

Dear Parent,

Thank you for choosing Northern Children's Network (NCN) for your child care needs. Please find attached the NCN Enrolment Form, Centre Booking Form and Immunisation Policies.

To assist us in placing your child/ren, we ask that you complete the enrolment form and forward it to us with the following documentation at your earliest convenience:

Checklist

- CRN – Your Centrelink Customer Reference Number for both yourself and your child/children. This is a 9 digit number with a letter at the end.
- Date Of Birth – For both yourself and your child/ren.
- Medicare Number for your child/ren. This is an 11 digit number, with the last number located beside the child's name.
- Immunisation History Reports for your child/ren. – Your child will not be permitted into care until we have immunisation details.
- Medical Action Plan, (if applicable) signed by your Doctor.
- Workplace information for yourself and partner (if applicable).
- Emergency contact people **OTHER** than yourself and your partner.
- Booking Form attached in the enrolment pack.
- Copies of any custody information/court orders (where applicable).

If you need assistance to complete the forms please contact us.

There may be assistance available from the Family Assistance Office, FAO (Centrelink). They can assist families with the cost of child care, by way of the following subsidies;

Child Care Benefit - CCB

This is means tested on your annual income and a CCB percentage determined. You can receive this as a fee reduction to the service or a lump sum payment in your annual tax return.

59D Amy Rd
Newstead TAS 7250
P.O. Box 724
Kings Meadows TAS 7249
Ph: (03) 6341 1555
Fax: (03) 6344 9493
www.ncn.org.au



Child Care Rebate - CCR

This is an added benefit you can receive in addition to CCB, if you meet the Work, Training and Study test. This covers a further 50% of your out of pocket child care expenses. Should you be eligible for this, you can receive this as a fee reduction to the service or paid to you fortnightly, quarterly or as a lump sum payment in your annual tax return.

Please contact the FAO to see if you qualify for any of these subsidies.

In order to apply these subsidies to your NCN enrolment your child/ren must be registered for the applicable care you wish to use. Please contact FAO as soon as possible to register your child for;

ASC – After School Care

BSC – Before School Care

LDC – Long Day Care

VAC – Vacation Care (School Holiday Care)

FDC – Family Day Care

You can telephone the Department on 136150 or visit www.humanservices.gov.au

Please note that the payment terms for NCN are **STRICTLY 7 days**. Invoices can be paid via Direct Debit, Bpay, Secure Automatic Payment (Bpoint) or by calling the NCN Office to pay with your credit card.

NCN are required under Government legislation to collect all of the above information when processing your enrolment. Please check all the required fields before submitting your enrolment to the Centre, as failure to submit all applicable documentation may delay your child's care commencing.

NCN will make every effort to meet your child care needs and we look forward to welcoming you to our Centre. If you have any further queries in relation to your enrolment please do not hesitate to contact our office on (03) 6341 1555

Yours sincerely

A handwritten signature in black ink that reads 'Sonia Purse'.

Sonia Purse
Chief Executive Officer



CENTRE BASED CARE FAMILY ENROLMENT RECORD



59d Amy Road, Newstead, 7250 - PO Box 724, Kings Meadows, 7249 - Phone: 6341 1555 - Fax: 6344 9493
Email: enquiries@ncn.org.au www.ncn.org.au

Do you require an interpreter to help you with this form? Yes No

WHICH SERVICE/S DO YOU REQUIRE? (PLEASE TICK <input checked="" type="checkbox"/>)			
Amy Road After School and Vacation Care	<input type="checkbox"/>	Little Penguins Child Care - Bicheno	<input type="checkbox"/>
Beaconsfield Early Learning & Child Care Services	<input type="checkbox"/>	Queenstown Child Care Services	<input type="checkbox"/>
Campbell Town Early Learning Centre	<input type="checkbox"/>	Scottsdale Child Care Centre	<input type="checkbox"/>
Furneaux Child Care Centre - Flinders Island	<input type="checkbox"/>	Spring Bay Child Care Centre -Triabunna	<input type="checkbox"/>
Hagley After School Care	<input type="checkbox"/>	St Marys Child Care Centre	<input type="checkbox"/>
Harmony Early Learning Centre - Mowbray	<input type="checkbox"/>	St Marys Outside School Hours Care	<input type="checkbox"/>
Invermay Outside School Hours Care	<input type="checkbox"/>	Westbury Outside School Hours Care	<input type="checkbox"/>

Have you used any of our Family Day Care, In Home Care, Long Day Care or Outside School Hours Care services before? Yes No

If yes, which service?

Parent/Guardian Information

Enrolling parent is person who is registered for CCB	Enrolling Parent/Guardian	Partner
First Name		
Surname		
Residential Address	P/Code	P/Code
Postal Address (if different)	P/Code	P/Code
Contact Number Home		
Mobile		
Email Address	Tick this box if you agree to receive child usage statements and newsletters via email <input type="checkbox"/>	
Date of Birth	□□/□□/□□□□	□□/□□/□□□□
Customer Reference Number (Centrelink CRN)	□□□□□□□□□□	□□□□□□□□□□
Parent Circumstances <i>(Note: Priority of Access is determined by these answers)</i>	Risk Referral <input type="checkbox"/> Working..... <input type="checkbox"/> Please circle: Full Time / Part Time / Casual Studying..... <input type="checkbox"/> Non-Working..... <input type="checkbox"/>	Risk Referral <input type="checkbox"/> Working..... <input type="checkbox"/> Please circle: Full Time / Part Time / Casual Studying <input type="checkbox"/> Non-Working..... <input type="checkbox"/>
Place of Work/Study		
Work Phone Number		
Occupation		
Country of Birth		
Primary Language Spoken at Home (other than English)		
Aboriginal or Torres Strait Islander?		

Are you applying for Jobs, Education and Training Child Care Funding Assistance (JETCCFA) Yes No
JET approval letter stating service type to be provided to the centre for confirmation

IN CASE OF AN EMERGENCY

If you or your partner are not contactable who else can be contacted?

You should list any other person (**other than yourself or partner**) that may be collecting a child from care.

	Contact 1	Contact 2
Name		
Contact Number		
Address	P/Code	P/Code
Relationship to Child		
Permission to:	Contact <input type="checkbox"/> Collect <input type="checkbox"/> Consent to Medical Treatment and/or administer Medication <input type="checkbox"/>	Contact <input type="checkbox"/> Collect <input type="checkbox"/> Consent to Medical Treatment and/or administer Medication <input type="checkbox"/>

Child's Doctor: **Phone No:**

Address:

I give consent for my service to authorise medical treatment for my child from a registered Medical Practitioner..... Yes No

I give consent for my service to administer medication to my child, on my behalf as directed Yes No

Are there any Court, Custody, Care and Protection or Restraining Orders relevant to any children listed on this enrolment form *If yes, a copy must be provided with this enrolment* Yes No

Are all immunisations for children on this enrolment form up to date? Yes No
All immunisation evidence must be provided before care can take place.

Child Details

	Child 1	Child 2	Child 3
First Name			
Surname			
Gender			
Date of Birth			
Medicare Number <small>(please include number child is listed on the card) 11 digits</small>	-----	-----	-----
Child's CRN	-----	-----	-----
Does this child attend school? If yes, which School			
Country of Birth			
Primary Language Spoken at Home			
Aboriginal or Torres Strait Islander?			

SPECIAL OR ADDITIONAL NEEDS

If your child has any medical conditions or developmental delays, please identify and provide details.
For diagnosed medical conditions, an Action Plan will be required.

1.	Allergies (Foods, insect bites, pollen etc)		
	Child's Name:	Medication Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details (including Support Agencies):		
		
2.	Intellectual (Autism, Down Syndrome, Foetal Alcohol Syndrome etc)		
	Child's Name:	Medication Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details (including Support Agencies):		
		
3.	Physical/Sensory (Cerebral Palsy, Cystic Fibrosis, Hearing/Visual impairment etc)		
	Child's Name:	Medication Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details (including Support Agencies):		
		
4.	Developmental Delays (Language, Muscle Tone, Mobility etc)		
	Child's Name:	Medication Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details (including Support Agencies):		
		
5.	Other Conditions (Asthma, ADHD, other Medical Conditions etc)		
	Child's Name:	Medication Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details (including Support Agencies):		
		
6.	Other (including Cultural, Diet or Religion that the Educator needs to be aware of etc)		
	Child's Name:		
	Details (including Support Agencies):		
		

GENERAL INFORMATION

Do you have any objections to pets? (please detail)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can NCN use images of your child for promotional / media or social media (e.g. Facebook) purposes?....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can your service use images of your child for program planning and resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD CARE BENEFIT PROCESSING INFORMATION

Will the child attending this service have already attended another approved child care service in the current financial year? Yes No

Will this child be attending another approved child care service as well as this service? Yes No

Does this child have a sibling, listed on the family assessment notice that will be attending another service which will deem you eligible for a two child percentage? Yes No

If yes, how many children Weekly or Fortnightly

If you answered YES to any of the above questions it may affect your child's CCB percentage. It is important that you keep your information up to date with the centre and the Department of Health & Human Services to avoid any overpayment of benefits.

HOW DID YOU HEAR ABOUT US?

- | | | | |
|---|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Television | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Social Media | <input type="checkbox"/> Educator | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other (Please provide details) | | | |

STATEMENT

- I agree to abide by the current conditions and policies of Northern Children's Network Inc. (available to view at each service/offices or centre).
- I agree to my child/ren being cared for and/or transported by service staff in an emergency.
- I agree to my child/ren receiving medical attention and being transported by ambulance in an emergency as recommended by the doctor, hospital, ambulance staff or paramedics.
- I understand that non work related care hours may be reduced or 'placed on hold' to accommodate work or study related care. This practice is in accordance with the Commonwealth Priority of Access Guidelines.
- I agree to a copy of the information contained on this enrolment form being forwarded to the service upon the commencement of care.
- I agree to advise my service within 14 days of any change in the information provided.
- I agree that NCN may from time to time send newsletters and other relevant information electronically to my email account.
- I agree to pay the account received by me by the due date. If the account is not paid by the due date, then that account may be lodged with a mercantile agent for recovery. If lodged with a mercantile agent for recovery, the parent will bear all collection costs to cover the agent's commission. In addition, the parent agrees to bear all legal costs and disbursements incurred in the recovery of the debt.
- The information that I have provided on this form is true and accurate at the time of completion.

Parent Signature: **Date:**

Northern Children's Network Inc. (NCN) is an approved child care service operator under the provisions set out in the family assistance law, and is subject to the National Privacy Principles (NPPs) under the Privacy Act in the handling of personal information. (Refer to <http://docs.education.gov.au/node/29700>, www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles)

OFFICE USE ONLY

Referral: Court Orders: Immunisation:



CENTRE BASED CARE BOOKING FORM



59d Amy Road, Newstead, 7250 - PO Box 724, Kings Meadows, 7249 - Phone: 6341 1555 - Fax: 6344 9493
Email: enquiries@ncn.org.au www.ncn.org.au

Enrolled Parent Name:	
Contact Number:	
WHICH SERVICE DO YOU REQUIRE? (PLEASE TICK <input checked="" type="checkbox"/>)	
Beaconsfield Child Care Services <input type="checkbox"/>	Queenstown Child Care Services <input type="checkbox"/>
Campbell Town Child Care Services <input type="checkbox"/>	Scottsdale Child Care Centre <input type="checkbox"/>
Furneaux Child Care Centre - Flinders Island <input type="checkbox"/>	Spring Bay Child Care Services -Triabunna <input type="checkbox"/>
Harmony Early Learning Centre <input type="checkbox"/>	St Marys Child Care Centre <input type="checkbox"/>
Little Penguins & East Coast Vacation Care- Bicheno <input type="checkbox"/>	St Marys Outside School Hours Care <input type="checkbox"/>

I require a Permanent Booking **Section 1**

I require a Casual Booking only **Section 2**

<p>*Session Legend</p> <p>ASC = After School Care BSC = Before School Care AM = Morning Session FD = Full Day SD = Short Day PM = Afternoon Session</p> <p>** Please note** Not all sessions above are available at all Centres. Please discuss session requirements and times with your Centre Leader before confirming your booking.</p>

Section 1 Permanent Booked Sessions

Commencement Date _____

Please mark the days you require with Session letter*:

CHILD'S FULL NAME	MON	TUE	WED	THU	FRI
Example - Joe Smith	FD				

The booking indicated above will override any permanent booking you currently have. Please ensure all days that you require are marked for processing.

All bookings made via **section 1** will be classed as a "Permanent" booking. If you only require casual bookings please proceed to **section 2** of this form.



CENTRE BASED CARE BOOKING FORM



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Section 2 Casual Sessions

Please mark the days you require with Session letter*:

CHILD'S FULL NAME	MON	TUE	WED	THU	FRI
Session Date eg	05/12/16				
Example - Joe Smith	Eg FD				
Session Date					
Name:					
Session Date					
Name:					
Session Date					
Name					

Please Note – Section 2 MUST be completed for all care used outside any permanently booked session.

Booking Notified via In Person Phone Email Date...../...../.....

Staff Member taking the booking (name)

TERMS AND CONDITIONS

All families who hold a permanent booking will be charged the Permanent Booking rate.
 If families require any additional days of care, outside their normal permanent bookings, these days will be charged at the casual rate.
 A permanent booking ensures that there is always space for your child/ren to come to child care and you do not need to confirm your booking.
 If you require additional 'one off' days to your permanent booking, these will be charged at a casual rate for that care session.
 Families who access casual bookings (in addition to permanent days) will be required to complete and sign a booking form (section 2) at the time of signing your child into care.
 If a child is absent, and will not be attending the permanent booking, you will be charged at the normal fee as an absence. Child Care subsidies are payable for 42 absences per year.

Seven (7) days' notice is required to cancel your booking permanently. If this notice is given, your permanent booking will be become vacant for another family to take up. If you are cancelling to take holidays, do not rely on this spot being available when you return.

If, for any reason, you need to cancel your casual booking, you must call the Centre before 4.00pm the previous day or 10.00am on the day for Outside School Hours Care. Failure to meet these requirements will incur an absence charge for the casual booking.

If, for any reason, parents/guardians are late picking up their children, outside operating hours or your care session times, you will incur a late fee. \$15 (for every 15 minutes you are late).

I declare that the above information is true and correct and that I have read and will adhere to the NCN booking terms and conditions.

Parent/Guardian Signature: Centre Staff Signature:
Date: Date:



WE NEED YOUR HELP...

As part of your enrolment, NCN is required to have a copy of each child's immunisation status on file for legal and safety reasons. We need a copy of the CURRENT immunisation status of your child/ren at all times. This can be provided in the following ways:

- A photocopy of the immunisation pages from your "blue child health book" (which can be copied at the centre)
- A record that can be obtained from Medicare (see box below)
- A letter from your local doctor

You can get a copy of your child's immunisation details at any time:

- Through Medicare/ MyGov Online Services
- By requesting a statement to be sent in the mail
- At your local FAO Service Centre
- By calling the Immunisation Register on **1800 653 809**

PLEASE send a copy of the chosen document to the centre when you enrol with us. You will then be required to send updated immunisation reports as these are updated. This information is crucial to your continued enrolment at the centre and it will affect your government subsidies as explained in the attached "No Jab No Pay" document.