



# REGGIO EMILIA

EARLY LEARNING CENTRE

# ENROLMENT FORMS

**PARRAMATTA**

93 Gladstone St, North Parramatta NSW  
52 Weeks/Year 7:30 AM - 6:00 PM  
6 Months - 6 Years



02 9891 2222



[mail@reggioemilia.com.au](mailto:mail@reggioemilia.com.au)



PO Box 712, Parramatta NSW 2124

[www.reggioemilia.com.au](http://www.reggioemilia.com.au)



The information requested by Management on this form may constitute personal and health information under the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002. Management will only collect personal information specifically for the purpose of providing quality childcare services and in accordance with the Regulatory framework of operating a children's service.

PARENT CRN: ..... CHILD CRN:.....

RELATIONSHIP:  Mother  Father

STARTING DATE: ..... / ..... / .....

Child's Given Name: ..... Child's Family Name: .....

Child's Former/Other Name/s: ..... Gender:  Male  Female

Date of Birth: ..... / ..... / ..... Place of Birth: .....

Address: ..... Suburb: .....

Post Code:     Home Phone: .....

Name to appear on Receipts/Statements: .....

Religion: .....

Primary Language: ..... Cultural Background:.....

Is there anyone who is prohibited from having contact with or collecting the child? .....  
(Please provide Centre with copy of access orders)

Days child to attend (please tick):

Monday  Tuesday  Wednesday  Thursday  Friday

**Minimum two days attendance which must include a Monday or a Friday session.**

Nominated Hours of Usage: .....am to .....pm

**Where a family may have their child attend another child care centre, or Family Day Care, the family must inform and supply both Centres with the necessary information. If your child attends another Centre, please complete the information below:**

Name of Other Centre/s your Child Attends: .....

Number of hours to be allocated to this Centre: .....

## Parent/Guardian 1:

Title:  Mr  Mrs  Ms  Dr

Given Name/s: ..... Family Name: .....

Former Name / Alias: ..... Date of Birth: ..... / ..... / .....

Home Phone No.: ..... Mobile: .....

Address: .....  
*If same as child's - write 'AS ABOVE'*

Name & Address of Employer: .....

.....

Occupation: .....

Work Phone No.: ..... Hours of Work: .....

Preferred Email Address: .....

## Parent/Guardian 2:

Title:  Mr  Mrs  Ms  Dr

Given Name/s: ..... Family Name: .....

Former Name / Alias: ..... Date of Birth: ..... / ..... / .....

Home Phone No.: ..... Mobile: .....

Address: .....  
*If same as above - write 'AS ABOVE'*

Name & Address of Employer: .....

.....

Occupation: .....

Work Phone No.: ..... Hours of Work: .....

Preferred Email Address: .....

## Immunisation Details:

Is your child's immunisation up to date?  YES  NO

**Please supply ACIR Immunisation History Statement**

## Medical Details:

Is your child on regular medication?  YES  NO

If yes, give details: .....

Is your child asthmatic?  YES  NO (Please provide a copy of Asthma Management Plan from doctor/nurse)

Is your child allergic to anything?  YES  NO (Please provide a copy of action plan from doctor/hospital)

**If yes to any of the above, please fill out the Reggio Emilia Medical Conditions Risk Management form.**

If yes, please give details: .....

Is there any other information you wish us to know about your child? .....

.....

.....

Has your child had any of the following?  YES  NO

Measles

Rubella (German Measles)

Recurring Ear Infection

Mumps

Chicken Pox

Hepatitis

Anaphylaxis

Epilepsy

Diabetes

Convulsions

Severe Nose Bleed

Medicare Number: .....

Does your family have Private Health Cover? If yes please specify: .....

## Additional Needs:

Does your child have any additional needs / ongoing?  YES  NO

If YES, please give details .....

Note: If your child has been assessed, please provide DETAILED documentation in relation to the assessment to assist the Centre and staff in planning for your child's individual needs.

Physical Condition

Behavioural Condition

A.D.D / A.D.H.D

Emotional Condition

Gifted / Talented

Speech

Anaphylaxis / or other food allergies / animal

Hearing

Autism

Learning

Other (please specify): .....

Please give details of your child's additional needs:: .....

.....

Please give details of your child's additional services/agencies you are accessing to meet these needs e.g. speech pathologist.

.....

.....

I give permission for the nominated supervisor to access appropriate agencies to assist my child's additional needs as required.

YES  NO

## Emergency Contact: (Other than Parent)

Using the boxes below, list at least 2 people authorised to collect your child and at least 2 people that we may call if we cannot contact you in an emergency. **These cannot be the same person and must not be the child's parents.**

Person's Name (as shown on photo I.D.)	Relationship to Child	Phone (Home)	Phone (Work)	Phone (Mobile)	Daily Pick-up	Emergency Release	Authorise Medication
					<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Home Address:							
Work Address:							

Person's Name (as shown on photo I.D.)	Relationship to Child	Phone (Home)	Phone (Work)	Phone (Mobile)	Daily Pick-up	Emergency Release	Authorise Medication
					<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Home Address:							
Work Address:							

Person's Name (as shown on photo I.D.)	Relationship to Child	Phone (Home)	Phone (Work)	Phone (Mobile)	Daily Pick-up	Emergency Release	Authorise Medication
					<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Home Address:							
Work Address:							

Is there a current Custody or Access Order/Apprehended Violence Order in relation to this child ? **(copy attached)**

YES  NO

If so, what are the custodial arrangements in relation to the child ? .....

.....

.....

.....

**If the person collecting your child is not on your emergency contact list or if you have not provided us with written permission (which includes full name, address and contact number), then we will be unable to release your child. They must also provide us with photo I.D. (licence or passport).**

Signature: ..... Date: ..... / ..... / .....

(Parent/Guardian)

## Emergency Details:

Child's Doctor: .....

Address: .....

Doctor's Phone No.: ..... Release child to Doctor?  YES  NO

Child's Dentist: .....

Address: .....

Dentist's Phone No.: ..... Release child to Dentist?  YES  NO

Religious Requirements in case of Accident: .....

Other Comments: .....

.....

.....

- i.** I hereby authorise the Nominated Supervisor or staff to administer one dosage of Panadol to my child

(Name of Child) ..... if his / her temperature is 38 Degrees Celsius or higher, only if all other methods have been unsuccessful in reducing the temperature. I will collect my child from the centre if Panadol is administered.

Signature: ..... Date: ..... / ..... / .....  
(Parent/Guardian)

If the child presents with an acute fever (39 Degrees Celsius or above) and is not responding to efforts to cool them down, including the administration of Panadol, the Centre Manager will seek medical attention which may include calling an ambulance (see page 9).

Medical clearance must be provided if the child has been sent home.

- ii.** Our current policy states that families are informed of every incident and injury. Families will be given a courtesy call for all incidents/ injuries. An incident/ injury form will be completed for all injuries and families will be given a copy.

- iii.** I hereby authorise the Nominated Supervisor and/or staff to apply 30+ sunscreen on all unprotected areas of the skin

on my child (Name of Child)..... for outdoor play.

Signature: ..... Date: ..... / ..... / .....  
(Parent/Guardian)

## Family Details:

**Please tick:**  One Parent Home  Two Parent Home

Are there any other adults living in the home?  YES  NO

If yes, relationship to the child: .....

### Details of other children living in the home:

Name	Relationship to Child	Date of Birth

Details	Country of Birth	Length of Time in Australia	Cultural Background	Language Spoken	Language Written
Parent/ Guardian 1					
Parent/ Guardian 2					
Child					

Language Spoken between Parents: .....

Language Spoken to the Child: .....

Are there any religious or cultural practices relating to your child's upbringing that we should honour in our care and education of your child ?

YES  NO

Details: .....

### Type of Home (Please tick)

House  Town House  Unit  Other (please specify) .....

Have there been any changes to your family recently?  YES  NO

- Moved House  Parent Medical Condition  
 Birth of a Child  Parent Unemployed  
 Death of a person close to the child  Separation from parent

Other (please specify): .....

Has this affected your child in any way:  YES  NO



## Information about your Child:

Has your child been left with other people?

- Family  
 Friends  
 Babysitter  
 Family Day Care/Playgroup/Occasional Care/Pre-school/Child Care Centre  
 Other (please specify): .....

1. How does your child respond to an unfamiliar situation?

- Confidently    Tearfully    Withdraws    Very Excited    Observes but joins in late

2. What type of play things interest your child?

- Cars/Wheel toys,    Sand,    Blocks,    Water,    Dough,    Dress ups,    Painting,    Dolls,    Swing

3. Does your child spend more time:

- Indoors    Outdoors    Alone    With other children

Were there any complications with the birth or pregnancy your child?    YES    NO

If Yes, provide details: .....

.....

Does your child have any security objects?    YES    NO

If Yes, provide details: .....

.....

## Routines:

### A. Toilet

Is your child in:    Nappies    Toilet Training    Using a Toilet

Can your child manage to go to the toilet without help?    YES    NO

Does your child wet the bed?    YES    NO   How often? .....

What does your child say when they need to go to the toilet? .....

If your child is toilet training outline the methods you are using at home so we can maintain consistency:

.....

.....

If you would like further information about toilet training, please see your child's educator/centre manager.

**B. Sleep**

What time does your child go to sleep at night? .....

What time does your child wake up in the morning? .....

How long does your child sleep during the day? .....

Does your child take a special toy to bed? .....

Does your child have any special routine of being put to bed?  YES  NO

If YES, please give details: .....

.....

Other Comments: .....

**C. Food**

Does your child have a bottle?  YES  NO If YES, what time? .....

Does your child feed him/herself at home?  YES  NO  With Help

Does your child eat breakfast?  YES  NO

Can your child use a spoon?  YES  NO

Can your child use a fork?  YES  NO

Can your child use a cup?  YES  NO

What food does your child dislike? .....

Name any food or liquid he/she is not allowed to have as a preference and why: .....

.....

**BABIES**

Does your child sleep in a cot at home?  YES  NO

Does your child settle themselves to sleep?  YES  NO

What times does your child sleep during the day? .....

Does your child have a dummy?  YES  NO

If YES, please provide details .....

Does your child have a bottle?  YES  NO

If YES, please provide details .....

Breastmilk  Formula  Cow's Milk  Soy Milk

Does your child require pureed food?  YES  NO

**Parents are requested to provide a written copy of their child's daily home routine.**

This enables educators to create consistency between home and centre ensuring your child to feel secure.

Additional Information you would like to share with educators about your child: .....

.....

## Parent's Authorisation:

I, (name) .....

of (address) .....

being a parent / guardian / person having custody of (child's name) .....

enrolled at .....

do hereby authorise the Nominated Supervisor staff or agents of the centre for my child

(child's name) .....to take part in incursions and visits organised by the centre.

I hereby authorise the Nominated Supervisor to seek and provide any emergency medical, dental, hospital and other such services in the event of an emergency, illness or accident involving my child and the staff are unable to contact myself or other persons authorised by me. I consent to the centre pursuing appropriate medical, hospital, dental treatment or calling an ambulance and transportation of an ambulance to hospital to attend to my child. I accept liability for any medical, dental or ambulance expenses incurred.

Signature: .....  
(Parent/Guardian)

Date: ..... / ..... / .....

## Photographs and/or Videos:

I (name) ..... authorise the staff of the service to take photographs and/or

videos of (child's name) .....

(please indicate your preferences below)

To communicate visually of children's activities with the families within the centre including emailed daybooks and newsletters.

To use for promotional purposes outside the centre (e.g. website, flyers, social media)

Signature: .....  
(Parent/Guardian)

Date: ..... / ..... / .....

## Children's Sheets:

Parents are to purchase children's sheet sets for use by your child at the centre. This is part of maintaining a high standard of hygiene and to minimise cross contamination. These sheets are specifically designed to enable your child to further develop their self-help skills. This is a requirement for enrolment and your Nominated Supervisor / administration will provide you with the contact details of the approved suppliers.

## Security System:

Access to the centre is by electronic security tag (if applicable to your centre) and parents will be issued with a tag at enrolment upon payment of bond. The bond varies with the location of each centre.

I, ..... (print full name),  
have been shown and explained the security system of Reggio Emilia Early Learning Centre.

### Authorisation Tag

This tag is issued to ..... (name),

and that it is solely my responsibility. .... (Signature),

the security tag number is .....

It has been explained to me that I will be required to pay a replacement cost, if in the event they are lost, stolen, misplaced or damaged.

## OFFICE USE ONLY Room Leader Acknowledgement:

I acknowledge that I have read the enrolment form and made file notes in relation to the needs and routines of the enrolled child, to assist with the successful transition into our centre.

Room Leader Name: .....

Signature: ..... Date: ..... / ..... / .....

(Room Leader)

# Fee Policy

Please read the following which is our policy on fee collection and sign the bottom to indicate your understanding and acceptance of these conditions.

## When fees are due

- Fees must be paid two weeks in advance
- Should your fees fall more than two weeks in arrears you will receive a reminder letter from the Centre asking you to bring your fees up to date. If your fees are more than two weeks in arrears this will place your child's position within the Centre in jeopardy.
- Any payment that is 14 days overdue will be listed as a default with a credit agency and sent to a debit agency, which could affect your credit history for up to 5 years. Please note that should this occur you will be liable for the costs associated. At this point your child's position will be cancelled.

## Methods of Payment

- Fees can only be paid by Ezi Debit.

## Centrelink and Family Assistance Office

- As our centre is accredited by Centrelink please ensure you provide Centrelink/Family Assistance Office with correct and current information so that you qualify for the Child Care Subsidy. To contact Centrelink/Family Assistance Office - Phone 13 61 50.

Please also be aware that our system is automatically updated by Centrelink and DEEWR. Therefore if you qualify for reduced fees, the fees owing are subject to change at any time in accordance with these Government Departments.

- Full fees will be charged until the Child Care Subsidy (CSS) is granted by Centrelink/Family Assistance Office. Once the CCS is finalised, fees will be adjusted.

## Late Fees

- The centre closes strictly at 6:00pm and all children must be collected by this time. A late fee applies when children are collected after 6:00pm, please note that this fee is not eligible for the Child Care Subsidy.
- On a third occasion, an additional \$50 is incurred along with the late fee charged per minute.

## Withdrawal from the Centre

- Parents must give the Nominated Supervisor / administration a minimum of four full weeks' notice in writing on leaving the service using the centre's withdrawal form.
- During the four weeks notice period, if a child does not attend the Centre they will be charged full fees as the Childcare Subsidy is not applied to absences during this period. This is a CCMS and DEEWR requirement.
- Parents are encouraged to provide feedback regarding their time at the Centre.

## Changes to Enrolment

- Parents must give the Nominated Supervisor a minimum of four full weeks notice in writing when changing the days of attendance using the centre's change of days form.

# Fee Policy (continued)

## Dishonour Fees

- A fee of \$38 will be charged in relation to dishonoured direct debit payments. This decision has been made in order to address the costs incurred by our staff in following up with parents in relation to these dishonoured payments. Please note Ezi Debit also charges \$14.80 for dishonoured fees on their behalf.
- When changing direct debit details, a completed form must be returned with at least 3 working days notice.

## Public Holidays

- As you know, Reggio Emilia only closes for public holidays and remains open throughout the year to provide a service to our families. Please be aware that fees are charged for public holidays as we still have to pay our fixed costs such as payroll, rent etc on these days. If you have any enquiries in relation to this please email [mail@reggioemilia.com.au](mailto:mail@reggioemilia.com.au).
- The centre closes at 12 noon on the last working day before Christmas and New Years Eve. Full fees still apply on those days.

## Cessation of Care (First and Last day/s)

- If your child is absent on their first and/or last day/s full fees will be applied.

## Days Absent

- Fees are payable when your child is absent from care including sick days, family holidays etc.
- Child Care Subsidy applies until absences exceed the legislated limits.
- If your child is away for an extended period of time (ie 6 weeks) full fees may be applied.

## Bond

- All Bond payments are \$400 (refundable providing 4 weeks notice period adhered to and fees are paid in full) per family charged on all new enrolments.
- If the enrolment is cancelled before the child has attended care, the bond will be forfeited in lieu of notice period.

Signature: .....  
(Parent/Guardian)

Date: ..... / ..... / .....

## Fee Policy:

I, ..... (print full name),  
have read and understood the fee policy and agree to abide by the conditions of Reggio Emilia Learning Centre.  
I understand that any payment that is 14 days overdue will be listed as a default with a credit agency and send to a debt  
agency which will affect my credit history for up to 5 years.

Signature: ..... Date: ..... / ..... / .....  
(Parent/Guardian)

## Parent's Statement:

- (a) All information recorded on this form is true and correct.
- (b) I will, if required, produce evidence in support of this information.
- (c) I undertake to advise the Centre of any changes to the information on this form.
- (d) I undertake to provide the centre with updated Immunisation Records each time my child is immunised.

Signature: ..... Date: ..... / ..... / .....  
(Parent/Guardian)

In order to meet the funding guidelines of the Department of Families, Community Services and Indigenous affairs.  
I am aware that I am accepting this position for my child at this Child Care Centre on the understanding that, if another  
parent who is working wishes to enrol their child in the Centre I will, upon request, adjust my child's enrolment days.

Signature: ..... Date: ..... / ..... / .....  
(Parent/Guardian)

I/We confirm that all the information which I/We have given in this enrolment form is true and correct. I/We understand  
that Reggio Emilia Early Learning Centre will rely on this information as being accurate, in order to appropriately care for  
my / our child.

I / We understand that my / our child's enrolment at the centre depends on my / our acceptance of the conditions as  
outlined in the Reggio Emilia Early Learning Centre Parent Handbook. I / We have read the Parent Handbook and I / We  
understand and agree to abide by the Centre's Policies and Procedures.

I / We understand that a copy of Centre's Policy documents as well as curriculum information is available to me at all  
times at the Centre. I also understand that when policies are reviewed parent input will be encouraged.

I/We will notify the Family Assistance Office (FAO) and the Centre regarding any circumstance changing for my / our family.

Signature: ..... Date: ..... / ..... / .....  
(Parent/Guardian)



Reggio Emilia  
Early Learning Centre  
Ph: (02) 9890 8666  
Fax: (02) 8080 8280  
PO Box 712  
Parramatta NSW 2124



ACN 096 902 813 | AFSL 315388

## DIRECT DEBIT REQUEST

## NEW CUSTOMER FORM

**YOUR DETAILS** | Please complete this form using a BLACK PEN, \* Indicates a MANDATORY FIELD

Business:	ELC Developments Pty Ltd	ABN/ACN:	146 693 165	<b>NPR REG 27546</b>
Customer Reference:	<input type="text"/>			
*Surname:	<input type="text"/>	*Given Name:	<input type="text"/>	
*Mobile #:	<input type="text"/>			
* Email:	<input type="text"/>			
*Address:	<input type="text"/>			
*Suburb:	<input type="text"/>	*State:	<input type="text"/>	*Postcode:

**DEBIT ARRANGEMENT** | Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

Starting on Date:      /      /       Fortnightly      Debit Amount = Balance Due  
D D      M M      Y Y

Administration Fee (once only):	Paid by Business	Bank Account Transaction Fee:	Paid by Business	Credit Card Transaction Fee:	VISA/MasterCard: 1.87% (Min. \$0.88) AMEX/Diners: 4.4% (Min. \$0.88)	Optional SMS Payment Reminder	N/A
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### CHOOSE YOUR PAYMENT METHOD

- Debit from Credit Card
- VISA       MasterCard       AMEX       Diners

Card Number: \_\_\_\_\_      Expiry Date:      /      /  
M M      Y Y

Name of Cardholder: \_\_\_\_\_

By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

- Debit from Bank, Building Society or Credit Union Account

Financial Institution: \_\_\_\_\_      Branch: \_\_\_\_\_

BSB Number:      -      Account Number: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.2) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.2) and I/we have read and understand same.

Signature(s) of Nominated Account: PLEASE PRINT AND SIGN  
FORM NOT VALID UNLESS SIGNED

Date:      /      /  
D D      M M      Y Y





ACN 096 902 813 | AFSL 315388

## DDR SERVICE AGREEMENT (Ver 1.2)

### DDR Service Agreement (Ver 1.2)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the attached Direct Debit Request (herein referred to as "the Business").

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/we have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/we will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/we agree that Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:-

- (1) there is a public or bank holiday on the day of the debit, or any day after the debit date;
- (2) a payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
- (3) a payment request is received after normal Ezidebit cut off times, being 4:00pm Queensland time, Monday to Friday.

Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/we will contact the Business if I/we wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

#### Credit Card Payments

I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Ezidebit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, or as otherwise required by law. Further information relating to Ezidebit's Privacy Policy can be found at [www.ezidebit.com.au](http://www.ezidebit.com.au)

I/we acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request.

I/We authorise:

- a) Ezidebit to verify details of my/our account with my/our financial institution; and
- b) my/our financial institution to release information allowing Ezidebit to verify my/our account details

Po Box 1388  
Milton, QLD 4064  
Ph: (07) 3124 5500 Fax: (07) 3124 5555

# Parent Partnership Obligation

Caring for children in Reggio Emilia Early Childhood Centre is a partnership between families and educators. As part of this partnership, there are a number of areas where we expect cooperation from parents within the centre.

## 1. Sick Children

If your child is sick, please do not bring them to the centre. Infectious diseases can spread quickly in childcare and the centre is responsible for other children as well as yours.

If you bring a sick child into care, educators will call you to come and collect them, medical clearance will need to be supplied. If your child has an infectious disease prior to care, a medical clearance / proof of treatment will need to be supplied.

## 2. Methods of Payment

It is the responsibility of the parent/guardian to sign each child in and out of the centre daily. These attendance records are used as part of roll call to ensure we account for every child in the centre at all times.

These records are a legal requirement for payment of the Child Care Subsidy (CCS).

Please call the centre before 10am if your child is going to be away or late for the day.

## 3. Fingernails

Please keep your child's fingernails cut and smooth. When children are playing closely near each other, they may reach across to touch another child. Long nails can scratch easily and can injure another child.

## 4. Hats (labelled wide brim or legionnaire hat)

Please bring a hat for your child every day. Your child will be playing outside and sun protection is important, even in Winter. If your child does not have a hat, educators will call you and ask you to bring one in. Your child will be asked to play in the shade (No hat, play in the shade).

## 5. Lockers

The lockers in our centre have been designed to assist children's development of self-help skills. Please ensure your child's bag will fit into the locker along with all their belongings, ensuring no plastic bags are used.

## 6. Bed Sheets

All children are to have bed sheets from our approved supplier. These sheets are designed to assist children to develop self-help skills and develop a sense of achievement as they learn to make their own bed. They are also the correct size to fit into the lockers.

If you bring other sheets, pillow or blankets, the Room Leader will ask you to take these home.

## 7. Food

Our centre provides all food for your child and there is no need to provide additional food.

Our centre is nut and egg free to ensure children with allergies are not exposed to unnecessary risks.

Please do not bring food to the centre or pack additional food into your child's bag.

If you wish to celebrate your child's birthday, educators will happily make the cake at the centre with your child and their friends. This becomes a valuable learning experience.

Lolly bags will not be distributed and will be sent home.

Additionally, no food/drink is to be stored in pram when pram storage is used.

## 8. Toys from home

Please do not bring toys from home to the centre. These can be easily lost or broken. Reggio Emilia does not take any responsibility for missing or damaged items.

Children find it difficult to understand that a toy belongs to another child and these then become the centre of tension with your child and other children in the room.

If your child has a comforter, please talk with your Room Leader on how this can be accommodated.

A box will be provided in each pre-school room for news items, so please put any special items for news in this box. Children will not be allowed to play with these items during the day.

## 9. Behaviour Management

Our educators are trained to deal with many different aspects of behaviour management and will always do their best to work with you and your child should any issues become evident.

Educators in the room have a responsibility to ensure the safety of all children.

Where a child is experiencing ongoing behaviour management issues, educators will take all measures to ensure a behaviour plan is put into place and will require your cooperation in making a consistent approach to managing the behaviour both at the centre and at home.

If all measures taken to effectively manage a child's behaviour fail and the behaviour is affecting other children at the centre, you will be asked to find alternative care.

## 10. Self-Help Skills

Becoming independent is a big step for children and our educators will work with you to build your child's self-help skills. Transition between rooms is also linked to specific self-help skills. Children moving to toddler rooms need to be drinking from a cup and no longer using a bottle and will also have started toilet training. Children moving to preschool rooms need to be fully toilet trained.

## 11. Fees

Fees need to always be paid on time and families are responsible for ensuring all payment details are up to date. Fees are charged for public holidays and sick days. The centre does not do make-up or swap days.

Fees are charged according to the room your child is enrolled in and not according to age.

Where fees fall into arrears, you will be asked to fix this immediately.

Families whose fees decline will be asked to bring the account up to date immediately. Written notification will be given when fees decline. If the account declines a 3rd time, you will be asked to bring the account up to date and the enrolment will be cancelled.

Four weeks notice is required for change of days and / or withdrawal from the centre.

## 12. Child Safety / Closing Doors

When you are entering and exiting the centre or room ensure you are closing all doors behind you, including the foyer door and room doors. **If a child comes into a common area because of your negligence, your child's enrolment at the centre will be terminated.** This is to ensure a safe and secure environment for all.

I/We have read the Reggio Emilia Early Learning Centre Parent Partnership Obligations and agree to abide by these. I/We understand that continued non-compliance with these may result in the cancellation of enrolment.

Signature: ..... Date: ..... / ..... / .....

(Parent/Guardian)

# CONFIRMATION OF CHILDCARE AGREEMENT



02 9891 2222 mail@reggioemilia.com.au PO Box 712, Parramatta NSW 2124 www.reggioemilia.com.au

**REGGIO EMILIA EARLY LEARNING CENTRE - PARRAMATTA, GLADSTONE STREET**  
(ELC Developments Pty Ltd) 93 Gladstone St, North Parramatta NSW 2151

## PARTIES TO THE AGREEMENT

Between: .....  
(Guardian's full name) (Guardian's Address)

And: Reggio Emilia Early Learning Centre, Parramatta CBD, George St (ELC Developments Pty Ltd) ABN 90 560 181 336 (Provider)

For the care of: ..... / ..... / 20..... **Start Date:** ..... / ..... / 20..... (Child)  
(Child's full name) (Child's DOB)

By: Reggio Emilia Early Learning Centre, Parramatta, Gladstone St

As part of your enrolment at our service we require you to confirm acceptance of the following items in order to be able to receive Government funding on your behalf. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy purposes. Please read these items and confirm by signing below.

## SESSION AND FEE DETAILS

### On-Going (Week 1)

Day	Session Start	Session End	Usual Fee	Unit
<input type="radio"/> Monday	7.30am	6.00pm		Session Fee
<input type="radio"/> Tuesday	7.30am	6.00pm		Session Fee
<input type="radio"/> Wednesday	7.30am	6.00pm		Session Fee
<input type="radio"/> Thursday	7.30am	6.00pm		Session Fee
<input type="radio"/> Friday	7.30am	6.00pm		Session Fee

### Casual

Day	Usual Fee	Unit
Any		Session Fee

### I confirm:

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct
- I have agreed to days of care within the service(s) and understand the start and end times of these sessions of care
- That care may be provided on a casual or flexible basis where available at my service(s) at my request
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a fee schedule or parent handbook) which are subject to change over time based on advice from the provider and acceptance by me.

### PARENT / GUARDIAN SIGNATURE:

Please sign and bring to the  
centre on your next visit

**DATE:** ..... / ..... / .....

# Hello parents!

## What is Kinderloop?

Kinderloop provides a secure way for child care providers to share information with parents, through real-time updates.

**Each Kinderloop is a private closed loop**, posts are only shared with invited family members & staff and cannot be shared across the web. *(Content is owned by the educator)*

Sometimes we seek permission to use real-life images in our messaging (image right) to give an honest representation to new users. If you do not want your child included in any Kinderloop image mock-ups, please tick this box



## Your consent

I, \_\_\_\_\_ [name in print] consent to have the image of my child[ren] \_\_\_\_\_ [name in print] captured by educators for the purpose of developmental reporting & secure parent communication using our private Kinderloop. This includes group photos shared with other family members from my child's class/group. We appreciate your respect in regards to the privacy of other families.

Signed by parent / guardian: \_\_\_\_\_ Date \_\_\_\_\_

**Please securely invite these family members via their email addresses below:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Please give a signed copy back to your nominated supervisor / administration**

**If you do not sign this form you will not have access to your child's digital portfolio & centre updates.**

## Benefits for parents and teachers

- **Secure and private.** Child's data will be accessible only by the families invited
- Use **free Kinderloop Plus app**, to see events, photos, and reminders as they happen without being tied to a clipboard or computer
- Parents receive photos, news, and reminders from the educator **on their smart device** or via the web
- See reports on **developmental milestones**, curriculum themes, and school-wide updates
- Helps develop and maintain a **positive and constructive relationships** with your child's educator & your family
- Parents can **continue the learning** with their children at home
- **Securely invite additional family members** worldwide to view your child's Kinderloop!

**kinderloop.com**  
Contact [hello@kinderloop.com](mailto:hello@kinderloop.com)



# Parent Complaints and Grievances

It is the policy of Reggio Emilia Early Learning Centre to address complaints promptly with emphasis being placed on resolving issues in a professional and ethical manner.

A complaint is defined as “any expression of dissatisfaction whether written or verbal”

The centre values and appreciates complaints and they will be used to help us to develop a better service. Complaints can also help us to understand issues and improve our relationships. If we are not aware of a problem, we cannot address it and prevent it happening again.

## PROCEDURE

Any Parent/Guardian with any concern or complaint in relation to the service provided is encouraged to follow these steps:

1. Raise a complaint with the relevant team member or manager
2. Complaints (verbal or written) will be recorded on a parent complaint form
3. Nominated Supervisor will investigate and keep Parents informed of any actions taken
4. All complaints will be actioned within 24 hours
5. All complaints will be forwarded to the Managing Director, Family Relations and Area Manager
6. Serious complaints will be reported to the NSW Early Childhood Education and Care Directorate, Department of Education and Communities in accordance with regulations
7. Nominated Supervisor will provide written advice to parents on the actions taken including policy change, amendments to Quality Improvement Plan and any Performance Management
8. Confidentiality will be provided to all parties involved
9. Parents not satisfied with the outcome will be provided with the contact number for the NSW Early Childhood Education and Care Directorate, Department of Education and Communities.
10. The Managing Director, Family Relations and Area Manager will follow up all complaints and actions taken to ensure complaint is resolved satisfactorily.

## **OFFICE USE ONLY:**

Immunisation Record Sighted	<input type="radio"/> YES <input type="radio"/> NO	Copy Provided	<input type="radio"/> YES <input type="radio"/> NO	Staff Initial:
Birth Certificate Sighted	<input type="radio"/> YES <input type="radio"/> NO	Copy Provided	<input type="radio"/> YES <input type="radio"/> NO	Staff Initial:
Enrolment form checked by (Name):				Date: ...../...../.....
Direct Debit Form received Date: ...../...../.....				Staff Initial
Enrolment entered on QIKKIDS Date: ...../...../.....				Staff Initial

## **FEE BOND**

Date Paid	Amount Paid	Receipt Number	Staff Initial

## **SECURITY TAG BOND**

Date Paid	Amount Paid	Receipt Number	Staff Initial

## **CESSATION OF CARE**

Withdrawal Date	Date Notice Given

Address	Phone	Email

Date Bond Refunded	Amount	Reference Number	Staff Initial

Date Security Tag Returned	Tag Number/s	Reference Number	Staff Initial

Date Security Tag Bond Refunded	Amount	Reference Number	Staff Initial



**PARRAMATTA**

93 Gladstone St  
North Parramatta  
NSW 2151



**REGGIO  
EMILIA**

EARLY LEARNING CENTRE