

This form must be completed by the Primary Account Holder (see General Account information) who has lawful authority in relation to the child. Please answer all questions to assist in providing Government Funding and for planning purposes.

**Your child's Birth Certificate and an up-to-date Immunisation Statement must be provided prior to the commencement of care.**

Date: \_\_\_\_\_ Date for Enrolment to begin: \_\_\_\_\_

Days required: Monday Tuesday Wednesday Thursday Friday

## Primary Account Holder/Guardian 1

First and Last Name:

**CRN(Centrelink Reference Number):**

Relationship to child:

Mobile:

Email:

Date of Birth:

Home address:

Home Phone Number:

Work Phone Number:

Email Statements and Receipts: Yes / No

## Guardian 2

First and Last Name:

Relationship to child:

Mobile:

Email:

Date of birth:

Home address:

Home Phone:

Work Phone:

Joint account holder? Yes / No

Signature:

## Child's Details

First Name:

Family Name:

**CRN (Centrelink Reference Number):**

Gender: Male / Female

Date of Birth:

Child's Address:

Cultural Background: Aboriginal/Torres Strait Islander

Other:

Primary language used in child's home:

2<sup>nd</sup> Language:

Year child starts school:

Does the child have any siblings? Yes / No Are the siblings in care elsewhere? Yes / No

Name:

Age:

Name:

Age:

## Child's Health Record

No child will be accepted for enrolment unless a current Immunisation Record or Exemption form are provided.

Medicare Number:	
Doctor's Name:	Contact Number:
Address:	
Has a copy of the child's Immunisation record been provided? Yes / No	
<small>A copy can be obtained by visiting Medicare Online or contacting Australian Childhood Immunisation Records on 1800 653 809</small>	
Does your child have any of the following? Please provide details below:	
Anaphylaxis - Medical Management Plan Provided: Yes / No	
Asthma - Medical Management Plan Provided: Yes / No	
Diabetes - Medical Management Plan Provided: Yes / No	
Long Term Medication – Medical Management Plan Provided: Yes / No	
Specific health care needs - Medical Management Plan Provided: Yes / No	
___Disabilities – Medical Management Plan Provided: Yes / No	
Does your child have any specific dietary restrictions that we need to be aware of?	
Please provide details: _____	
Is your child allergic to anything? Yes / No	
Please list : _____	
If yes, an additional allergy form will be supplied and needs to be completed	
Has an EpiPen been provided for the Centre? Yes / No	
In the event that there is an outbreak of Head Lice, staff will be required to check your child's hair. P	
In case of an accident or illness requiring emergency medical treatment, a nominated supervisor will be the primary account holder or authorised nominee to inform them of the situation. Please complete	
I _____ authorise the centre to seek/provide urgent medical, dental, hospital treatment	
Name: _____ Signature: _____	

Photographs: I give permission for my child's photograph to be used: Within the Centre for displays and the newsletter On the Centres website Outside the Centre in newspapers, advertising or Centre Promotion Stepping Stones Social Media sites (no last names will be used)	Yes / No Yes / No Yes / No Yes/No
Comments: _____ _____	

Authorised nominee means a person who has been given permission by the Primary Account holder to collect the child from the education and care service and who has been authorised to consent to medical treatment, the administration of medication or authorise an educator to take the child outside the education and care service premises. Please provide a minimum of 2 additional Authorised Nominees located within 50km of the Centre.

<b>Authorised Nominee</b>	
Name:	Relationship to child:
Address:	
Home Phone:	Mobile:
Authorisations: Collection/Drop Off :                      Consent to Medical Treatment:                      Emergency: Consent to an Educator taking the child outside the education and care service premises: Access to Account Information:                      Access to Child Records:	

<b>Authorised Nominee</b>	
Name:	Relationship to child:
Address:	
Home Phone:	Mobile:
Authorisations: Collection/Drop Off :                      Consent to Medical Treatment:                      Emergency: Consent to an Educator taking the child outside the education and care service premises: Access to Account Information:                      Access to Child Records:	

<b>Authorised Nominee</b>	
Name:	Relationship to child:
Address:	
Home Phone:	Mobile:
Authorisations: Collection/Drop Off :                      Consent to Medical Treatment:                      Emergency: Consent to an Educator taking the child outside the education and care service premises: Access to Account Information:                      Access to Child Records:	

<b>Authorised Nominee</b>	
Name:	Relationship to child:
Address:	
Home Phone:	Mobile:
Authorisations: Collection/Drop Off :                      Consent to Medical Treatment:                      Emergency: Consent to an Educator taking the child outside the education and care service premises: Access to Account Information:                      Access to Child Records:	

**Any changes to Authorised Nominees must be made to the Centre in writing.**

### **Permissions**

I, _____ the Parent/Carer of _____ acknowledge and give staff authority to act as stated below. Parent/ Carer Signature: _____ Date: _____ _____
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To apply sunscreen, nappy change lotion, baby powder and any other substance required on my/our child's skin as required.	Yes / No
To be observed by students for development and training purposes	Yes / No
To be removed from the centre to safety in case of emergency	Yes / No
I give permission for my child's name to be displayed in the Centre	Yes / No
I give permission for my child's art work to be used on the Centres website. No surnames will be used	Yes / No
I give permission for my child to participate in water play with full supervision whilst at the Centre	Yes / No

## Court Orders

Are there any Court Orders, Parenting Plans or Parenting Orders pertaining to the child?	Yes / No
If YES, please provide details of any Court Orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child.	



3 Marsden Street, Dubbo N.S.W. 2830  
 Phone: (02) 68853400  
 Fax: (02) 68851011  
[www.steppingstones.net.au](http://www.steppingstones.net.au)  
 Email: [director@steppingstones.net.au](mailto:director@steppingstones.net.au)  
 or [admin@steppingstones.net.au](mailto:admin@steppingstones.net.au)

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## General Parent/Carer Information

### Account Holder Information

A Primary Account Holder is nominated when a family first enrolls at Stepping Stones.

The Primary Account Holder is responsible for the payment of fees and informing the Centre of any changes to the account and enrolment in writing.

The Stepping Stones Fee Agreement and the Primary Account Holder/Guardian Obligations signed by the Primary Account Holder apply to and cover all children associated with the Account holder. These agreements are only provided to the Primary Carer with the enrolment of the first child placed with Stepping Stones. Should any relevant information change with the enrolment of an additional child, these forms can be re-supplied and the information updated.

## **Changes to Enrolment**

Any changes to enrolment must be made to the Centre in writing.

2 weeks written notice will be required when withdrawing a child from care. This applies to all children enrolled at the Centre associated with the Primary Account Holder.

## **Centrelink Information**

It is your responsibility to register your child with Centrelink prior to enrolment in order to claim any subsidies available and to confirm the Service and Booking Pattern once the enrolment has been completed by Stepping Stones.

Once the CRN for the primary account holder and the child have been registered with the Centre, benefits can take around 2 weeks to be allocated to the account by Centrelink. Full fees are charged during this period with any outstanding CCS claimed directly from Centrelink by the family.

As Stepping Stones charges a daily fee rather than an hourly fee, the number of CCS approved hours per days is 11.5.

Should the child not attend on their first day of enrolment or at any time during the 2 week notice period for end of care, these days will not attract CCS.

The CCS can be withheld by Centrelink should a child not be up to date with their immunisation schedule. Should a child be late in receiving their immunisation, the CCS will be automatically withheld by Centrelink and the account will be charged full fees until the immunisations are administered. Any CCS withheld due to late immunisations is not back paid to either the family or the Centre.

Fact Sheet 2, 7 and 10 from the MyChild government website can be provided for your information.

## **Medication Policy**

Medications will be given to an Educator in the child's room to be stored in the locked Medications Box in the room or in the Medication Box in the kitchen fridge, it must not be kept in the child's bag. It must be in the original packaging with the dispensing label attached listing the child as the prescribed person and the strength and dosage. Additional information regarding medication can be found in the Children's Health and Safety Policy that can be viewed upon request in the Office.

## Guardian and Stepping Stones Staff Interaction Guidelines

Communications between guardians, educators and Centre management will be respectful, open and polite. This applies to all forms of communication including both verbal and written. Additional information regarding communication can be found in the Centre policy document available on Storypark or upon request in the Office.



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or [admin@steppingstones.net.au](mailto:admin@steppingstones.net.au)

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### PRIMARY ACCOUNT HOLDER DECLARATIONS AND FEE AGREEMENT

#### FEE AGREEMENT:

- All account holders will receive written notice of any changes to fees.
- A bond of 1 full week's fees or 2 weeks gap amount will be paid on commencement. This will be returned to the account holder if the account

fees are up to date and the required 2 weeks notice has been given. Failure to provide notice and outstanding fees will result in the bond being retained by the Centre.

- All public holidays and Centre closures will require payment with the exception of the Christmas break closure.
- **If the primary account holder falls in excess of two weeks overdue with their fees, the Director reserves the right to declare the child's/children's position vacant and cancel care for that family. Families will be advised in writing that this is pending.**
- Fees will be paid by direct debit using the Ezidebit system. Additional fees for casual days can be paid for by EFTPOS over the phone or cash or EFTPOS in the Office. Should an enrolment end with fees still owing on the account the Ezidebit arrangement will remain in place until the debt is paid in full.
- Receipts will be issued by email or a paper copy can be requested at the time of payment.
- Should there be a debt left by a primary account holder leaving the centre that requires recovery, the account holder will be responsible for the costs involved to recover the debt. This can be up to 25% of the total amount owing.
- Late fees will be charged for any children left at the Centre after 6:00pm. The Centre Licence does not allow for care of children after 6:00pm thus a child who is left at the Centre after 6:00pm on more than three occasions may lose their place at the Centre. The Director will determine if this happens taking into account any reasons for the lateness.
- Account statements will be issued to all families monthly.

Name of person responsible for paying the childcare account:

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

## Primary Account Holder Declaration

I \_\_\_\_\_, a person with lawful authority of the child referred to in this enrolment form:

- Declare the information is correct and true and will update any changes to this information immediately with the service in writing.
- Agree to abide by the policies that govern the operation of Stepping Stones Early Learning Centre. These are available to all parents/carers upon request and on Storypark.
- I/we have read, understood and agree to the Centre's fee policy.
- I/we have read the fact sheets provided and understand my/our responsibilities and obligations in regard to receiving CCS subsidies.

- I will keep my child's immunisation up to date and provide the Centre with current Immunisation Statements.
- I will not bring my child to care if they exhibit any signs or symptoms that they may be contagious or will collect them immediately if notified of such by Centre Staff.
- I agree to follow and abide by any exclusion periods related to contagious illnesses as outlined in "Staying Healthy in Childcare" Fifth Edition, Australian Government National Health and Medical Research Council. This can be view upon request in the Office.
- I agree to collect or make arrangements for the collection of the child/children associated with this account should he/she become unwell while at the Centre.
- I/we have read, understood and agree to the Centre's fee policy.
- I/we have read and understood the communication guidelines.
- No child will be left at the Centre prior to 6.30am or after 6pm
- The child will be supplied with a hat, a change of clothes, a drink bottle and a sheet each day.
- I/we are fully aware of the procedure for leaving medication for our child.
- I/we will always take the child to a staff member on arrival at the Centre.
- The child will be left in a clean dry nappy or underwear.

Primary Account Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Guardian 2: \_\_\_\_\_ Signature: \_\_\_\_\_

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

References:

*The Education and Care Services National Regulations and Law (NSW)*

*ACECQA*

*Reviewed July 2014 Review July 2015*