

Child's Name:

# CHILDCARE ENROLMENT FORM



ENTERED BY:  
DATE:

## ATTACHED DOCUMENTS CHECKLIST

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

PLEASE TICK TO INDICATE DOCUMENTS ARE ATTACHED	X
1. CHILD BIRTH CERTIFICATE	
2. IMMUNISATION RECORDS	
3. PARENT ONE CRN ELIGIBILITY LETTER	
4. CHILD CRN ELIGIBILITY LETTER	
5. PHOTO IDENTIFICATION OF ALL PARENTS AND EMERGENCY CONTACTS	
6. ALL OTHER RELEVANT DOCUMENTATION	

[www.gowrie-wa.com.au](http://www.gowrie-wa.com.au)

[www.facebook.com/gowriewa](https://www.facebook.com/gowriewa)

Lady Gowrie Child Care Centre Karawara  
61 Lowan Loop, Karawara, WA 6152  
Mon – Fri 7:15am – 6:00pm

Lady Gowrie Child Care Centre Kewdale  
23 Paterson Road, Kewdale, WA 6105  
Mon – Fri 7:30am – 6:00pm

Gowrie WA requires this form to be completed and all documentation attached prior to your child's first day of childcare with us. This information must be completed by one of the child's parents, who have lawful authority in relation to the child.

Please notify us of any change of details, as soon as they arise.

<b>Please TICK the box beside the centre that your child will attend:</b>					
Karawara				Kewdale	
<b>Please TICK what room your child will be placed in:</b>					
For Karawara:		Babies		For Kewdale:	
		Toddlers		Babies	
		Pre-kindy		Toddlers	
		Kindy		Kindy	
<b>Please TICK the days that your child will require care:</b>					
Monday		Tuesday		Wednesday	
Thursday		Friday			
<b>Start Date</b>					
<b>Number of children attending other childcare services:</b>			<b>Number of children you are claiming CCB for:</b>		

## CHILD DETAILS

Child CRN:		<i>Please note Parent and child have their own individual CRN number</i>			
First Name(s):		Middle Name:			
Surname:					
Preferred Name:					
Date of Birth:		Gender:		Female      Male	
Home Address:					
Post Code:					
Country of Birth:					
Language(s) Spoken at Home:					
Is your child:		Aboriginal		Torres Strait Islander	
Neither					

## PARENT/GUARDIAN DETAILS

### PRIMARY PARENT

CRN:		<i>Parent 1 is claiming CCB from Centrelink &amp; child will come under Parent 1 CRN Please note Parent and child have their own individual CRN number</i>			
Title:	First Name(s):				
Surname:					
Relationship to Child:					
Date of Birth:			Country of Birth:		
Does the child live with you?		YES		NO	
Shared Care					
Comments/Details:					

Home Address:		Postcode:
Home Phone:	Mobile Phone:	
Occupation:		
Organisation Name:		
Work Address:		Postcode:
Work Phone:	Email:	

**SECONDARY PARENT**

Title:	First Name(s):		
Surname:			
Relationship to Child:			
Date of Birth:	Country of Birth:		
Does the child live with you?	YES	NO	Shared Care
Comments/Details			
Home Address:		Postcode:	
Home Phone:	Mobile Phone:		
Occupation:			
Organisation Name:			
Work Address:		Postcode:	
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	NO	Shared Care
Comments/Details:			
Home Address:		Postcode:	
Home Phone:	Mobile Phone:		
Occupation:			
Organisation Name:			

Work Address:		Postcode:
Work Phone:	Email:	

## EMERGENCY/AUTHORISED PERSON CONTACTS

*In case of an emergency, Gowrie WA will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed.*

*Please attach a copy of legal photo ID of each emergency/authorised person.*

### CONTACT ONE

Title:	First Name(s):	
Surname:		
Relationship to Child:		
Home Address:		Postcode:
Home Phone:	Mobile Phone:	
Work Phone:	Email:	
<i>Tick boxes to authorise:</i> Pick-up                      Drop-off                      Emergency		
<b>Contact One Signature X</b>		

### CONTACT TWO

Title:	First Name(s):	
Surname:		
Relationship to Child:		
Home Address:		Postcode:
Home Phone:	Mobile Phone:	
Work Phone:	Email:	
<i>Tick boxes to authorise:</i> Pick-up                      Drop-off                      Emergency		
<b>Contact Two Signature X</b>		

### CONTACT THREE

Title:	First Name(s):	
Surname:		
Relationship to Child:		
Home Address:		Postcode:
Home Phone:	Mobile Phone:	
Work Phone:	Email:	
<i>Tick boxes to authorise:</i> Pick-up                      Drop-off                      Emergency		
<b>Contact Three Signature X</b>		

## COURT/CUSTODIAL ORDERS

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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 documentation, staff and carers of Gowrie WA cannot enforce parents' requests.***

## MEDICAL INFORMATION

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Family <b>Doctor</b> Title:	First Name(s):	Surname:
Service Name:		
Address:		Postcode:
Contact Phone:		

Family <b>Dentist</b> Title:	First Name(s):	Surname:
Service Name:		
Address:		Postcode
Contact Phone:		

Medicare Number:	Ambulance Cover: YES NO
Health Insurance Fund: YES NO	Insurance Number:
Health Insurance Name:	

## CHILD HEALTH INFORMATION

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### Immunisation Record

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

Is your child fully immunised? YES NO Dates:

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



Does your child suffer from anaphylaxis?                      YES                      NO

If yes, please provide relevant details below:

## DIETARY REQUIREMENTS

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Does your child have any special dietary or cultural restrictions or particular food dislikes or likes?

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:

## MORE ABOUT YOUR CHILD

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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 sleeping times/habits (including day/night, comforters, and fears/phobias):

Has your child been toilet trained?

YES

NO

Please provide details, if necessary:





## GOWRIE WA 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 clauses to authorise:**

### **General:**

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 centre)	YES		NO	
Have SPF30+ sunscreen applied prior to sun exposure ( <i>If not, please provide a letter releasing the centre of any Liability</i> )	YES		NO	
Have Band-Aids or sticking plasters applied when necessary	YES		NO	
Have staff apply Nappy Cream/Paste ( <i>supplied by parents</i> )	YES		NO	
Have staff apply Teething Gel ( <i>supplied by parents</i> )	YES		NO	
Have staff apply Insect Repellent ( <i>supplied by parents</i> )	YES		NO	

### **Photos and Video Footage:**

I/We give permission:

For photos and video footage to be taken of my/our child for centre use and staff training purposes (Footage will not leave centre)	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 centre	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 centre for students to present to lecturer and class for viewing and marking)	YES		NO	
For photos and video footage of my/our child to be used on the Gowrie WA website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES		NO	
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies?	YES		NO	

I/We:

1. Have viewed the Lady Gowrie Child Care Centre (hereafter called the Centre) and consent to the enrolment of the admitting child (hereafter referred to as the child)
2. Understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
3. Received and read the Centre's parent handbook and understand any changes to such will be displayed on the Centre's notice board in the entrance of the Centre
4. Agree to comply with all Government requirements in relation to the Centre and its service
5. Understand that children who are third priority under the 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 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
6. Agree that in the case of accident or injury, the Centre will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred
7. Are aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition
8. Understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner
9. Are aware that the Centre may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality
10. Agree to provide the Centre with all information regarding the health of my/our child
11. Understand that the Centre may be used as a training and observation centre by students aiming to/or already working with young children
12. 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
13. 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
14. Are aware that to cancel childcare 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
15. Are aware that fees for public holidays are payable if the day is a usual day of attendance
16. Are aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays
17. Are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes
18. Are aware that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements
19. 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/pick up the child as negotiated with the Centre. Any late collection will result in a fee being charged
20. Understand that should this account be referred to a Debt Collection Agency an additional fee of 15% of the outstanding amount will be incurred

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

**Primary Parent / Guardian**

**Gowrie WA Centre Coordinator**

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**How did you find out about Gowrie WA?**

Word of mouth		Internet search	
Website		Facebook	
Advertising		Other (please expand)	



## **FAMILY DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT 2011**

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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, all drawings will occur on Wednesday on a weekly basis.

### **Drawing arrangements**

- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- 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, fee changes as a result of an increase/decrease in child care days.
- We will give you 7 days' notice (in writing) when temporary changes to the initial terms of the arrangement are made, e.g. overdue fees levied on outstanding amounts.
- An overdue fee will be levied on outstanding amounts at a flat percentage rate, currently 15%. The outstanding amounts will be identified weekly, on a Monday, 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 9 days' notice (in writing) of this overdue fee amount which will be drawn from your account, using the direct debit system, the following Wednesday.

### **Your rights**

- All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.
- Please direct all enquiries to the Financial and Administration Officer at Karawara (ph. 9312 8203), rather than your financial institution.
- If you have any queries relating to the direct debit arrangements, please contact the Financial and Administration Officer at Karawara (ph. 9312 8203).

### **Changes to the arrangements**

If you want to make changes to the drawing arrangements, please contact the Financial and Administration Officer at Karawara (ph. 9312 8203) who will consult the Chief Executive Officer and a letter will be issued.

These changes may include:

- deferring the drawing; or
- altering the schedule; or (under extraordinary circumstances only)
- stopping an individual debit suspending the DDR; or
- cancelling the DDR completely

Any changes to the initial terms need to be made at least 14 days (in writing) prior to the next scheduled drawing date and a letter will be issued 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 administration assistant or Early Years Coordinator, as soon as possible.

**Your commitment to us**

It is your responsibility to ensure that:

- your statement is correct, discrepancies must be brought to our attention within 14 days of statement of issue.
- notify us if your Child Care Benefit has changed by providing the centre with the letter from Centrelink.
- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there is sufficient cleared funds in the nominated account; and
- that you advise us 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.

Signature \_\_\_\_\_

Date



## PAYMENTS

### FEES

To receive your Child Care Benefit (CCB) and have the subsidy applied to the fees 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) if you are not sure about the CRN details or if you are 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 notification from the FAO.

**Gowrie WA accepts payments via direct debit. Please fill out the following direct debit form:**

<b>Start Date</b>									
<b>Karawara Centre:</b>		Babies		Toddlers		Pre-kindy		Kindy	
<b>Kewdale Centre:</b>		Babies		Toddlers		Kindy			
<b>Days Attending:</b>	Mon		Tues		Wed		Thurs		Fri
<b>Please note we require seven days' notice in writing to make any changes to your direct debit payments. Changes to Account Name or Number: a new direct debit authorisation form is required to be completed for any changes of account details.</b>									
<b>Parent</b> First Name					Middle Name				
Surname									
<b>Child</b> First Name					Middle Name				
Surname									
<b>PAYMENT DETAILS</b>									
Direct debit date to commence on					and weekly intervals after that.				
<b>CEASING CARE</b>									
Please arrange for my final direct debit date to be on					and cease payments coming out thereafter.				
<b>ACCOUNT DETAILS CONFIRMATION</b>									
Account Name									
Bank									
BSB Number					Account Number				
_ _ _ _  -  _ _ _ _ _					_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _				

I agree to pay the childcare fees on the due day by providing Gowrie WA or its appointed representative with permission to direct debit fees from my/our bank. I understand that dishonoured payments will incur a \$25 processing fee.

Please note: payments will be deducted from your account weekly on a Wednesday.

**X**  
 \_\_\_\_\_  
 Primary Parent / Guardian

Date: \_\_\_\_\_