

WELCOME TO

DinkyD;

children's learning centres



50 Gorokan Drive, Lake Haven NSW 2263

YoYo Co PTY LTD ABN 57806405085

ENROLMENT FORM *Confidential*

Child's First Name: _____ Middle Name/s: _____

Surname: _____ Date of Birth: ___/___/___ Male: Female:

Former names/other names (if applicable): _____

Address: _____ Post Code: _____

Home Phone: _____ Enrolment Month: _____ Enrolment Year: _____

Bill Fees To: Mother: Father: Other:

Legal Guardian: _____ Child's CRN: _____

(All parties who are signatories' to this enrolment form are liable for the payment of fees & charges.)

Are there any court orders affecting contact with or residency of the Child? YES NO

If YES a copy of any court order is to be provided!

Indigenous Status (if applicable): Aboriginal Torres Strait Islander Neither

Child's Ethnic/Cultural background: _____

Religious or Cultural practices to be observed at the service for the child: _____

Child's Primary Language: _____ Child's Secondary Language: _____

Days Monday Tuesday Wednesday Thursday Friday

From: 7:00am 7:30am 8:00am 8:30am 9:00am 9:30am 10:00am

To: 3:00pm 3:30pm 4:00pm 4:30pm 5:00pm 5:30pm 6:00pm

CHILD'S IMMUNISATION DETAILS:

Please supply a copy of your child's ACIR statement.

CHILD'S BIRTH CERTIFICATE:

Please supply a copy of your child's birth certificate.

PARENTS INFORMATION

Mother's Given Name: _____ Surname: _____

Former names/other names (if applicable): _____

Mother's Date of Birth: ___/___/___ CRN: _____

Address: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Car Registration No: _____ Make: _____ Model: _____

Mother's Primary language: _____ Email: _____

Mother's Place of Employment: _____

Work Phone: _____ Occupation: _____

N/A: Full Time: Part Time: Casual: Hours: _____

Father's Given Name: _____ Surname: _____

Former names/other names (if applicable): _____

Father's Date of Birth: ___/___/___ CRN: _____

Address: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Car Registration No: _____ Make: _____ Model: _____

Father's Primary language: _____ Email: _____

Father's Place of Employment: _____

Work Phone: _____ Occupation: _____

N/A: Full Time: Part Time: Casual: Hours: _____

CHILD'S MEDICAL INFORMATION

Is your child on regular medication or have any disabilities, food sensitivities or allergies? YES NO

If yes, please give details: _____

Please list any treatment response plans you have taken for your child's medical condition.
(eg Anaphylaxis or Asthma Action Plans): _____

Is there any other information you wish us to know about your child? _____

Has your Child had any of the following?
Measles Mumps German Measles Chicken Pox Ear Infection
Throat infection Hepatitis Other _____

MEDICAL EMERGENCY DETAILS

Doctor's Name: _____ Phone: _____

Address: _____

Release Medical Information from Doctor? YES NO

Dentist's Name: _____ Phone: _____

Address: _____

Release Medical Information from Dentist? YES NO

Religious Requirements in case of Accident: _____

In the event of a serious emergency, illness or accident concerning my child, I consent to the Centre seeking medical, dental, hospital or ambulance attention for my child including ambulance transportation if need be. I accept liability for medical expenses and Ambulance as may be incurred if required.

Mother's Signature: _____ Date: ____/____/____

Father's Signature: _____ Date: ____/____/____

For above purposes could you please supply the following details.

Medicare Number: _____ Private Health Insurance Details: _____

Are you in an Ambulance Fund: YES NO Fund Name: _____

EMERGENCY CONTACT DETAILS

List at least 2 people authorised to collect your child and at least 2 people that we may call if we cannot find you in an emergency. These may be the same people for both.

FIRST CONTACT:

Name: _____ Relationship to Child: _____

Mobile Ph: _____ Home Ph: _____ Work Ph: _____

Daily Pick Up Emergency Release Medication Authorisation Excursion Authorisation
YES NO YES NO YES NO YES NO

SECOND CONTACT:

Name: _____ Relationship to Child: _____

Mobile Ph: _____ Home Ph: _____ Work Ph: _____

Daily Pick Up Emergency Release Medication Authorisation Excursion Authorisation
YES NO YES NO YES NO YES NO

THIRD CONTACT:

Name: _____ Relationship to Child: _____

Mobile Ph: _____ Home Ph: _____ Work Ph: _____

Daily Pick Up Emergency Release Medication Authorisation Excursion Authorisation
YES NO YES NO YES NO YES NO

FOURTH CONTACT:

Name: _____ Relationship to Child: _____

Mobile Ph: _____ Home Ph: _____ Work Ph: _____

Daily Pick Up Emergency Release Medication Authorisation Excursion Authorisation
YES NO YES NO YES NO YES NO

In enrolling my child, I hereby agree to all Dinky Di Morisset Centre policies and procedures pertaining to the care of my child. Some policies can be found in the information Booklet. All policies can be found in Policies Manuals located in the Centre Library or Home Rooms.

Mother's Signature: _____ Date: ____/____/____

Father's Signature: _____ Date: ____/____/____

Guardian's Signature: _____ Date: ____/____/____

PAYMENT OF FEES

ENROLMENT FEE:

To secure your child's position at Dinky Di Children's Learning Centre Lake Haven, an enrolment fee of \$44.00 (including GST) will be required when a position becomes available. This fee is payable per family. The enrolment fee becomes an annual fee to cover administration costs associated with the re-enrolment and placement of your child. The enrolment fee is non refundable should you terminate your child's position at the centre.

CHILD CARE FEES:

Child Care fees are calculated on a daily basis and are payable two weeks in advance. Your family may qualify for Child Care Benefit (CCB), which is administered by Centrelink. The percentage of CCB your family may be eligible for, will depend on your household income and your family's circumstances. Therefore, if your family qualifies for CCB, your daily fee is reduced by the amount of CCB calculated by Centrelink. It is the responsibility of each family to apply to Centrelink for CCB.

Each family is responsible for the full payment of the daily fee, until such time as your CCB percentage is processed by Centrelink. We therefore recommend you apply to Centrelink for CCB at least five (5) days prior to the commencement of care for your child. At Dinky Di Children's Learning Centre Lake Haven, we accept cash, cheques, eftpos, Internet and Credit Card payments.

To cover our expenditure, fees must be paid for the days your child is booked into the centre, including times when your child is absent due to illness or holidays. Fees are required to be paid should your child's day of care fall on a public holiday. Child care benefit still applies for any day of absence (limited to 40 absences), including Public Holiday Centre closure.

FAILURE TO PAY CHILD CARE FEES:

Overdue fees will incur a charge by way of an additional fee of \$10.00 per account. Fees & charges overdue by in excess of two (2) weeks, will automatically cancel your child's position.

Should it be necessary to refer the recovery of a debt due by you to a mercantile agency for recovery, you will be liable to pay all legal fees and associated costs of collection, including but not limited to, a management fee representing not more than 20% (plus GST) of the debt then due by you.

PRIVACY STATEMENT:

You acknowledge that by signing this contract, you are authorising us to provide your name, employment, contact details, and any other personal information, to a credit reporting agency, or mercantile agency, in the event that you default in the payment of your child care fees.

Guardian's Signature: _____ Date: ____/____/____

Mother's Signature: _____ Date: ____/____/____

Father's Signature: _____ Date: ____/____/____

**Please note that all information supplied will be kept confidential.*

On behalf of the management and staff of Dinky Di Children's Learning Centre, we thank you and we welcome your family! We promise to do our best to give your little one a safe and amazing environment to grow & learn in!

If you have any further questions, please dont hesitate to contact us.

How did you hear about our services (Please circle): Word of Mouth Letter Box Flyer Internet Newspaper Magazine

Other: _____