

ENROLMENT AGREEMENT

I certify that by affixing my signature to this page, I understand and agree to each of the following (Please initial margin against each item to signify it has been read).

1) FEES

I accept responsibility for the payment of all fees incurred by my child whilst enrolled in Step Ahead Kids Early Learning Centre. I understand and accept that fees must be paid two weeks in advance at the commencement of care and must be kept two weeks in advance through the period of enrolment in Step Ahead Kids Early Learning Centre. I accept that termination of enrolment will be given in writing providing 2 weeks notice or fees in lieu will be charged. I understand that the daily full fees for 2014 are \$98.00 for a child under 2 yrs of age, \$96.00 for a child 2 yrs of age, \$93.00 for a child 3 yrs of age and \$90.00 for a child 4yrs and over unless otherwise changed and advised. I accept that fees must be paid for any days for which my child is enrolled regardless of absence other than the centre close down at Christmas that is usually 2 - 3 weeks including the public holidays,. I understand that there are no make up days for child absences. I understand that if my child's normal attendance falls on a public holiday that I will still be charged. I understand that if I take my child on annual holidays that I will be charged absence days or I will notify the centre and provide two weeks notice of my child's termination for that period and I also acknowledge that on my child's return, he/she may not get the same days back. I understand and accept that a penalty fee of \$20.00 will be incurred should I collect my child from the centre after 6pm for the first 5 minutes. Between 6,05pm to 6.15pm a late fee of \$20.00 will be charged and after 6.15pm a further \$12.00 per each additional 5 minutes will be charged and added on to the following fee payment.

2 SECURITY OF ENROLMENT

I understand and agree that Step Ahead Kids Early Learning Centre shall have absolute discretion in terminating my child's enrolment should there be any unexplained period of absence of more than two weeks or regular failure to pay fees on time.

I agree to notify Step Ahead Kids Early Learning Centre if my child is to be absent from the centre.

I understand and accept that Step Ahead Kids Early Learning Centre is required under the funding arrangement with the Australian Government in respect to the Childcare Benefit Package to give priority of access to persons in accordance to category.

3 EXCLUSION OF CHLD

I understand and accept that should the Director of Step Ahead Kids Early Learning Centre considers my child contagious or too ill to attend the centre that this decision be regarded as final and my child will be collected within 90 minutes or I will organise for an authorised person to collect my child. Furthermore, I agree to provide a doctors certificate indicating my child is fit to return to day care.

unised and there is an outbreak in the centre of any
be vaccinated, that she/he can be excluded from attendance

4) PERMISSION FOR OBSERVATIONS

I consent to my child being the subject of observations by staff and for training purposes. I understand that my permission will be sought before any questioning or testing of the child is undertaken.

5 PERMISSION FOR PHOTOGRAPHS

Please circle relevant for permission for photographs

I do / don't consent to my child being photographed for the following reasons.

Publicity for Step Ahead Kids Early Learning Centre
Centre program for display at the centre
Group or individual records/photo day
Participation in Educational Programs (Government Initiatives)

I do / don't consent to my child's photograph, name and age being used for publicity for Step Ahead Kids Early Learning Centre on the web or other advertising media.

6 FIRE DRILLS AND EMERGENCY EVACUATIONS

I consent to my child participating in standard fire drills and emergency evacuations to the designated rose garden area of the church grounds.

7 REGULAR OUTINGS

I consent to my child attending regular outings to the hall adjacent to the Rainbow room.

I consent to my child attending regular outings to Five Dock Library for story time.

8 PHYSICAL WELLBEING

I consent to the staff at Step Ahead Kids Early Learning Centre applying a SPF 30 +Broad Spectrum sunscreen to all unprotected areas of skin on my child as they feel necessary.

I consent to First Aid being administered by a staff member of Step Ahead Kids Early Learning Centre who is the holder of a current Senior First Aid Certificate or is a Registered Nurse.

I understand and accept that the Director or other designated staff members of Step Ahead Kids Early Learning Centre can only administer medication that has been authorised by one other of the Parents/Guardians and a qualified and registered medical practitioner and details of which have been accurately recorded in the Medication Authorisation Form. I understand and accept that the Director or other designated staff will only administer PANADOL or other similar paracetamol in the case where a child develops a temperature above 38 degree. The Director/ Nominated Supervisor or Certified Supervisor will make every effort in contacting the parents. If in the case where we are not able to



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has been provided to us as an emergency contact person or contacted.

I understand that the centre is able to undertake external excursions and that all information will be provided to me including consent forms prior to an excursion.

I understand my child may only leave the centre on an excursion with my written permission.

Please print Parent name clearly and sign underneath in the places provided.

Full Name: _____

Full Name _____

All other names known by

All other names known by

Mother/Guardian Signature

Father/Guardian Signature

Date: _____

Date: _____

STEP AHEAD KIDS EARLY LEARNING CENTRE EMERGENCY CONTACTS

If I am unable to be contacted by Step Ahead Kids Early Learning Centre, I hereby give permission for the centre to contact either of the following persons

SURNAME: _____

SURNAME: _____

GIVEN NAME: _____

GIVEN NAME: _____

ADDRESS: _____

ADDRESS: _____

SUBURB: _____

SUBURB: _____

POSTCODE _____

POSTCODE _____

HOME PHONE: _____

HOME PHONE: _____



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WORK: _____

MOB: _____

AUTHORITY TO COLLECT

In my absence, I hereby give permission for my child to be collected from Step Ahead Kids Early Learning Centre by either of the following persons who shall identify themselves by the codeword recorded hereunder. I shall advise the centre whenever my child is to be collected by a person other than a parent.

SURNAME: _____

GIVEN NAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE _____

HOME PHONE: _____ WORK PHONE _____

MOBILE PHONE: _____

CODEWORD _____

MEDICAL INFORMATION

MEDICAL AUTHORISATION: Should my child suffer any illness or injury whilst in the care of Step Ahead Kids Early Learning Centre, the staff will be entitled to seek medical, dental, hospital treatment, and the provision of medical treatment will be made available. If my child requires an ambulance service or assistance from some other person or body nominated by me as deemed necessary for my child. I shall accept responsibility for any costs involved in such treatment.

(Mother/Guardian signature) (Father/Guardian Signature)

Medicare Numbers	Parents Medicare	Child 1 Medicare	Child 2 Medicare	Child 3 Medicare
Private Health Y/N	Private Health Fund Name	Private health Fund Number		
Family Doctor	Name	Telephone	Street	Suburb
Family Dentist	Name	Telephone	Street	Suburb



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Please ensure that you provide a photocopy of your child's immunisation record on enrolment or present their immunisation book at time of enrolment.

Has your child had or is suffering any of the following: Please circle
Autism/Bronchitis/Chicken pox/Convulsions/Croup/Cystic Fibrosis/Diabetes/ Diphtheria/Eczema
Moliuscum/Virus/ Glandular Fever/Haemophilia/Impetego/Leukemia/Measles/Meningitis/Middle ear
disease/Minimal brain dysfunction/Mumps/Muscular dystrophy/Phenyketonuria/Fibril convulsion/Scarlet
fever/Temper tantrums/Tonsilitis/Rheumatic fever/Rubella/Whooping cough/Speech defects/Vision
defects//Dietary restrictions/Anaphylaxis/Asthma.

Please describe any known medical or behavioural problems e.g. Holding breath

If enrolled with an Intervention Service Please give details

Unit/Service _____ Contact person _____

Phone number _____ Other relevant Medical information/ procedures to be followed please provide

Medication Authorisation Has your child had any allergic reaction to the following medication:

Please circle Stingose spray, First Aid antiseptic spray, Stop Itch Plus (first aid cream), Soove cream (first aid cream) Hirudoid Cream (bruising), Panadol or Nurofen liquid.

I authorise Step Ahead Kids Early Learning Centre staff to provide any of the above basic first aid cream necessary when treating my child for minor cuts or abrasions.

In the event that my child requires an Asthma reliever, I authorise staff to administer this medication.

Child's name: _____

(Mother /Guardian name) _____

(Mother /Guardian signature) _____

(Father /Guardian name) _____

(Father /Guardian signature) _____

Date: _____



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