional administration expense. Fees more than 3 weeks in arrears may result in cancellation of care.
8. A late fee of a \$1 per minute will be charged if your child has not been collected by the centres closing time; payable direct to the carer who remained with your child. You need to notify the centre if you are going to be late.

9. Any expense, legal or otherwise, incurred by the Centre in order to recover any outstanding or overdue fees, will be payable by the parent / guardian.
10. Child's immunisation must be kept up to date and proof of immunisation must be presented prior to commencement

FEE PAYMENT

Please nominate your preferred payment below and complete the direct debit authority attached.

Savings / Cheque account direct debit

Credit Card direct debit

FREQUENCY: Weekly Fortnightly

SELECT DAY: Mon Tues Wed Thu Fri

For Week Commencing: (Date) _____/_____/_____

AGREEMENT

I/we have read all five pages of the enrolment form and agree to be bound by the terms and conditions outlined.

All parents/guardians please sign:

Signed (Parent/Guardian 1): _____ Date: _____

Signed (Parent/Guardian 2): _____ Date: _____

YOUR NEXT STEPS

1. To confirm your child's place at Mint Child Care & Kindy, please complete and return:
 - Enrolment Form
 - Copy of your child's birth certificate
 - Copy of your child's up-to-date immunisation records
 - Direct Debit Authority. *NB: Your first 2 weeks of care are payable upfront, less any expected Child Care Benefit*
2. Notify Centrelink (Ph. 13 61 50) to direct your Child Care Benefits, Rebates and Subsidies to be directed to Mint Child Care & Kindy. This will reduce your upfront out-of-pocket fee expense.

SETTLING IN

Your Mint Child Care & Kindy Educators and carers can discuss with you how best to settle in your child. You are welcome to spend time with your child/ren at Mint Child Care & Kindy either before or after your paid enrolment commences, so they can start to become familiar with the centre, carers and other children. We welcome the involvement of families to the extent they are willing and able to contribute. Once care has commenced, your child's educators and carers will be sure to keep you informed of your child's day and how they are settling in.



INTRODUCTION & ORIENTATION FEEDBACK

Understanding the best way to introduce your child and family to our centre and child care generally can be overwhelming for many people. At Mint Child Care & Kindy we are continually seeking ways to make the experience as smooth and enjoyable as possible for both the child and family.

To help us, we value your feedback on how you found your first experiences with Mint Child Care & Kindy. A short questionnaire follows; please feel free to give as much or as little feedback as you like.

We have included a rating scale from 1 to 5. For example:

- a rating of 1 indicates dissatisfaction and/or an area for improvement.
- a rating of 5 indicates complete satisfaction and/or exceeding your expectations.

Initial Contact	lowest > highest
Did the person on the phone introduce themselves	N/A 1 2 3 4 5
Was the person on the phone polite & easy to understand	N/A 1 2 3 4 5
Did the person on the phone provide a description of Mint Child Care & Kindy	N/A 1 2 3 4 5
Did the person on the phone answer your questions	N/A 1 2 3 4 5
Where you invited to visit Mint Child Care & Kindy	Yes / No

Visit	
Did your host meet you expectations in showing you the centre	N/A 1 2 3 4 5
Did you feel welcome when you were at Mint Child Care & Kindy	N/A 1 2 3 4 5
Was the centre clean and well presented	N/A 1 2 3 4 5
Did your child feel welcome when visiting	N/A 1 2 3 4 5
Was your child encouraged to play / join an activity	N/A 1 2 3 4 5
Where you invited to visit with your child before starting	N/A 1 2 3 4 5
Did you meet the key staff who would be looking after you child	N/A 1 2 3 4 5

Getting Started	
Were you given a good understanding of what to pack for your child's day	N/A 1 2 3 4 5
Was the sign in and out process explained	N/A 1 2 3 4 5
Was the Child Care Subsidy Benefit explained	N/A 1 2 3 4 5
Did we explain and quote fees for you	N/A 1 2 3 4 5
Were we able to answer any questions you had	N/A 1 2 3 4 5

Your comments:

Your Name: _____ **Date:** _____



CHILD'S INDIVIDUAL CARE PLAN

Child's Name: _____ DOB: _____

Parent/Guardians Names: _____

Sleeping:

Daily sleeping patterns (time/length) _____

How does your child sleep? Back Side Tummy

Comforters? (type/when used) _____

Eating:

Foods liked: _____

Foods disliked: _____

Food and/or other allergies? _____

Drink from a cup (Y / N)

What does your child drink? Breastmilk Formula Cows Milk Water Other: _____

Meal routine (Times/Amount) _____

Toileting:

Potty/Toilet trained? (Y / N) Detail: _____

Behaviours:

Details of any difficult behaviours (i.e. biting, tantrums, breath holding etc) _____

Child's fears/anxieties? _____

Child's interests (i.e. favourite toys/activities etc) _____

Family and Background:

Main language at home: _____

Cultural/religious information (including special events celebrated or not celebrated): _____

Special needs or other relevant information for your child: _____



ACN 096 902 813 | AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.3)

DDR Service Agreement (Ver 1.3)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the attached Direct Debit Request (herein referred to as "the Business").

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/We have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/We will contact my/our financial institution if I/We are uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/We agree that Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:-

- (1) there is a public or bank holiday on the day of the debit, or any day after the debit date;
 - (2) a payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
 - (3) a payment request is received after normal Ezidebit cut off times, being 4:00pm Queensland time, Monday to Friday.
- Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/We will contact the Business if I/We wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/We agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

You appoint Ezidebit as your exclusive agent with regard to the control, management and protection of your personal information (relating to the Business and contained in this DDR Service Agreement). You irrevocably authorise Ezidebit to take all necessary action (which we deem necessary) to protect your personal information, including (but not limited to) prohibiting the release to or access by third parties without our consent.

You hereby irrevocably authorise, direct and instruct any third party who holds/stores keeps your personal information (relating to the Business and contained in this DDR Service Agreement) to release and provide such information to Ezidebit on our written request.

Credit Card Payments

I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Ezidebit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, or as otherwise required by law. Further information relating to Ezidebit's Privacy Policy can be found at www.ezidebit.com.au

I/We acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request.

I/We authorise:

- a) Ezidebit to verify details of my/our account with my/our financial institution; and
- b) my/our financial institution to release information allowing Ezidebit to verify my/our account details

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