

CHILDS NAME:

Please attach a passport size photo
of your child here.

ENTERED BY:

DATE:

ATTACHED DOCUMENTS CHECKLIST:

Please ensure ALL the following documents are attached to this application before submission.

PLEASE TICK TO INDICATE THE DOCUMENTS ARE ATTACHED:

- | | |
|---|--------------------------|
| Child Birth Certificate | <input type="checkbox"/> |
| Immunisation Records | <input type="checkbox"/> |
| Parent One CRN Eligibility Letter | <input type="checkbox"/> |
| Child CRN Eligibility Letter | <input type="checkbox"/> |
| Signed Complying Written Arrangement Form
(This Will Be Provided Once The Enrolment Has
Been Processed) | <input type="checkbox"/> |
| Photo Identification Of All Parents
and Emergency Contacts | <input type="checkbox"/> |
| All Other Relevant Documentation | <input type="checkbox"/> |

**FOR ANY QUESTIONS, PLEASE
CONTACT US AT:**

P 02 9738 8847

E hello@buildingblockspreschool.com.au

ADDRESS

68 Neville Street,
Bass Hill NSW 2197

OPEN HOURS

Monday – Friday 8:00am – 4:00pm

PLEASE NOTE:

Building Blocks Staff requires this form to be completed and all documentation attached to be returned a week prior to your child's first day of childcare with us. This information must be completed by one of the child's parents, who have lawful authority in relation to the child. Please notify us of any change of details, as soon as they arise.

CHILD DETAILS

Child CRN:	Please note Parent and child have their own individual CRN number		
First Name(s):	Middle Name:		
Surname:			
Preferred Name:			
Date of Birth:	Gender:	Female	Male
Home Address:			
Post Code:			
Country of Birth:			
Language(s) Spoken at Home:			
Is your child: Aboriginal Torres Strait Islander Neither			
Please TICK the days that your child will require care:			
Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start Date:			
Number of children attending other childcare services:		Number of children you are claiming CCB for:	

PARENT/GUARDIAN DETAILS
Primary Parent:

CRN:	Parent 1 is claiming CCS from Centrelink & child will come under Parent 1 CRN Please note Parent and child have their own individual CRN number		
Title:	First Name(s):		
Surname:			
Relationship to Child:			
Date of Birth:	Country of Birth:		
Does the child live with you?	YES	NO	Shared Care
Comments/Details:			
Home Address:			
Postcode:			
Home Phone:		Mobile Phone:	
Occupation:			
Organisation Name:			
Work Address:			
Postcode:			
Work Phone:		Email:	

Secondary Parent:


Title:	First Name(s):		
Surname:			
Relationship to Child:			
Date of Birth:	Country of Birth:		
Does the child live with you?	YES	NO	Shared Care
Comments/Details			
Home Address:			
Postcode:			
Home Phone:		Mobile Phone:	
Occupation:			
Organisation Name:			
Work Address:			
Postcode:			
Work Phone:		Email:	

Third Parent (If Applicable):

Title:	First Name(s):		
Surname:			
Relationship to Child:			
Date of Birth:	Country of Birth:		
Does the child live with you?	YES	NO	Shared Care
Comments/Details:			
Home Address:			
Postcode:			
Home Phone:		Mobile Phone:	
Occupation:			
Organisation Name:			
Work Address:			
Postcode:			
Work Phone:		Email:	

EMERGENCY/AUTHORISED PERSON CONTACTS

In case of an emergency, Building Blocks will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed. Please attach a copy of legal photo ID of each emergency/authorised person.

Contact One:

Title:	First Name(s):		
Surname:			
Relationship to Child:			
Home Address:			
Postcode:			
Home Phone:		Mobile Phone:	
Work Phone:		Email:	

Tick to authorise: Pick-up	Drop-off	To Administer Medication
To Administer Medical Treatment	Authorise Person to give permission for a child to leave the Service without permission	
Contact One Signature:		

Contact Two:

Title:	First Name(s):	
Surname:		
Relationship to Child:		
Home Address:		
Postcode:		
Home Phone:	Mobile Phone:	
Work Phone:	Email:	
Tick to authorise: Pick-up	Drop-off	To Administer Medication
To Administer Medical Treatment	Authorise Person to give permission for a child to leave the Service without permission	
Contact Two Signature:		

Contact Three:

Title:	First Name(s):	
Surname:		
Relationship to Child:		
Home Address:		
Postcode:		
Home Phone:	Mobile Phone:	
Work Phone:	Email:	
Tick to authorise: Pick-up	Drop-off	To Administer Medication
To Administer Medical Treatment	Authorise Person to give permission for a child to leave the Service without permission	
Contact Three Signature:		

COURT/CUSTODIAL ORDERS

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

YES NO

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

YES NO

Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, staff and carers of Building Blocks cannot enforce parents' requests.

MEDICAL INFORMATION

Family Doctor Title:	First Name(s):	Surname:
Service Name:		
Address:		Postcode:
Contact Phone:		

Family Dentist Title:	First Name(s):	Surname:
Service Name:		
Address:		Postcode
Contact Phone:		

Medicare Number:	Ambulance Cover:	YES	NO
Health Insurance Fund:	YES	NO	Insurance Number:
Health Insurance Name:			

CHILD HEALTH INFORMATION

Immunisation Record

Please attach a copy of all relevant documentation in regards to the following.

Is your child fully immunised? YES NO Dates:

A copy of your child's immunisation record must be sighted by a member of the Building Blocks team and a copy attached to this form. Please ensure you notify Building Blocks Coordinator or Staff upon the completion of each immunisation update.

Has your child ever been diagnosed with any of the following?

German Measles	YES		NO		Seizures	YES		NO	
Mumps	YES		NO		Convulsions	YES		NO	
Whooping Cough	YES		NO		Chicken Pox	YES		NO	
Measles	YES		NO						
Other (please specify)									

If you have ticked YES to any in the list above, please specify relevant details below:

Does your child suffer from any allergies? YES NO

If yes, please provide relevant details below including your child's allergy, side effects, treatment and action:

Does your child have a diagnosed disability or special needs? YES NO

If yes, please provide relevant details below:



Does your child take prescribed medication or treatment on a regular basis? YES NO

If yes, please provide relevant details below:

Does your child suffer from anaphylaxis? YES NO

If yes, please provide relevant details below:

DIETARY REQUIREMENTS

Does your child have any special dietary or cultural restrictions or food dislikes or likes?

If yes, please provide relevant details below:

Please list any other details that could help us in providing your child with the most suitable dietary options:

MORE ABOUT YOUR CHILD

Please provide the name and ages of your child's siblings:

Name	Age

Please provide the name and ages of any other close relations attending the same centre:

Name	Age



Does your child sleep in a bed or a cot at home? Bed Cot

Please describe your child's sleeping times/habits (including day/night, comforters, and fears/phobias):

Please provide details, if necessary:

BUILDING BLOCKS PRE-SCHOOL ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING.
 PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick YES or NO to the following clauses to authorise:

General:

I/We give permission for this child to:	YES	NO
Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the centre)		
Have SPF30+ or higher sunscreen applied prior to sun exposure (If not, please provide a letter releasing the centre of any Liability)		
Have Band-Aids or sticking plasters applied when necessary		
Have staff administer Panadol after phone approval		
Have staff apply Insect Repellent (supplied by parents)		

Photos and Video Footage:

I/We give permission:	YES	NO
For photos and video footage to be taken of my/our child for centre use and staff training purposes (Footage will not leave centre)		



For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the centre		
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the centre for students to present to lecturer and class for viewing and marking)		
For photos and video footage of my/our child to be used on the Building Blocks website, social media and other internet purposes, such as advertisement and used in organisation's resources		
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies?		

I/We:

1. Have viewed the Building Blocks Pre-school (hereafter called the Centre) and consent to the enrolment of the admitting child (hereafter referred to as the child)
2. Understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
3. Received and read the Centre's parent handbook and understand any changes to such will be displayed on the Centre's notice board in the entrance of the Centre
4. Agree to comply with all Government requirements in relation to the Centre and its service
5. Agree that in the case of accident or injury, the Centre will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred
6. Are aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition
7. Understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner
8. Are aware that the Centre may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality
9. Agree to provide the Centre with all information regarding the health of my/our child
10. Understand that the Centre may be used as a training and observation centre by students aiming to/or already working with young children
11. Are aware that the Centre may occasionally have visitors, or volunteers at the Centre, and consent to my/our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision
12. Agree to pay the weekly fee on the due day by providing the Centre or its appointed representative with permission to direct debit fees from my/our bank account
13. Are aware that to cancel childcare we are required to give notice in writing 2 weeks prior to the date of withdrawal; otherwise fees will continue to be charged. During this period we are aware that if our child does not attend we are liable to pay full fees
14. Are aware that fees for public holidays are payable if the day is a usual day of attendance
15. Are aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays
16. Are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes
17. Are aware that to have access to Child Care Subsidies we need to meet all current Child Care Subsidies requirements
18. Understand that a late fee may be incurred for families arriving after 4.00pm. That families are required to inform Staff at the centre by phone that they are going to be late. This late fee is to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the Centre.
19. Understand that should this account be referred to a Debt Collection Agency an additional fee of 15% of the outstanding amount will be incurred
20. Due to our council regulation Please Be aware that parents parking is located in the circular driveway of the centre or across the road from the centre. Please be aware that when dropping off or picking up in the driveway that there is a strict 5 Min restriction (please abide by these time restrictions so that it you aren't inconveniencing other users of the driveway.) Please Note that there is parking permitted in COPE PLACE AT ANY TIME. Any Parent found parking in cope place will risk losing their positions

I/We have read, understood, and agree to abide by the conditions of this contract.

Primary Parent / Guardian
Building Blocks Preschool Coordinator
Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

How did you find out about Building Blocks?

Word of mouth	
Website	
Advertising	
Google	
Facebook/Instagram	
Other (Please Specify)	

FAMILY DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This service agreement outlines the DDR arrangements made between Building Blocks Pre-school, and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

Initial terms of the arrangement

Building Blocks pre-school will periodically debit your nominated account for the agreed amount for child care fees, all drawings will occur on Fridays on a weekly basis.

Drawing arrangements

- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- We will give you 14 days' notice (in writing) when permanent changes to the initial terms of the arrangement are made, e.g. when the centre increases child care fees, fee changes as a result of an increase/decrease in child care days.
- We will give you 7 days' notice (in writing) when temporary changes to the initial terms of the arrangement are made, e.g. overdue fees levied on outstanding amounts.
- An overdue fee will be levied on outstanding amounts at a flat percentage rate, currently 15%. The outstanding amounts will be identified weekly, on a Monday, and the overdue fee amount calculated and included on your weekly statement on that day. Interest will be calculated by multiplying the total balance outstanding (including any unpaid overdue fees) by the current rate. We will give you 9 days' notice (in writing) of this overdue fee amount which will be drawn from your account, using the direct debit system, the following Wednesday.

Your rights

- All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.
- If you have any queries relating to the direct debit arrangements, please contact the Director and or Staff at Building Blocks Ph (02) 97388847.

Changes to the arrangements

If you want to make changes to the drawing arrangements, please contact the Director or Staff at Building Blocks (ph. 02 07388847) who will talk to you before these arrangements can be issued. These changes may include:

- deferring the drawing; or
- altering the schedule; or (under extraordinary circumstances only)
- stopping an individual debit suspending the DDR; or



- cancelling the DDR completely

Any changes to the initial terms need to be made at least 14 days (in writing) prior to the next scheduled drawing date and a letter will be issued to confirm the outcome.

Disputes

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting the administration assistant or Early Years Coordinator, as soon as possible.

Your commitment to us

It is your responsibility to ensure that:

- Your statement is correct, discrepancies must be brought to our attention within 14 days of statement of issue.
- Notify us if your Child Care Benefit has changed by providing the centre with the letter from Centrelink.
- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there is sufficient cleared funds in the nominated account; and
- That you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, our bank will re-draw again in three to five days. Any transaction fees payable by us in respect of a payment being dishonoured will be added to your account.

Please Note: Failure to pay fees is a breach of the Conditions of Enrolment and may initiate the procedure for termination of care.

I, _____, have read and understood the above mentioned and agree to the terms.

Signature: _____

Date:

FEES

To receive your Child Care Benefit (CCB) and have the subsidy applied to the fees Building Blocks Preschool charges, you will need to tell us:

- Your child's Customer Reference Number (CRN)
- Your own CRN

Please contact the Family Assistance Office (FAO) if you are not sure about the CRN details or if you are not eligible for CCS.

It is essential we have this information prior to your child's first day with us; otherwise, we will have to charge full fees until we receive notification from the FAO.

Building Blocks Preschool accepts payments via direct debit. Please fill out the following direct debit form:

Start Date:										
Building Blocks Preschool Centre:		Toddlers Ages- 3-4			Preschool Ages 4-6					
Days Attending:	Mon		Tues		Wed		Thurs		Fri	
<p>Please note we require seven days' notice in writing to make any changes to your direct debit payments. Changes to Account Name or Number: a new direct debit authorisation form is required to be completed for any changes of account details.</p>										
Parent First Name					Middle Name					
Surname										
Child First Name					Middle Name					
Surname										
PAYMENT DETAILS										
Direct debit date to commence on _____ and weekly intervals after that.										
CEASING CARE										
Please arrange for my final direct debit date to be on _____ and cease payments coming out thereafter.										
ACCOUNT DETAILS CONFIRMATION										
Account Name										
Bank										
BSB Number _ _ _ - _ _ _					Account Number _ _ _ _ _ _ _ _ _ _ _ _ _ _					

I agree to pay the childcare fees on the due day by providing Building Blocks Pre-school or its appointed representative with permission to direct debit fees from my/our bank. I understand that dishonoured payments will incur a \$25 processing fee.

Please Note: payments will be deducted from your account weekly on a Wednesday.

X _____

X _____

Primary Parent / Guardian

Date:

