

CHILDCARE ENROLMENT FORM

Please attach a
passport size photo
of your child here.

CHILD'S NAME: _____

Karawara Early Years Centre

61 Lowan Loop, Karawara WA, 6152
Monday – Friday 7:15am - 6:00pm

Kewdale Early Years Centre

23 Paterson Road, Kewdale WA, 6105
Monday – Friday 7:30am - 6:00pm

Leeming Learning Centre

55 Farrington Road, Leeming WA, 6149
Monday – Friday 8:15am – 4:45pm



DOCUMENT CHECKLIST

Please ensure ALL of the following
documents are attached to this
application before submission:

- Child's birth certificate
- Immunisation record
- Parent One CRN eligibility letter
- Photo identification of all parents
and emergency contacts
- All other relevant documentation



WWW.GOWRIE-WA.COM.AU



FACEBOOK.COM/GOWRIEWA



GOWRIEWA

Comments/Details	
Home Address	
Post Code	
Home Phone	Mobile Phone
Occupation	
Organisation Name	
Work Address	
Post Code	
Work Phone	Email

SECOND PARENT

Title	First Name(s)		
Surname			
Relationship to Child			
Date of Birth	/	/	Country of Birth
Does the child live with you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Shared Care <input type="checkbox"/>
Comments/Details			
Home Address			
Post Code			
Home Phone	Mobile Phone		
Occupation			
Organisation Name			
Work Address			
Post Code			
Work Phone	Email		

THIRD PARENT

Title	First Name(s)		
Surname			
Relationship to Child			
Date of Birth	/	/	Country of Birth
Does the child live with you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Shared Care <input type="checkbox"/>
Comments/Details			
Home Address			
Post Code			
Home Phone	Mobile Phone		
Occupation			
Organisation Name			
Work Address			
Post Code			
Work Phone	Email		

EMERGENCY/AUTHORISED PERSON CONTACTS

In case of an emergency, Gowrie WA will contact the parents/guardian in the first instance. If we are unable to contact the parent/guardian, we will contact the following people you have provided, in the order that they are listed.

Please attach a copy of legal photo ID of each emergency/authorised person to ensure your child never leaves the premises with someone unauthorised to have them.

PERSON ONE

Title	First Name(s)
Surname	
Relationship to Child	
Home Address	
Post Code	
Home Phone	Mobile Phone
Work Phone	Email
Tick boxes to authorise: Pick-up <input type="checkbox"/> Drop-off <input type="checkbox"/> Emergency <input type="checkbox"/>	
Person one signature X	

PERSON TWO

Title	First Name(s)
Surname	
Relationship to Child	
Home Address	
Post Code	
Home Phone	Mobile Phone
Work Phone	Email
Tick boxes to authorise: Pick-up <input type="checkbox"/> Drop-off <input type="checkbox"/> Emergency <input type="checkbox"/>	
Person two signature X	

PERSON THREE

Title	First Name(s)
Surname	
Relationship to Child	
Home Address	
Post Code	
Home Phone	Mobile Phone
Work Phone	Email
Tick boxes to authorise: Pick-up <input type="checkbox"/> Drop-off <input type="checkbox"/> Emergency <input type="checkbox"/>	
Person three signature X	

COURT and/or CUSTODIAL ORDERS

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

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

Please attach a copy of all relevant documentation. Without copies of current court orders or legal documentation, staff and educators of Gowrie WA cannot enforce parents' requests.

ABOUT YOUR CHILD - MEDICAL INFORMATION

Family Doctor Title	First Name(s)
Surname	
Clinic or Medical Centre Name	
Address	
	Post Code
Contact Phone	

Family Dentist Title	First Name(s)
Surname	
Clinic or Dental Surgery Name	
Address	
	Post Code
Contact Phone	

Medicare Number	Ambulance Cover	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Health Insurance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Health Insurance Number
Health Insurance Fund Name			

CHILD HEALTH INFORMATION

IMMUNISATION RECORD

Please attach a copy of all relevant documentation in regards to the following.

Is your child fully immunised? YES NO Date

A copy of your child's immunisation record must be sighted by a member of the Gowrie WA team and a copy of the record is to be attached to this form.

Please ensure you notify the Early Years Manager each time your child receives a new immunisation, and please provide an updated record.

Has your child ever been diagnosed with any of the following?

German Measles	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Seizures	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mumps	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Convulsions	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Whooping Cough YES NO Chicken Pox YES NO
Measles YES NO
Other (please specify): _____

If you have ticked **YES** to any of the list above, please provide information below:

Does your child suffer from any allergies? YES NO

If **yes**, please provide relevant details below including your child's allergy, side effects, treatment and action:

Does your child suffer from anaphylaxis? YES NO

If **yes**, please provide relevant details below:

Does your child have special requirements, or a diagnosed disability? YES NO

If **yes**, please provide relevant details below:

Does your child take prescribed medication or treatment on a regular basis? YES NO

If **yes**, please provide relevant details below:

DIETARY REQUIREMENTS

Does your child have any special dietary or cultural dietary requirements, or particular food dislikes or likes? *Please note, Gowrie is not able to accommodate the purchasing of specific food items due to the number of food allergies and requirements there are. The early Years Manager or Assistant Manager can provide you with information relating to you providing certain foods if required.*

If **yes**, please provide relevant details below:

Please list any other details that could help us in providing your child with the most suitable dietary options:

INFORMATION ABOUT YOUR CHILD

Please provide the name and ages of your child's siblings:

Name	Age

Please provide the name and ages of any other close relations attending the same centre:

Name	Age

Does your child sleep in a bed or a cot? Bed Cot

Please describe your child's sleep day and night routines and any comforters, and fears:

Has your child been toilet trained? YES NO

Please provide details, if applicable:

At Gowrie, we celebrate cultural diversity. What is your cultural background?

Are there any special occasions or celebrations you would like to share with us? If so, please provide details so we can include them into our learning programs if/when applicable.

GOWRIE WA ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING, AND ASK QUESTIONS IF YOU DO NOT UNDERSTAND ANYTHING IN THIS DOCUMENT.

By ticking the following statements, you acknowledge your agreement to the statement.

General:

I/we give permission for our child to:

Participate in outings to places of interest (*more information and permission slips will be issued prior to any outings. You will have the opportunity to decide on your child's attendance at particular outings prior to each outing*):

YES NO

Have SPF30+ (or higher) sunscreen applied prior to sun exposure (***If not, please provide a letter releasing the centre of any Liability:***)

YES NO

Have Band-Aids or sticking plasters applied when necessary:

YES NO

Have educators apply nappy cream to my child at change time (***creams to be supplied by parents:***)

YES NO

Have educators apply teething gel if required (***Teething gel to be supplied by parents:***)

YES NO

Have educators apply insect repellent if required (***Repellent to be supplied by parents:***)

YES NO

Transitioning your child to other care rooms

As your child develops and ages, Gowrie WA endeavours to ensure we are providing them with the most appropriate learning activities, program and learning environment. Your child's environment is balanced with opportunities for your child to further develop and practice skills they are yet to establish. Environments have a positive balance of challenges, risks and care practices to ensure every opportunity is given to your child to develop meaningful relationships with educators, and provides your child with the ability to develop at a pace unique to them. By signing below, you give permission for your child to transition through to other rooms as required, according to their development and based on their needs. Any proposed changes or transitions will be communicated and explained to you, by your child's educators. Educator to child ratios may change, depending on what room your child is transitioning to.

Photos and Video Footage:

I/we give permission for our child:

For photos of your child to be displayed in daily journals and observations. (***Daily journals and observations are used to show the progression of your child whilst they are at Gowrie.***)

YES NO

For photos and video footage of your child to be posted on Gowrie WA's social media such as Facebook (facebook.com/gowriewa), Instagram (GowrieWA) and more. (***Gowrie regularly uploads images to Facebook to share with families the activities their children are enjoying.***)

YES NO

For photos and videos of your child to be posted on the Gowrie website (www.gowrie-wa.com.au) and other internet purposes, such as advertisement and used in company's resources. (***The Gowrie website and other forms of advertising also include images of children who have attended Gowrie and have given permission via this form, for their images to be used***)

YES NO

I/we:

X

Primary Parent/Guardian

Date:

/

/

1. Have viewed the Gowrie Karawara or Kewdale Early Years Centre or Leeming Learning Centre (hereafter called the Centre) and consent to the enrolment of the child detailed in this form (hereafter referred to as the child).
2. Agree to ensure all details that change, in relation to our child and/or this enrolment form, will be communicated in writing with the Centre.
3. Understand that the person/s nominated as parent or guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child.
4. Received and read the parent handbook and understand any changes to the handbook will be displayed on the Centre's notice board in the entrance of the Centre.
5. Agree to comply with all Government requirements in relation to the Centre and its service.
6. Understand that children who are third priority under the below mentioned Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. The priorities set by Government are as follows:
 - First priority:** Child at risk of serious abuse or neglect.
 - Second Priority:** Children whose parents satisfy work/training/study test under section 14 of the Family Assistance Act.
 - Third priority:** Any other child.
7. Agree that in the case of accident or injury, the Centre will attempt to contact me or us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child. I/we agree to meet any cost incurred.
8. Are aware that my child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition.
9. Understand that in relation to the above clause, my child will be accepted back into the Centre upon provision of a clearance certificate for the child from a medical practitioner.
10. Are aware that the Centre may require presentation of a medical certificate or supporting documents, should my child be diagnosed with a disability.
11. Agree to provide the Centre with all information regarding the health of my/our child.
12. Understand that the Centre may be used as a training and observation centre by students studying to work with young children.
13. Are aware that the Centre may occasionally have visitors, or volunteers at the Centre, and consent to my/our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision.
14. Agree to pay the weekly fee on the due day by providing the Centre or its appointed representative with permission to direct debit fees from my/our bank account.
15. Are aware that to cancel child care we are required to give notice in writing four weeks prior to the date of withdrawal; otherwise fees will continue to be charged. During this period we are aware that if our child does not attend we are liable to pay full fees.
16. Are aware that fees for public holidays are payable if the day is a usual day of attendance.
17. Are aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays, and that I cannot reduce my booked days prior to a period of absence, or for the purpose of avoiding payment of all booked days. If I do reduce my booked days (not prior to a period of absence), I understand I must give two weeks' notice, and I may not be able to increase my days or make changes if the operation of the centre cannot accommodate the increase or change.
18. Are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.
19. Are aware that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements set by the Government.
20. Understand that a system of payment for late collection operates at the Centre, to cover overtime payments to staff, and that I/we are obliged to drop off and pick up the child as negotiated with the Centre and within the opening hours. Any late collection of my/our will result in a fee being charged.
21. Understand, that should my fee account be referred to a Debt Collection Agency an additional fee of 15% of the outstanding amount will be incurred.

I/we have read, understand and agree to abide by the conditions of this contract.

X

Primary Parent/Guardian

Date: / /

FAMILY DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This service agreement outlines the DDR arrangements made between The Gowrie (WA) Inc, and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

Initial terms of the arrangement

The Gowrie (WA) Inc will periodically debit your nominated account for the agreed amount for child care fees. Fee drawings will usually occur each Wednesday on a weekly basis.

Drawing arrangements

1. If any drawing falls due on a non-business day, it will be debited from your account on the next business day following the scheduled drawing date.
2. We will give you **14 days'** notice (in writing) when permanent changes to the initial terms of the arrangement are made e.g. when the centre increases child care fees
3. We will give you a minimum of **five (5) days'** notice (in writing) when temporary changes to the initial terms of the arrangement are made. e.g. overdue fees levied on outstanding amounts.
4. I understand that dishonoured payments will incur a \$25 processing fee.
5. An overdue fee will be levied on outstanding amounts at a flat percentage rate, currently 15%. The outstanding amounts will be identified weekly, and the overdue fee amount calculated and included on your weekly statement on that day. Interest will be calculated by multiplying the total balance outstanding (including any unpaid overdue fees) by the current rate. We will give you a minimum of **three (3) days'** notice (in writing) of this overdue fee amount which will be drawn from your account, using the direct debit system, most likely on the following Wednesday.

Your rights

- All personal information held by us will be kept confidential except information provided to our financial institution to initiate the drawing to your nominated account.
- Please direct fee enquiries to the Early Years Manager.
- If you have any queries relating to the direct debit arrangements, please contact the Early Years Manager on 9312 8200 or 9361 8543.

Changes to the arrangements

If you want to make changes to the drawing arrangements, please contact Early Years Manager who will consult the Chief Executive Officer. Should your request be granted, and a letter will be issued to you. These changes may include:

- deferring the drawing due to an exceptional circumstance; or
- altering the schedule due to an exception circumstance; or
- stopping an individual debit or suspending the DDR (in exceptional circumstances); or
- cancelling the DDR completely (only once care has been ceased or notice of care ceasing has been received)

Any changes to the initial terms need to be made in writing by you, at least 14 days prior to the next scheduled drawing date, and a written response will be issued by a Gowrie representative to confirm the outcome.

Disputes

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting the Early Years Manager, as soon as possible.

Your commitment to us

It is your responsibility to ensure that:

1. Your statement is correct. Discrepancies must be brought to our attention within 14 days of statement of issue.
2. Notify us if your Child Care Benefit has changed by providing the Centre with the letter you received from Family Assistance Office (or relevant department) .
3. Your nominated account can accept direct debits (your financial institution can confirm this); and
4. That on the drawing date there is sufficient cleared funds in the nominated account; and
5. That you advise us of any changes, and if the nominated account is transferred or closed

If your drawing is returned or dishonoured by your financial institution, our bank will re-draw again in three to five days. Any transaction fees payable by us in respect of a payment being dishonoured will be added to your account.

Please note: failure to pay fees is a breach of the Conditions of Enrolment and may initiate the procedure for termination of care.

I, _____, have read and understood the above mentioned and agree to the terms.

X

Primary Parent/Guardian

Date: / /

PAYMENTS

FEES

To receive your Child Care Benefit (CCB) and have the subsidy applied to the fee Gowrie WA charges, you will need to tell us:

- Your child's Customer Reference Number (CRN)
- Your own CRN

Please contact the Family Assistance Office (FAO) or relevant department if you are not sure about the CRN details or if you're not eligible for CCB.

It is essential we have this information prior to your child's first day with us; otherwise we will have to charge full fees until we receive applicable notification.

Please note we require seven days' notice in writing to make any changes to your direct debit payments.

If you have changes to your account name or number or any other relevant details, a new direct debit authorisation form is required to be completed.

Gowrie WA accepts payments via direct debit only. Please complete the following direct debit information:

Start Date / /	Karawara Room (to be completed by Gowrie staff) Birak <input type="checkbox"/> Kambarang <input type="checkbox"/> Bunuru <input type="checkbox"/> Makuru <input type="checkbox"/> Djilba <input type="checkbox"/>			
Centre Karawara <input type="checkbox"/> Kewdale <input type="checkbox"/> Leeming <input type="checkbox"/>	Kewdale Room (to be completed by Gowrie staff) Burra <input type="checkbox"/> Badu <input type="checkbox"/> Bamal <input type="checkbox"/>			
Days attending Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>				
Parent First name		Middle name		
Surname				
Child First name		Middle name		
Surname				
PAYMENT DETAILS				
Direct debit date to commence on / / and each week thereafter.				
ACCOUNT DETAILS				
Account Name				
Bank				
BSB Number _ _ _ - _ _ _ _		Account Number _ _ _ _ _ _ _ _ _ _ _ _ _ _		

X

Primary Parent/Guardian

Date: / /