**2018 ENROLMENT FORM**

*Please note that a new enrolment is required for every year.*

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| **CHILD’S DETAILS** | | | |
| **First Name:** |  | **Surname:** |  |
| **Nickname:** |  | **DOB:** |  |
| **Gender** | Male  Female | | |

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| **ATTACHED DOCUMENTS CHECKLIST** | |
| Enrolments will not be processed until **ALL** of the following documents are attached to this application | |
| **PRESCHOOL AND CHILDCARE** | |
| ⃝ | Child’s Birth Certificate |
| ⃝ | ACIR Immunisation Record |
| ⃝ | Commonwealth Health Care Card |
| ⃝ | Anaphylaxis / Allergy Management Plan |
| ⃝ | Asthma Management Plan |
| **CHILDCARE ONLY** | |
| ⃝ | CCR and CCB Eligibility Letter (Centrelink) |
| **PRESCHOOL ONLY** | |
| ⃝ | Commonwealth Health Care Card |

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| **CONTACT DETAILS FOR SERVICES** | |
| **AFTER SCHOOL CARE**  BDCS Building, 15 Gorrell Avenue  BOURKE NSW 2840  Phone: 68308101  Email: [bdcsasc@bdcs.org.au](mailto:bdcsasc@bdcs.org.au)  SE-40005055 | **CHILDCARE**  48c Oxley Street  BOURKE NSW 2840  Phone: 68308110  Email: [childcare@bdcs.org.au](mailto:childcare@bdcs.org.au)  SE-00006710 |
| **MOBILE PLAYGROUP & TOY LIBRARY**  BDCS Building, 15 Gorrell Avenue BOURKE NSW 2840  Phone: 68308101  Email: [mobile@bdcs.org.au](mailto:mobile@bdcs.org.au)  SE-00014931 | **PRESCHOOL**  15 Gorrell Avenue  BOURKE NSW 2840  Phone: 68308120  Email: [preschool@bdcs.org.au](mailto:preschool@bdcs.org.au)  SE-40005055 |

**CHILDCARONLY** P

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| **DEFINITION OF A CHILD WITH A DISABILITY** |
| Does this child have a need for additional assistance in any of the following areas, compared to children of a similar age, which is related to an underlying long term (lasting for more than 6 months) health condition or disability? The categories include:-   * Learning and applying knowledge, education * Communication * Mobility * Self-Care * Interpersonal interactions and relationships * Other – including general tasks, domestic life, community and social life   This category should only be chosen if the child’s parents / guardians have identified and / or confirmed that the child has a need for assistance in one or more of these areas. The definition of a child with a disability does not include children with a medical condition that is short term (lasts for six months or less) or episodic. For example:-   * Asthma * Allergies * Eczema * Infectious Disease |

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| **DEFINITION OF A CHILD WITHIN A PRIORITY GROUP** |
| Children in a priority group are those from the groups listed below:-   * Children from culturally and linguistically diverse backgrounds * Children with a refugee background who have been subjected to trauma * Indigenous children * The child’s place has been sought by a State or Territory child protection worker * The child is in the care of the State, or other forms of out of home care |

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| **MANDATORY DOCUMENTATION FOR IMMUNISATION** |
| One of the following documents listed below must be received before a child may be enrolled.   * An Australian Childhood Immunisation Register (ACIR) Immunisation History Statement which shows that their child is up to date with their scheduled immunisations; or * An ACIR Immunisation Exemption – Medical Condition Form (IMMU11) which has been certified by an immunisation provider; or * An ACIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch up schedule |

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| **PRIVACY AND CONFIDENTIALITY** |
| Bourke and District Children’s Services recognises and respects the importance of privacy and confidentiality as an individual right and a basis for building partnerships with families. Our services require personal information to provide appropriate and responsive care to your needs. Our policy has been developed to comply with the Australian Privacy Principles (APPs) (2014) and pursues the highest standard in the protection and preservation of privacy and confidentiality. Copies can be obtained from the Administration Office. |

**ENROLMENT DETAILS**

Please tick and complete the areas of the Centres you would like your child to attend.

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| **PRESCHOOL** | | | | | | | | | | | | | | |
| **4 YEAR OLD PROGRAM – Opening Monday 5th February 2018** | | | | | | | | | | | | | | |
| Which class would you prefer?  *Please note we cannot guarantee days. First in, best dressed.* | | | | | | | | | | | | | | |
| Mondays & Tuesdays 9.00am - 5.00pm  Thursdays & Fridays 9.00am - 5.00pm | | | | | | | | | | | | | | |
| Will your child be enrolling in Kindergarten in 2019  **YES  NO** | | | | | | | | | | | | | | |
| Which School? |  | | | | | | | | | | | | | |
| **3 YEAR OLD PROGRAM – Opening Wednesday 14th February 2018**  *Children must have turned 3 to begin program* | | | | | | | | | | | | | | |
| Wednesdays 9.00am – 5.00pm | | | | | | | | | | | | | | |
| **CHILDCARE - Opening Thursday 4th January 2018** | | | | | | | | | | | | | | |
| Start Date: | |  | | | | | | | | | | | | |
| Session | | Mon | | Tues | | Wed | | | Thurs | | Fri | | Casual | |
| (AD)  8.15 – 5.15 | |  | |  | |  | | |  | |  | |  | |
| (AM)  8.15 – 1.15 | |  | |  | |  | | |  | |  | |  | |
| (PM)  1.15 – 5.15 | |  | |  | |  | | |  | |  | |  | |
| **MOBILE – Opening Monday 8th February 2018** | | | | | | | | | | | | | | |
| Do you Live: In Town  Or Rural | | | | | | | | Are you enrolling: One Child  Or a Family | | | | | | |
| Please list the sessions you will be attending: | | | | | | | | | | | | | | |
| **EXPRESSION OF INTEREST FOR BEFORE AND AFTER SCHOOL CARE and VACATION CARE** | | | | | | | | | | | | | | |
| Session | | | Mon | | Tues | | Wed | | | Thurs | | Fri | | Casual |
| Before School  8.15am – 9.00am | | |  | |  | |  | | |  | |  | |  |
| After School  3.00pm – 5.30pm | | |  | |  | |  | | |  | |  | |  |
| Vacation Care  8am – 5.30pm | | |  | |  | |  | | |  | |  | |  |

**FEES**

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| **PAYMENT** | | | | | |
| I agree to pay the calculated fees on time and acknowledge that if my fees are overdue, BDCS may refer my account to a debt collection agency and cancel my child’s enrolment. I will be responsible for any fees charged by the debt collection agency. For more information please refer to the fees policy. | | | | | |
|  | |  |  |  |  |
| Name | |  | Signature |  | Date |
| Postal or Email Address for billing: |  | | | | |
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\**Fees are current at the time of printing - may be subject to change*

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| **PRESCHOOL**  ***\*Preschool Fees are income based, to be charged on level 1-3 you MUST provide proof of income.*** | |
|  | **Daily fee amount for full day**  (9.00am – 5.00pm) |
| **WITH Commonwealth Health Care Card – 3 Year Old Program** | $9.00 |
| **WITHOUT Commonwealth Health Care Card – 3 Year Old Program** | $24.00 |
| **WITH Commonwealth Health Care Card – 4 Year Old Program** | $5.00 |
| **WITHOUT Commonwealth Health Care Card – 4 Year Old Program** | $15.00 |
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| **CHILDCARE** | | | | | | | |
|  | **AD UNDER 3 YEARS OLD**  (8.15 – 5.15) | | | **AD OVER 3 YEARS OLD**  (8.15 – 5.15) | | **HALF DAY**  (8.15 – 1.15) or (1.15 – 5.15) | |
| **FEES:** | $90.00 | | | $82.00 | | $50.00 | |
| **LATE FEE:** | Late Fee: $1.00 per minute (after either 1.15 – AM session or 5.15 AD or PM session) | | | | | | |
| **BOND:** | $50.00 per child (new enrolments). Bond is refunded or applied to fees owing on termination of enrolment. | | | | | | |
| **CASUAL:** | All casual bookings will be charged an extra $5.00 for each session. | | | | | | |
| **Please Note**: Children Attending a PM session before 1.15 pm will be charged an AD session fee. | | | | | | | |
| **MOBILE (ANNUAL)** | | | | | | | |
| Town | | One child | $15.00 | | Family | | $30.00 |
| Rural | | One child | $10.00 | | Family | | $20.00 |
| Note: If not a member, the cost per session is $1.00 per child or $2 per family. | | | | | | | |

**PRESCHOOL ONLY – BUS TRANSPORT**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERMISSION FOR BUS TRANSPORT TO AND FROM PRESCHOOL** | | | | | | | | |
| Do you require transport for your child? YES  NO  Child’s Name:  I give permission for my child to be transported, as required, on either of the Preschool buses for the purpose of attending Preschool. I understand that his consent will cover all Preschool terms.  I understand that this consent also covers excursions.  PLEASE TICK IF YOU **DO NOT** WANT YOUR CHILD TO TRAVEL ON THE PRESCHOOL BUS FOR EXCURSIONS | | | | | | | | |
|  | | | | | | | | |
| Name: |  | | Signature: |  | | | Date: |  |
|  |  | |  |  | | |  |  |
| Pick up at: | |  | | | Drop off at: |  | | |
|  | |  | | |  |  | | |
|  | |  | | |  |  | | |
| Pick up will occur between 8:30am – 9:15am | | | | | Drop off will occur between 4:15pm – 5:00pm | | | |



**CHILDCARE BENEFIT AND REBATE**

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| **CHILD’S NAME:** |  | | | | | | | **CHILD’S DOB:** | | | |  | |
| **CHILD’S CRN:** |  | | | | | | | | | | | | |
| **PARENT/CARER NAME:** | | | |  | | | | | | | | | |
| **PARENT/CARER CRN:** | | |  | | | | | | **PARENT/CARER DOB:** | | | |  |
| ***(Please note parent and child’s CRN are not the same number)*** | | | | | | | | | |  | | | |
| **DID YOU APPLY FOR:** | | Childcare Benefit (CCB) | | | | Childcare Rebate (CCR) | | | | | Job, Edu and Training (JET) | | |
| **DID YOU SELECT IT:** | | | | | To be paid to Service | | A Lump sum Payment at the end of the financial year | | | | | | |
| Important: **You can be getting paid 50% of your Childcare out of pocket costs if eligible!** Please make sure that the Parent/Carer Date of Birth and the Parent/Carer CRN are for the person claiming CCB. We ask that you bring your letter from the Family Assistance Office to ensure all data is entered correctly.  CCB & CCR can be claimed as a weekly fee reduction or as a lump sum at the end of the financial year. If you want to receive either of these benefits please apply at your local Family Assistance Office or online at [www.centrelink.gov.au](http://www.centrelink.gov.au) | | | | | | | | | | | | | |

**CHILD’S DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HOME ADDRESS:** |  | | | | | | **POST CODE:** | |  | |
| **COUNTRY OF BIRTH:** | |  | | | | | | | | |
| **LANGUAGE/S SPOKEN AT HOME:** | | |  | | | | | | | |
| **DOES YOUR CHILD HAVE A DISABILTY:** | | | | YES  NO | | ARE THEY IN A PRIORITY GROUP: YES  NO | | | |  |
| **IS YOUR CHILD:** | | ABORIGINAL | | | TORRES STRAIT ISLANDER | | | NEITHER | | |

**PARENT / CARER #1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME/S:** | | |  | | | | | | **SURNAME:** | |  | | | |
| **RELATIONSHIP WITH CHILD:** | | | | | |  | | | | | | | **GENDER:** | **F  M** |
| **COUNTRY OF BIRTH:** | | | |  | | | **LANGUAGE/S SPOKEN:** | | | | |  | | |
| **PLACE OF EMPLOYMENT:** | | | | |  | | | | | | | | | |
| **HOME PH:** | |  | | | | | | **MOBILE:** | |  | | | | |
| **EMAIL:** |  | | | | | | | | | | | | | |
| ***Email will now be used as the main form of correspondence for invoicing, newsletters and general information updates.***  ***Please remember to check our Facebook Page regularly for updates and news.***  ***https://www.facebook.com/pages/Bourke-District-Childrens-Services*** | | | | | | | | | | | | | | |

**PARENT / CARER #2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME/S:** | |  | | | | | | | **SURNAME:** | |  | | | |
| **RELATIONSHIP WITH CHILD:** | | | | |  | | | | | | | | **GENDER:** | **F  M** |
| **COUNTRY OF BIRTH:** | | |  | | | | **LANGUAGE/S SPOKEN:** | | | | |  | | |
| **PLACE OF EMPLOYMENT:** | | | |  | | | | | | | | | | |
| **HOME PH:** |  | | | | | | | **MOBILE:** | |  | | | | |
| **ADDRESS (If different from Child)** | | | | | |  | | | | | | | | |
|  | | | | | |  | | | | | | | | |

**OTHER CHILDREN IN THE FAMILY**

|  |  |  |
| --- | --- | --- |
| **FULL NAME** | **AGE** | **DATE OF BIRTH** |
|  |  |  |
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**PERSON/S PROHIBITED FROM HAVING CONTACT WITH THE CHILD:**

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSON #1** |  | **PERSON #2** |  |
| **Are there any court orders affecting your child?** | | | **YES  NO  (Please attach)** |

**ALL SERVICESICES**

|  |
| --- |
| **EMERGENCY CONTACT** |
| * Parents/Carers listed on Page 7 will be the first emergency contact and authorised pick up unless otherwise notified in writing. * Using the boxes below, list at least 2 people authorised to collect the child or that we may call if we cannot find you in an emergency. Please include regular babysitters. Please note those listed must be over 18 years of age. * If a person has not been authorised by you, your child will not be released into their care. A written authorisation is required if your child is to be collected by a person not listed on this form. * If your child has not been collected by the closing time of the service or their nominated session, those persons nominated as ‘emergency contacts’ will be asked to collect your child. |

**EMERGENCY CONTACT #1**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME/S:** | |  | | | | **SURNAME:** | | |  | | |
| **RELATIONSHIP WITH CHILD** | | |  | | | | | | | **GENDER** | **F  M** |
| **HOME PHONE:** |  | | | | **MOBILE PHONE:** | | |  | | | |
| **EMERGENCY RELEASE** | | | | **DAILY PICK UP** | | | **CAN GIVE PERMISSION FOR EXCURSIONS** | | | | |

**EMERGENCY CONTACT #2**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME/S:** | |  | | | | **SURNAME:** | | |  | | |
| **RELATIONSHIP WITH CHILD** | | |  | | | | | | | **GENDER** | **F  M** |
| **HOME PHONE:** |  | | | | **MOBILE PHONE:** | | |  | | | |
| **EMERGENCY RELEASE** | | | | **DAILY PICK UP** | | | **CAN GIVE PERMISSION FOR EXCURSIONS** | | | | |

**EMERGENCY CONTACT #3**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME/S:** | |  | | | | **SURNAME:** | | |  | | |
| **RELATIONSHIP WITH CHILD** | | |  | | | | | | | **GENDER** | **F  M** |
| **HOME PHONE:** |  | | | | **MOBILE PHONE:** | | |  | | | |
| **EMERGENCY RELEASE** | | | | **DAILY PICK UP** | | | **CAN GIVE PERMISSION FOR EXCURSIONS** | | | | |

**EMERGENCY CONTACT #4**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME/S:** | |  | | | | **SURNAME:** | | |  | | |
| **RELATIONSHIP WITH CHILD** | | |  | | | | | | | **GENDER** | **F  M** |
| **HOME PHONE:** |  | | | | **MOBILE PHONE:** | | |  | | | |
| **EMERGENCY RELEASE** | | | | **DAILY PICK UP** | | | **CAN GIVE PERMISSION FOR EXCURSIONS** | | | | |