



# REGGIO EMILIA

EARLY LEARNING CENTRE

# ENROLMENT FORMS

**PARRAMATTA STATION**

Level 3/30 Cowper St, 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 puréed 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)

## Direct Debit Request - Authorisation Form

### Customer Details

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Email Address:	<input type="text"/>		


### Select from the Following

<input type="checkbox"/> New Account	<input type="checkbox"/> Change Debit Limit	<input type="checkbox"/> Change Account Details
--------------------------------------	---	---

### Payment Details

Payment Limit Amount:	<input type="text"/>	<small>This is the maximum amount to deduct at each centre where a balance occurs</small>		
	<small>so.00 or Blank = No Limit</small>			
Surcharge:	Visa/MasterCard: <input type="text"/> 1.87%	AMEX: <input type="text"/> 4.40%	Bank Account: <input type="text"/> Paid by Business	Admin Fee: <input type="text"/> Paid by Business
Payment frequency:	<input type="checkbox"/> Weekly <small>(default)</small>	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 4-Weekly	Day of the week: <input type="text"/>
	<input type="checkbox"/> Monthly			Day of the month: <input type="text"/>
First Payment Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Reversal Fee:	<input type="text"/> \$14.95	

### Direct Debit from Bank Account, Building Society Or Credit Union

Details of the Account to be debited (All Details must be supplied):			I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 518466 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).
Account Name:	<input type="text"/>		
BSB Number:	<input type="text"/>		
Account Number:	<input type="text"/>		

### Credit Card

Please charge my payments to my:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
Card number:	<input type="text"/>		
Expiry Date:	<input type="text"/> / <input type="text"/>	Name on Card:	<input type="text"/>

### Signature

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understood the same.

Authorising Signature (s)	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>



## Terms and Conditions

### DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR Authorisation Form.

#### INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) APCA User ID 518466 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business).

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the DDR Authorisation Form, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the DDR as instructed by the Business.

#### RELATIONSHIP

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has no express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

#### CLEARED FUNDS

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment ("Day to Debit") to enable the direct debit to be honoured on the Day to Debit. 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 when the debit is attempted, I/we agree that I/we will be responsible for any fees and charges that may be charged by my/our Financial Institution.

#### VARIATIONS TO DEBIT TERMS

I/We authorise the Business to vary the amount of the payments from time to time if provided for within my/our agreement with the Business. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

#### CANCELLING THESE DEBIT TERMS

I/We understand that I/we are able to cancel this DDR by requesting this of the Business or my/our Financial Institution, and I/we acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/we have agreed to.

#### NON WORKING DAY

When the day to debit falls on a weekend or public holiday the debit will be initiated on the next working day.

#### DISHONOURD PAYMENTS

I/We acknowledge that:

- (a) if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any Debitsuccess fees and charges (currently up to \$14.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); and
- (b) Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

#### ACCURACY OF INFORMATION

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the DDR Authorisation Form are correct and that Debitsuccess is not liable to the extent that any such details are wrong and this causes a required payment to be missed. In addition, where I/we are paying the required payments by credit card and have entered the details of the credit card on the DDR Authorisation Form, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this Agreement to the extent that the credit card has expired, and that it is wholly my/our responsibility to provide details of any replacement credit card to Debitsuccess via the Business.

#### DISPUTES

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to direct any such dispute to my/our Financial Institution.

#### OTHER AUTHORISATIONS

I/We authorise:

- (a) The Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- (b) The Financial Institution to release information allowing Debitsuccess to verify my/our account details.

#### INFORMATION SECURITY

Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the DDR (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

Debitsuccess will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact  
Debitsuccess Pty Ltd.  
PO BOX 5567, Stafford Heights QLD 4053  
Phone: 1800 956 959  
E-mail: [qkclients@debitsuccess.com](mailto:qkclients@debitsuccess.com)

## Parent Partnership Obligation (updated contact & immunisation details)

IF ANY OF YOUR CONTACT DETAILS OR YOUR CHILD'S IMMUNISATION DETAILS HAVE CHANGED, PLEASE FILL IN THE FORMS BELOW:

### Parent/Guardian 1: (updated information)

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: (updated information)

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: .....

### Immunisation Details: (updated information)

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

**Please supply ACIR Immunisation History Statement**

# Parent Partnership Obligation (updated emergency contact)

**IF YOUR EMERGENCY CONTACT DETAILS HAVE CHANGED, PLEASE FILL IN THE BELOW:**

## Emergency Contact: (Updated information)

### (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)

# 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 in breach of the Parent Partnership obligation and the enrolment will be cancelled, and you will be required to immediately bring the account up to date.

If your enrolment is cancelled then in addition to any outstanding fees, you will be charged four additional weeks of fees to cover the loss and damage suffered by the Centre as a result of the breach of the Parent Partnership Obligation.

Four weeks written notice is required for change of days and / or withdrawal from the centre. If four weeks written notice is not provided then the centre is entitled to charge you for the notice period..

## 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.

13. I acknowledge that a daily fee is payable for each day in which my child is enrolled and is payable for the reservation of the place not the attendance of my child.

14. I understand that my child has a confirmed enrolment in the room and on the days as offered in the enrolment confirmation letter. The opportunity to transition to the next age group will be offered based on availability, in some cases children are unable to transition immediately after their Birthday. If this is the case then my child will continue in their current room, and the usual daily fee will apply, until the transition is possible.

15. I agree to ensure that my child will be brought to and collected from the centre by a responsible adult that will sign my child in and out.
16. I agree to abide by the Medication Policy and always provide prescribed medicine in its original container, with all correct details on the label. I agree to complete a medication form for my child and always hand the medication and form to a staff member.
17. I understand and accept that should Reggio Emilia Team consider my child contagious or too ill to attend the service that the decision be regarded as final and my child will be collected promptly from the service. In a case that a child is unwell, the Team will ensure that the child is kept comfortable as possible until they can be picked up by a parent or authorised person.
18. I understand that In the event of an emergency, for example, fire at the centre, and during rehearsals the children will be required to evacuate the premises and will assemble at a central point of safety. The children will be fully supervised by staff.
19. I authorise Reggio Emilia to take all and any such actions as it may consider necessary, appropriate and in the best interest of the child in all circumstances to protect my child and/or any other children at Reggio Emilia Early Learning Centre premises or under its control.
20. I give permission for my child's Allergy Action Plan / Food Preference charts with photos to be displayed in the room and Kitchen for the Reggio Emilia Team to reference.
21. I acknowledge that I have been shown where the Centre Policies are kept and will have access to read these at any time.
22. I acknowledge that I have a responsibility to treat all Reggio Emilia Early Learning Team members with respect and behave appropriately at all times when dealing with any employees. Swearing, raising voices, rudeness directed at team members will not be tolerated and I understand that my child's enrolment may be terminated if these terms are not adhered to.
23. I understand that Reggio Emilia reserves the right to terminate, without notice, my child's position at the service if it believes it is in the best interests of the child, other children on the premises or staff on the premises resulting from actions, threatened or implied, by the child or their guardians.
24. I give permission for my child to have their face painted whilst at Reggio Emilia.
25. I understand that Reggio Emilia Early Learning Centre can choose not to accept my child in care if these agreed terms and conditions are not agreed to or met.
26. I acknowledge and am aware that Reggio Emilia has CCTV Surveillance cameras / Audio in operation throughout the service 24 hours a day.
27. I understand the CCTV surveillance cameras are utilised for security purposes only and can only be viewed by Reggio Emilia management due to confidentiality purposes.

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 STATION, COWPER STREET**  
( ELC Partners Pty Ltd ) Level 3/30 Cowper Street, Parramatta NSW 2151

## PARTIES TO THE AGREEMENT

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

And: Reggio Emilia Early Learning Centre, Parramatta Station, Cowper Street (ELC Partners Pty Ltd) ABN 97 286 989 541 (Provider)

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

By: Reggio Emilia Early Learning Centre, Parramatta Station, Cowper 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!



# 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 STATION**

Level 3/30 Cowper St  
Parramatta NSW 2151



**REGGIO  
EMILIA**

EARLY LEARNING CENTRE