



Confidential Family Enrolment Form

Welcome

Welcome to ABV Care Calvary! Thank you for taking an interest in our Centre. With our great facilities and qualified educators, you can be confident that your children are safe and well cared for whilst in our care. We know your children will love our fun and innovative programs and grow in the inclusive and encouraging environment we create.

Return your completed enrolment application and any additional required documentation (allow 48hrs) for processing and upon final acceptance the Centre will send out a confirmation email.

A compulsory requirement of the enrolment application is the orientation of the centre.

Please contact the Centre Manager to book in your orientation time.

Please read through the included Family information which outlines ABV Care important policies and procedures and if you have any further questions please don't hesitate to contact the Centre Manager.

Enrolment Check list *(please provide required documentation)*

- I wish to claim the Child Care Subsidy at the service and have provided correct CRN's and date of births for one parent/guardian and all children.
- I have provided immunisation records for all children attending the service.
- I have provided medical management plans (Anaphylaxis, Asthma. etc.) for all children attending.
- If required* – I have provided copies of protection order or custody agreements.
- I have provided all medical/behavioural information and discussed this with the Centre Manager.
- I have provided a start date and understand how bookings and fees are processed.
- I have provided current and accurate emergency contact details.
- I have received a signed copy of the important contacts and policy agreements form for my records.

Parent/Guardian 1 Name: _____ Signature: _____ Date: _____

Parent/Guardian 2 Name: _____ Signature: _____ Date: _____

Office use only:

- Immunisation record received
- Child health record sighted
- CRN's and date of births confirmed
- Medical/Behavioural Information has been discussed
- Copy of any medical management plans (Anaphylaxis, Asthma..ect)
- Start date and bookings and fees have been discussed
- Emergency contact detail completed
- Copy of important contacts and policy agreements has been provided.
- Contact added to ABV Parents emailing list
- Contact added to ABV phone list
- Student Photo for records
- Parent/Guardian informed of child story availability

Date entered on to Qik Kids: _____

Centre Manager Name: _____ Signature: _____ Date: _____

IMPORTANT CONTACT INFORMATION & POLICY AGREEMENTS

Important Contacts

Centre Manager	Sharron Polley	0411 224 679 info@abvcare.com.au
Educational Leader	Bianca Fowler	0411 224 679 info@abvcare.com.au
Child Care Subsidy	Family Assistance Office (Centrelink)	13 61 50 - Between 8am and 8pm (local time) Mon to Fri. 13 12 02 - For information in languages other than English

Office Hours:

8:30 am – 12pm

Session Times & Prices (per day):

(As of January 28th 2020)

Before School Care: 6.00 am – 8.00 am - \$19.00

After School Care: 3.00 pm – 6.00 pm - \$24.00

Vacation Care: 7.00 am – 6.00 pm - \$53.00

Account information:

For you to receive the CCS benefits you will need to organise your claim through Centrelink \your Mygov account and provide our centre with parent and children Customer Reference Numbers (CRN) and dates of birth.

Go to your Mygov account – childcare –enrolment- and confirm to complete CCS requirements.

If your children have not attended our centre for 8 weeks your CCS subsidy will cease. To reset - go to your Mygov account and confirm your enrolment.

All Incursion and Excursion costs are included on your fortnightly statement.

Payment Options:

1. Electronic Funds Transfer:

Banking Details

Reference: Account Name (Surname)

BSB: 084-970 **Account:** 159944898

1. Cash/ EFTPOS (in the office)

2. Credit Card (either in the office or over the phone)

3. Centrepay organisation Id: 555 102 454k (organise this through Centrelink)

Account statements are issued fortnightly via email. Parents/guardians may request a copy of their Family account at any time. Accounts are **due within 14 days** of the statement being received. Please contact the Centre Manager on the number/email above if you are having difficulty paying your account on time. All signatories of the enrolment form are jointly responsible for payment of this account unless notified in writing from both parties.

Late pick-ups are upsetting for your child/ren and stressful for all staff. If there is an emergency and you are unable to collect your child on time, please contact the Centre Manager on the above number. If your child is not collected by the end of the session times, a late fee of \$5.00 is charged for every 5 minutes or part thereof. If a child is not collected by 6.30pm and emergency contacts cannot be reached, the Supervisor in charge will contact the police to collect the children who are still at ABV Care. **If you are continually late to pick up your children, on a regular basis you will be charged an extra fee, to cover the cost of staff wages, at our discretion.**

I have read the following policy information and understand the effective implications if I do not abide by them.

Account Payments

Late pick-ups

Signatures of parents/ guardians:

Parent/Guardian 1 Name: _____ Signature: _____ Date: _____

Parent/Guardian 2 Name: _____ Signature: _____ Date: _____

(NOTE: Where two adults share the parenting, **both** should sign. If the child/ren is in the custody of one parent only, only one signature is required. All signatories on the enrolment form are jointly responsible for payment of this account unless notified in writing.)

Confidential Family Enrolment Form

Site Address: 569 Bayswater Rd, Mt Louisa Townsville 4817
Postal: PO Box 1544, Aitkenvale, Queensland 4814
Telephone: 0411 224 679 **Fax:** (07) 4722 9267

Please print your information.

	Parent / Guardian 1 <i>Primary Account Holder for CCS purposes</i>	Parent / Guardian 2
Surname		
First Name:		
Title:	[] Mr [] Ms [] Miss [] Mrs [] Other:	[] Mr [] Ms [] Miss [] Mrs [] Other:
Date of Birth: (For CCB purposes)		
Drivers license number: (If you are unknown to staff they will request to see your drivers licence to confirm your identity.)		
Parents Centrelink Customer Reference (CRN) Number: (For CCS purposes)		<i>(Only one CRN per account is required.)</i>
Postal Address:	Suburb: Postcode:	Suburb: Postcode:
Residential Address: (If different from postal address)	Suburb: Postcode:	Suburb: Postcode:
Phone numbers:	Mobile: Work:	Mobile: Work:
Email Address: (Accounts are emailed out fortnightly to the provided email)		
Country of Birth: (If not Australia)		
Cultural Background:		
Primary language spoken at home: (If not English)		
Authorised to collect child/ren	[] YES [] NO	[] YES [] NO

(NOTE: Where two adults share the parenting, **both** should sign. If the child/ren is in the custody of one parent only, only one signature is required. All signatories on the enrolment form are jointly responsible for payment of this account unless notified in writing.)

Please include ALL your children's details whether they attend ABV Care or not.

	Child 1	Child 2	Child 3
Attend Child Care:	<input type="checkbox"/> ABV Care <input type="checkbox"/> Elsewhere	<input type="checkbox"/> ABV Care <input type="checkbox"/> Elsewhere	<input type="checkbox"/> ABV Care <input type="checkbox"/> Elsewhere
Surname:			
First Name:			
Residential Address: (If different to Parent / Guardian)			
Date of Birth:			
Country of Birth: (If not Australia)			
Cultural Background:			
Other languages spoken (Besides English)			
Childs CRN: (For CCS purposes)			
Year Level:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Has this child been immunised?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please provide a copy of the child's immunisation record).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please provide a copy of the child's immunisation record).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please provide a copy of the child's immunisation record).</i>
Is the child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> NO	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> NO	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> NO
Is the child part of an Australian Defence Force Family?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a protection order or parenting arrangement relating to this child?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If so a copy of any arrangement must be provided to the Centre Manager).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If so a copy of any arrangement must be provided to the Centre Manager).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If so a copy of any arrangement must be provided to the Centre Manager).</i>
Dietary & Cultural considerations			
Dietary requirements, considerations, Allergies or restrictions.			
Cultural, Religious or additional considerations			
Child Health Record provided	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Medical & Behavioural information			
	Child 1:	Child 2:	Child 3:
Does the child have a medical management plan in place? (Anaphylaxis, Asthma..ect) If so, please provide a copy of the plan & medication.			
Medical Requirements and Allergy details-please provide			
Medical and Allergy Symptoms, reactions and Treatment procedures			
Special Needs Identification that staff should be aware of and steps to cater for that need.	<input type="checkbox"/> Behavioural needs <input type="checkbox"/> Learning needs <input type="checkbox"/> Communication needs <input type="checkbox"/> Interpersonal needs <input type="checkbox"/> Child at risk <input type="checkbox"/> Physical needs <i>(Please provide details below)</i>	<input type="checkbox"/> Behavioural needs <input type="checkbox"/> Learning needs <input type="checkbox"/> Communication needs <input type="checkbox"/> Interpersonal needs <input type="checkbox"/> Child at risk <input type="checkbox"/> Physical needs <i>(Please provide details below)</i>	<input type="checkbox"/> Behavioural needs <input type="checkbox"/> Learning needs <input type="checkbox"/> Communication needs <input type="checkbox"/> Interpersonal needs <input type="checkbox"/> Child at risk <input type="checkbox"/> Physical needs <i>(Please provide details below)</i>

Please be aware that **ABV Care is a Nut Aware centre** & take the management of **Anaphylaxis** very seriously. Please do not bring any products that contain nuts into the centre. If you have any questions or concerns, please don't hesitate to speak to the Centre Manager.

Medical Details

Name of Family Doctor
Address:
Phone number:
Medicare Number:
Staff of ABV Care Calvary take all possible steps to ensure a safe environment for the children under their care. In the event of an accident or emergency staff will seek medical treatment through Queensland Ambulance for my child/ren in the unlikely event of an accident. Parents/guardians or an emergency contact will be contacted immediately.



Details of Attendance

All bookings must be made via email, SMS or on the enrolment form. Verbal bookings will not be taken or considered. Upon booking your child/ren you agree to the fees scheduled outlined in the enrolment form. Once your child is enrolled, they can attend any session, dependent on spaces available.

Start Date: _____

Vacation care only [] Yes (bookings can only be made through the Vacation Care Booking form on our website www.abvcare.com.au)

Casual booking only [] Yes (please provide details in writing) Dates required at enrolment _____

[] Casual Before School care [] Casual After School Care [] Casual Vacation Care

Permanent booking (please tick ✓ the day and sessions you would like your child/ren to be **permanently** booked in. Any changes to bookings must be made in writing, either via email or sms, or your child/ren will be marked absent for that session) Please reconfirm your permanent bookings on the first day of each term via email or sms. Please circle **weekly or fortnightly** preference.

Before School Care

Weekly or Fortnightly week 1 (circle preference)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
6.00am – 8.00am					

Fortnightly week 2

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
6.00am – 8.00am					

After School Care

Weekly or Fortnightly week 1 (circle preference)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3.00pm – 6.00pm					

Fortnightly week 2

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3.00pm – 6.00pm					

Parental Permissions

I give consent for my child/children:	
To have medical or hospital treatment as my child may require and I agree to meet any expenses as a result of such treatment.	[] YES [] NO INITIAL: _____
To travel by private vehicle/ambulance in the case of an emergency and I agree to meet any expenses as a result of such an emergency.	[] YES [] NO INITIAL: _____
To participate in activities offered in ABV Care, requesting in writing prior to the event if I do not wish my child to participate in any specific activity.	[] YES [] NO INITIAL: _____
To participate in local excursions organised by the ABV Care eg. Walk to the local park.	[] YES [] NO INITIAL: _____
To be given medication as directed in writing. I understand that I must provide details of the amount and time of dosage and a prescription label on the medication to be given by staff at ABV Care and the time of the last dose given to my child.	[] YES [] NO INITIAL: _____
To be photographed and / or audio-taped for the purpose of keeping a visual / audio record of child learning and observations, activities and excursions conducted by the service and to be used in ABV Care promotion and advertisement.	[] YES [] NO INITIAL: _____
To use internet facilities under supervision of staff at ABV Care within the guidelines allowed by Calvary Christian College.	[] YES [] NO INITIAL: _____
For ABV Care to use photos of my child/ren or photos with my child/ren in them, to post on ABV Care's social media pages.	[] YES [] NO INITIAL: _____

Conditions of Enrolment

I/We hereby apply to have the child/ren named on this Confidential Family Enrolment Form enrolled at the ABV Care Calvary program. I/we agree to the following conditions:


1. I am / we are fully aware that the ABV Care Calvary program reflects Calvary Christian Church's evangelical Christian character and will be supportive of their values.
2. I/We will actively support ABV Care Calvary staff by reinforcing the behaviour standards expected of children participating in the program.
3. I/We accept full responsibility for the payment of fees, levies and charges as set out and notified by the ABV Care Calvary Centre Manager from time to time.
4. I/We understand that ABV Care Calvary fees are due and payable **every 14 days**, unless alternative arrangements have been made with the ABV Care Calvary Centre Manager.
5. I/We accept that the signatories below are jointly and severally responsible for payment of fees.
6. I/We will promptly inform the ABV Care Centre Manager of any changes to information provided on this Confidential Family Enrolment Form.

Signatures of parents and/or guardians:

Parent / guardian 1: _____ Date: _____

Parent / guardian 2: _____ Date: _____

(NOTE: Where two adults share the parenting, **both should sign. If the child/ren is in the custody of one parent only, only one signature is required. All signatories on the enrolment form are jointly and severally responsible for payment of this account unless notified in writing.)**



ABV CARE
calvary
AFTER SCHOOL / BEFORE SCHOOL / VACATION CARE

Emergency Contacts

Please complete the following section with for people you would like as an emergency contact for your child/ren. We understand that other family members or friends may, on occasions, need to collect your children. We ask that you email the service with the details of who will be collecting the child/ren and the date as to when that is to occur.

Person 1:

Name: _____ Relationship to Child: _____

Drivers license number: _____ (This is used for identification purposes upon pick up.)

Residential Address: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

**Authorised to: Pick up [] Give Consent to medical treatment [] Give Consent to transport by ambulance []
Give authorisation for an ABV Care Educator to take the child/ren off the ABV Care premises []**

Person 2:

Name: _____ Relationship to Child: _____

Drivers license number: _____ (This is used for identification purposes upon pick up.)

Residential Address: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

**Authorised to: Pick up [] Give Consent to medical treatment [] Give Consent to transport by ambulance []
Give authorisation for an ABV Care Educator to take the child/ren off the ABV Care premises []**

Person 3:

Name: _____ Relationship to Child: _____

Drivers license number: _____ (This is used for identification purposes upon pick up.)

Residential Address: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

**Authorised to: Pick up [] Give Consent to medical treatment [] Give Consent to transport by ambulance []
Give authorisation for an ABV Care Educator to take the child/ren off the ABV Care premises []**

I understand that any person/s sent to pick up my child/ren whose name is not on the above list will not be allowed to collect my child/ren unless I have provided the details to ABV Care Calvary in writing, email. Any child that is collected by a person who is not on a contact list signed by a parent/guardian will result in possible public service action, for example the Police may be called and asked to respond appropriately.

Parent/Guardian 1 Name: _____ Signature: _____ Date: _____

Parent/Guardian 2 Name: _____ Signature: _____ Date: _____

We would love to get to know your child by having them complete this part of the enrolment form.

