

Enrolment Form

Montessori Manor

Child Details

Surname: _____ Given Names: _____

Usually called _____ Date of Birth: _____ Sex: (Please circle) Male/ Female

Address: _____ State: _____ P/C: _____

Is the child of Aboriginal and/or Torres Strait Island Origin? (please circle) No Yes

Country of birth _____ Language spoken at home _____

Proposed Start Date: _____

Days Required: (please circle) Monday Tuesday Wednesday Thursday Friday

Do you require late sessions (3.30-5.30) _____

Contact Details for the Child's Parents or Guardians

Contact Details -

Miss Ms Mrs Mr Other _____

Name _____

Address _____

Telephone (H) _____

Telephone (M) _____

Email Address _____

Relationship to the Child _____

Country of birth _____

Authorised to Collect the Child? Yes No

Employment; Child's Parents or Guardians

Primary Guardian _____

Employer Name _____

Address _____

Telephone (W) _____

Occupation _____

Contact Details -

Miss Ms Mrs Mr Other _____

Name _____

Address _____

Telephone(H) _____

Telephone (M) _____

Email Address _____

Relationship to the Child _____

Country of birth _____

Authorised to Collect the Child? Yes No

Secondary Guardian _____

Employer Name _____

Address _____

Telephone (W) _____

Occupation _____

Other Persons Authorised to Collect your child or notified in an Emergency

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions when the child has an accident, injury or illness and the parents or guardians cannot be contacted. If this situation should arise, a staff member will need to contact an alternate person who is authorised to collect and care for the child. Personal identification will be required from these people in order to collect your child on your behalf. This list can be added to or changed throughout your child's enrolment. Any one not detailed below will not be permitted to collect your child without prior permission.

1st contact Name _____ 2nd contact Name _____

Address _____ Address _____

Telephone (H) _____ Telephone (H) _____

Telephone (M) _____ Telephone (M) _____

Telephone (W) _____ Telephone (W) _____

Relationship to the child _____ Relationship to the child _____

3rd contact Name _____ 4th contact Name _____

Address _____ Address _____

Telephone (H) _____ Telephone (H) _____

Telephone (M) _____ Telephone (M) _____

Telephone (W) _____ Telephone (W) _____

Relationship to the child _____ Relationship to the child _____

Family Details

Please provide details of any siblings or other family members that live in your household.

1. Name: _____ Relationship: _____ DOB: _____

2. Name: _____ Relationship: _____ DOB: _____

3. Name: _____ Relationship: _____ DOB: _____

4. Name: _____ Relationship: _____ DOB: _____

5. Name: _____ Relationship: _____ DOB: _____

Health Information

Family Doctor's Name: _____

Family Doctor's Address: _____

Family Doctor's Telephone: _____ Child's Medicare Number _____

Private health cover (circle) yes / no

Ambulance cover (circle) yes / no

Does your child have **anaphylactic reactions or asthma** (please circle)

If yes please provide a medical management plan, which the child's medical practitioner has prepared.

If you answer yes to any of the questions below you must provide a **supporting letter from your local doctor**.

Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any):

Other Allergies (please detail and specify the signs/symptoms to be aware of, if any)

— Does your child have a history of illnesses or injuries? No (go to the next question) Yes (please provide details)

Does your child have any current medical conditions? No (go to the next question) Yes (please provide details)

Is your child currently on any prescribed medications? No (go to the next question) Yes (please provide details)

Does your child have any special needs? No (go to the next question) Yes (please provide details of management below)

Any religious/ cultural dietary needs

Make-up session policy

Fees for Public Holidays

Public Holidays are charged at the normal daily fee rate and complimentary make-up days will be available.

Holidays

Fees will be suspended for one holiday period per year, if **two weeks notice** is given in writing.

Sick leave

Make-up days will be given for sick days if we receive notice via text by 5pm the day before missed session.

Make-up days are to be used within two weeks of missed session

Booking replacement session is the responsibility of the carer not the centre.

All make up days are to be booked on the text line.

Text line 0490 798912

I/We are aware of Montessori Manors policy for missed sessions and make up days.

Name _____

Sign _____

Date _____

COURT ORDERS

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	

Please note that without this documentation we cannot legally enforce the Order/s.

IMMUNISATION DETAILS

I have chosen not to have my child immunised.	Yes/No	Attached
	Please note: Approved documentation must be provided before your child can attend <i>See Immunisation Policy</i>	
Are your child's immunisations up to date?	Yes/No	Attached
	Please provide a copy of your child's: Immunisation History Statement provided by Medicare	

TRANSITION TO SCHOOL

<p>Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school?</p> <p>Name of School: _____</p> <p>Date commencing _____</p> <p>Permission to exchange information: Yes/No</p>	Signature:	

WRITTEN ARRANGEMENTS:

A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

This Written Arrangement between _____ and Montessori Manor is an ongoing agreement between Montessori Manor and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

Arrangement Type:	CWA	RA	ACCS	Arrangement with an organisation	
Name of Service:	Montessori Manor				
Service ID:	19008762S				
Parent/Guardian Full Name:					
Parent/Guardian Date of Birth :					
Parent/Guardian Contact Details:					
Parent CRN:					
Date the arrangement was entered:					
Full Name of Child attending care:					
Child's Date of Birth:					
Child CRN:					
Expected Session of Care:	Mon	Tues	Wed	Thurs	Fri
Start time for Session: 0800					
End time for Sessions: 3.30or 5.30					
Care Arrangement:	Routine Care				
Fees to be charged to the individual for the sessions of care provided	\$80 standard day 8.00 am – 3.30pm \$95 Long day 8.00 am- 5.30pm				

Note: Proposed fees can be detailed by reference to other material (such as fee schedule or newsletters) Parties understand and are aware fees may vary from time to time.

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

HEALTH & SAFETY:

I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO

PHOTOGRAPHY & VIDEO:

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- I / We agree to maintain our fees as per the centre's fee policy. We will ensure our fees are kept up to date by making payments on the required day via Debit Success or as agreed with the Centre. I / We are aware that failure to pay due fees within 14 days may result in the cancellation of care at the Centre's option. Where a direct debit arrangement has been entered into, I/we authorise the centre to make withdrawals from my/our nominated account as specified in the Direct Debit Request Form, as determined the centre in accordance with the terms and conditions herein and in any subsequent agreement with the centre.
- I/we acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us.

- I/ We understand that any costs incurred by the centre in collecting any arrears owed may be charged to my/our account.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of **\$15.00 per 15-minute block** or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to giving two weeks written notice to withdraw my child or reduce booked days
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their caregivers and centre staff to a safety zone for evacuation purposes. (Please refer to the Centres Evacuation Plans and Procedures for information.)
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.
- I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I have read the Parent Handbook and am familiar with the Service's Policy Manual located **in the foyer**. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.
- I have provided accurate and up to date information on the Written Arrangement

By signing this form I/we declare and confirm:

- I / We are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form, and any other policies and procedures advised by the centre either directly or by making them available for perusal.

Signed: _____ Name: _____ Date: __ / __ / ____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Privacy Disclaimer

We acknowledge and respect the privacy our clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

Kept me

Parental Consent Form

What is Kept Me?

Our Centre is using Kept Me, a revolutionary online platform that allows educators and parents to jointly view and contribute to their child's educational journey in a private, secure and interactive environment!

As an educator using Kept Me, we can:

Capture

each child's daily routines & learning experiences

Produce

consistent reports, portfolios and slideshows with ease

Notify

parents of their child's development and share their journey

Engage

and collaborate with parents, one on one

kept me app

In the next few days, you will receive a registration email sent from KeptMe, together with some information explaining how to access the service. It's important that these links are not shared with anyone else as they offer exclusive access to each guardian. For security reasons, these registration links will only remain active for a few days.

We need your consent!

Please return a signed copy of this form:

I, _____ [print your name]

as the parent or legal guardian of the below named child

authorise staff to capture images & information pertaining to

_____ [print child's name] date of birth _____

For the purposes of documenting my child's educational journey using the KeptMe service.

I understand that photos/information/footage captured by educators may include other individuals, for example, other children interacting with my child. In these cases, I agree not share or distribute these photos in the interests of other children's privacy.

Signed by parent / guardian: _____ Date _____

I

authorise

the following two guardians to gain access to KeptMe for the purposes of accessing the above named child's information

users]:

1.

_____ 2 _____



ABN 32 095 551 581
APCA ID 184534 | AFSL 338256

DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR Authorisation Form.

INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) APCA User ID 184532 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business).

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the DDR Authorisation Form, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the DDR as instructed by the Business.

RELATIONSHIP

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has no express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

CLEARED FUNDS

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment ("Day to Debit") to enable the direct debit to be honoured on the Day to Debit. 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 when the debit is attempted, I/we agree that I/we will be responsible for any fees and charges that may be charged by my/our Financial Institution.

VARIATIONS TO DEBIT TERMS

I/We authorise the Business to vary the amount of the payments from time to time if provided for within my/our agreement with the Business. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

CANCELLING THESE DEBIT TERMS

I/We understand that I/we are able to cancel this DDR by requesting this of the Business or my/our Financial Institution, and I/we acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/we have agreed to.

NON WORKING DAY

When the day to debit falls on a weekend or public holiday the debit will be initiated on the next working day.

DISHONoured PAYMENTS

I/We acknowledge that:

- (a) if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any Debitsuccess fees and charges (currently up to \$14.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); and
- (b) Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

ACCURACY OF INFORMATION

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the DDR Authorisation Form are correct and that Debitsuccess is not liable to the extent that any such details are wrong and this causes a required payment to be missed. In addition, where I/we are paying the required payments by credit card and have entered the details of the credit card on the DDR Authorisation Form, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this Agreement to the extent that the credit card has expired, and that it is wholly my/our responsibility to provide details of any replacement credit card to Debitsuccess via the Business.

DISPUTES

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to direct any such dispute to my/our Financial Institution.

OTHER AUTHORISATIONS

I/We authorise:

- (a) The Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- (b) The Financial Institution to release information allowing Debitsuccess to verify my/our account details.

INFORMATION SECURITY

Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the DDR (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

Debitsuccess will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact

Debitsuccess Pty Ltd.
PO BOX 5567, Stafford Heights QLD 4053
Phone: 1800 956 959
E-mail: qkclients@debitsuccess.com

Getting to know you

Child's full name	
Preferred name	
Has your child had regular separations from you?	Yes / No
If so does he/she separate easily?	Yes / No
Do you have any concerns re your child's separation?	
How does your child like to be comforted?	
Sibling names and ages	
Pet's & their name's	
Are there any areas of your child's development that concern you?	
Interests and activities that you share as a family	
Celebrations that are important to your family.	
Dietary requirements	
Any other information about your child that you would like to share with us?	