



**BOURKE AND DISTRICT CHILDREN'S SERVICES**

**Provider No: PR-00005454**

**Administration Office**

Po Box 12 / 72 Hope Street BOURKE NSW 2840

Phone: 0268308100 Email: [admin@bdcs.org.au](mailto:admin@bdcs.org.au)

# 2018 ENROLMENT FORM

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

CHILD'S DETAILS			
<b>First Name:</b>		<b>Surname:</b>	
<b>Nickname:</b>		<b>DOB:</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		

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

CONTACT DETAILS FOR SERVICES	
<b>AFTER SCHOOL CARE</b> BDCS Building, 15 Gorrell Avenue BOURKE NSW 2840 Phone: 68308101 Email: <a href="mailto:bdcsasc@bdcs.org.au">bdcsasc@bdcs.org.au</a> SE-40005055	<b>CHILDCARE</b> 48c Oxley Street BOURKE NSW 2840 Phone: 68308110 Email: <a href="mailto:childcare@bdcs.org.au">childcare@bdcs.org.au</a> SE-00006710
<b>MOBILE PLAYGROUP &amp; TOY LIBRARY</b> BDCS Building, 15 Gorrell Avenue BOURKE NSW 2840 Phone: 68308101 Email: <a href="mailto:mobile@bdcs.org.au">mobile@bdcs.org.au</a> SE-00014931	<b>PRESCHOOL</b> 15 Gorrell Avenue BOURKE NSW 2840 Phone: 68308120 Email: <a href="mailto:preschool@bdcs.org.au">preschool@bdcs.org.au</a> SE-40005055



## 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

## 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

## 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



## 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.

### PRESCHOOL

#### 4 YEAR OLD PROGRAM – Opening Monday 5<sup>th</sup> 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 14<sup>th</sup> February 2018

*Children must have turned 3 to begin program*

Wednesdays 9.00am – 5.00pm ☐

### CHILDCARE - Opening Thursday 4<sup>th</sup> January 2018

Start Date:						
Session	Mon	Tues	Wed	Thurs	Fri	Casual
(AD) 8.15 – 5.15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(AM) 8.15 – 1.15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(PM) 1.15 – 5.15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### MOBILE – Opening Monday 8<sup>th</sup> 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:



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## 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School 3.00pm – 5.30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation Care 8am – 5.30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## FEES

### 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: \_\_\_\_\_

*\*Fees are current at the time of printing - may be subject to change*

## 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

## CHILDCARE

	<u>AD UNDER 3 YEARS OLD</u> (8.15 – 5.15)	<u>AD OVER 3 YEARS OLD</u> (8.15 – 5.15)	<u>HALF DAY</u> (8.15 – 1.15) or (1.15 – 5.15)
<b>FEES:</b>	\$90.00	\$82.00	\$50.00
<b>LATE FEE:</b>	Late Fee: \$1.00 per minute (after either 1.15 – AM session or 5.15 AD or PM session)		
<b>BOND:</b>	\$50.00 per child (new enrolments). Bond is refunded or applied to fees owing on termination of enrolment.		
<b>CASUAL:</b>	All casual bookings will be charged an extra \$5.00 for each session.		
<b>Please Note:</b> Children Attending a PM session before 1.15 pm will be charged an AD session fee.			

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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****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



www.bdc.org.au



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### CHILDCARE BENEFIT AND REBATE

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)*

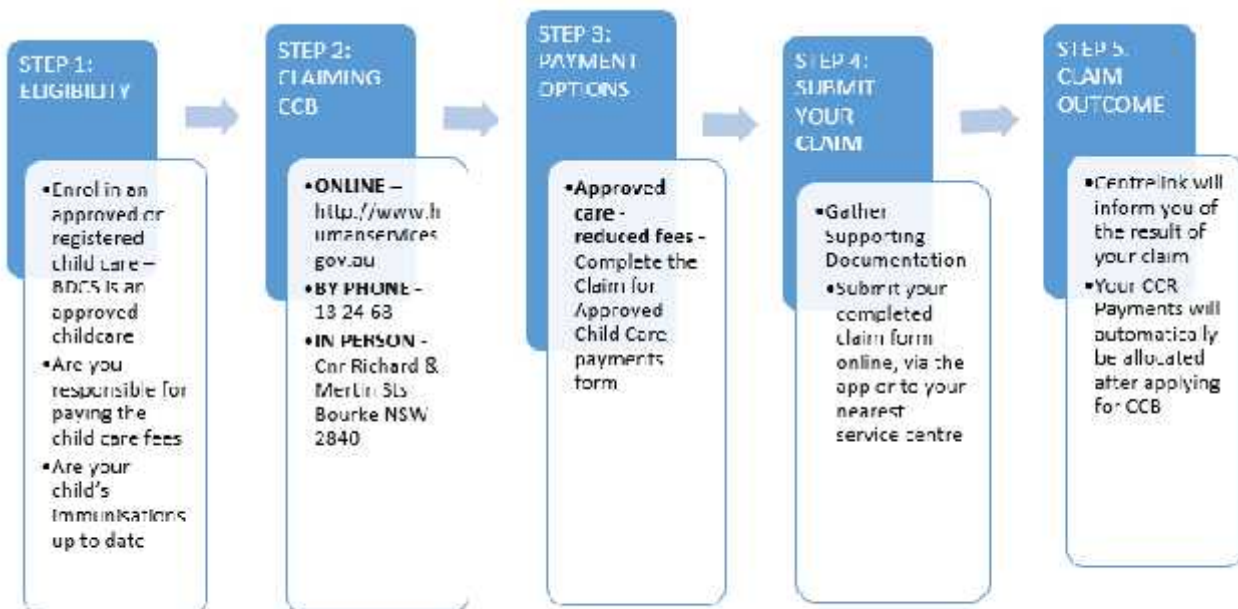
DID YOU APPLY FOR: Childcare Benefit (CCB) ☐ Childcare Rebate (CCR) ☐ Job, Edu and Training (JET) ☐

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)



Information gathered from [www.centrelink.gov.au](http://www.centrelink.gov.au)

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HOME ADDRESS:	_____	POST CODE:	_____
COUNTRY OF BIRTH:	_____		
LANGUAGE/S SPOKEN AT HOME:	_____		
DOES YOUR CHILD HAVE A DISABILITY:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE THEY IN A PRIORITY GROUP: YES <input type="checkbox"/> NO <input type="checkbox"/>
IS YOUR CHILD:	ABORIGINAL <input type="checkbox"/>	TORRES STRAIT ISLANDER <input type="checkbox"/>	NEITHER <input type="checkbox"/>

**PARENT / CARER #1**

FIRST NAME/S:	_____	SURNAME:	_____
RELATIONSHIP WITH CHILD:	_____	GENDER:	F <input type="checkbox"/> M <input type="checkbox"/>
COUNTRY OF BIRTH:	_____	LANGUAGE/S SPOKEN:	_____
PLACE OF EMPLOYMENT:	_____		
HOME PH:	_____	MOBILE:	_____
EMAIL:	_____		
<i>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. <a href="https://www.facebook.com/pages/Bourke-District-Childrens-Services">https://www.facebook.com/pages/Bourke-District-Childrens-Services</a></i>			

**PARENT / CARER #2**

FIRST NAME/S:	_____	SURNAME:	_____
RELATIONSHIP WITH CHILD:	_____	GENDER:	F <input type="checkbox"/> M <input type="checkbox"/>
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

**PERSON/S PROHIBITED FROM HAVING CONTACT WITH THE CHILD:**

PERSON #1 _____	PERSON #2 _____
Are there any court orders affecting your child? YES <input type="checkbox"/> NO <input type="checkbox"/> (Please attach)	

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Phone: 0268308100 Email: [admin@bdcs.org.au](mailto:admin@bdcs.org.au)**ALL SERVICES****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 <input type="checkbox"/> M <input type="checkbox"/>
HOME PHONE:	_____	MOBILE PHONE:	_____
EMERGENCY RELEASE	<input type="checkbox"/>	DAILY PICK UP	<input type="checkbox"/>
		CAN GIVE PERMISSION FOR EXCURSIONS <input type="checkbox"/>	

**EMERGENCY CONTACT #2**

FIRST NAME/S:	_____	SURNAME:	_____
RELATIONSHIP WITH CHILD	_____	GENDER	F <input type="checkbox"/> M <input type="checkbox"/>
HOME PHONE:	_____	MOBILE PHONE:	_____
EMERGENCY RELEASE	<input type="checkbox"/>	DAILY PICK UP	<input type="checkbox"/>
		CAN GIVE PERMISSION FOR EXCURSIONS <input type="checkbox"/>	

**EMERGENCY CONTACT #3**

FIRST NAME/S:	_____	SURNAME:	_____
RELATIONSHIP WITH CHILD	_____	GENDER	F <input type="checkbox"/> M <input type="checkbox"/>
HOME PHONE:	_____	MOBILE PHONE:	_____
EMERGENCY RELEASE	<input type="checkbox"/>	DAILY PICK UP	<input type="checkbox"/>
		CAN GIVE PERMISSION FOR EXCURSIONS <input type="checkbox"/>	

**EMERGENCY CONTACT #4**

FIRST NAME/S:	_____	SURNAME:	_____
RELATIONSHIP WITH CHILD	_____	GENDER	F <input type="checkbox"/> M <input type="checkbox"/>
HOME PHONE:	_____	MOBILE PHONE:	_____
EMERGENCY RELEASE	<input type="checkbox"/>	DAILY PICK UP	<input type="checkbox"/>
		CAN GIVE PERMISSION FOR EXCURSIONS <input type="checkbox"/>	