



Shooting Stars Early Learning Centre

ABN: 29 625 242 962

8 – 10 Elizabeth Street

Cranbourne North VIC 3977

Phone: (03) 5995 7084

Email: shootingstarscranbourne@gmail.com

Website: shootingstarselc.com.au

Date of last review: August 7, 2024

# Quality Early and School Aged Care

## SHOOTING STARS EARLY LEARNING CENTRE ENROLMENT FORM

### CHILD'S DETAILS:

|   |                 |
|---|-----------------|
| Surname:  | Given Name (s): |
| Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> | Date of Birth:  |
| Address:  |                 |

Does your child identify as:

|                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| Aboriginal             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Torres Strait Islander | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Centrelink Reference Number: \_\_\_\_\_

### FAMILY DETAILS:

#### Parent/Guardian 1:

|                                |                        |
|--------------------------------|------------------------|
| Surname:                       | Given Name (s):        |
| Previous Names / Former Names: |                        |
| Date of birth:                 | Relationship to Child: |
| Residential Address:           |                        |
| Home phone #:                  | Mobile phone #:        |
| Email address:                 |                        |

#### Work:

|                  |                 |
|------------------|-----------------|
| Occupation:      | Employers Name: |
| Address of Work: |                 |
| Work Phone #:    | Mobile phone #: |

Centrelink Reference Number: \_\_\_\_\_

|                    |                              |                             |
|--------------------|------------------------------|-----------------------------|
| Parent Disability: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, explain:   |                              |                             |

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#### Parent/Guardian 2:



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|                                |                        |
|--------------------------------|------------------------|
| Surname:                       | Given Name (s):        |
| Previous Names / Former Names: |                        |
| Date of birth:                 | Relationship to Child: |
| Residential Address:           |                        |
| Home phone #:                  | Mobile phone #:        |
| Email address:                 |                        |

**Work:**

|                  |                 |
|------------------|-----------------|
| Occupation:      | Employers Name: |
| Address of Work: |                 |
| Work Phone #:    | Mobile phone #: |

Centrelink Reference Number: \_\_\_\_\_

|                    |                              |                             |
|--------------------|------------------------------|-----------------------------|
| Parent Disability: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, explain:   |                              |                             |

Centrelink Reference Number: \_\_\_\_\_

**COUNTRY OF ORIGIN:**

|  |         |
|--|---------|
| Mother:  | Father: |
| Child's Country of Birth:  |         |
| What year did the family arrive in Australia:  |         |
| Is English the family's first language: Yes <input type="checkbox"/> No <input type="checkbox"/> |         |
| Other languages spoken at home:  |         |
| Are there any customs relating to religion, food or clothing which you wish to discuss?          |         |

**FAMILY STATUS:**

|   |
|---|
| Marital Status of Parents:  |
| If parents are separated/divorced, does the non-custodial parent have access? |
| Who has custody of this child:  |
| Details of access:  |

**Persons residing with the child:**



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Name: Relationship: Age:

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Name: Relationship: Age:

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Name: Relationship: Age:

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Name: Relationship: Age:

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Please provide copies of any court orders in place with this form.

*It is the parent's responsibility to keep the Centre updated on care/access issues and to provide copies of any changes made to court orders.*

### CHILD'S MEDICAL HISTORY:

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Medicare Number:

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**In Case of an Emergency who is your preferred medical practitioner? Where practical the nominated medical practitioner will be contacted when seeking emergency treatment.**

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Doctor's Name: Phone Number:

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Address:

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Ambulance subscriber: Yes  No

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### Special Needs:

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Does the child have any special needs? Yes  No

If you have answered yes to this question, please note as part of the orientation process, you will be required to have a Centre/ Family Consultation regarding your child's condition.

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Allergy and or Intolerance  Communication Needs

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Interpersonal Needs  Learning Needs

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Mobility Needs

---

Other – Please specify

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### Child's Medical History:

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Any prescribed medication or treatment for the above? Yes  No

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Has your child had any significant illnesses suffered in the past? Yes  No

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Does the child currently suffer from any chronic illnesses? Yes  No

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(Please note children suffering chronic illnesses such as Asthma, Diabetes, allergies etc. will need an action plan completed by a Doctor, to be kept at the Centre)

At what age were these needs diagnosed?

Who diagnosed the child? Please include contact details:

Phone number:

Any special management of the child required?

Other agencies involved with the child? Yes  No

Has your child had any significant illnesses suffered in the past?

Has the child been hospitalised for any reason?

#### **ALLERGIES AND FOOD:**

Does the child have any ALLERGIES or intolerances or family preference?

How does your child respond to new situations?

Does your child have any fears?

#### **Has your child:**

Been cared for by someone else? Yes  No

Attended another Child Care Centre? Yes  No

Are there any other comments that will assist us in care of your child:

#### **IMMUNISATION RECORD:**

Is your child immunised? Yes  No

If yes, please provide a copy of the immunisation record.



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### **Immunisation Requirements Effective from 1 January 2016:**

Starting 1 January 2016, immunisation requirements will apply to all children and young people under 20 years of age for eligibility to receive:

- Child Care Benefit
- Child Care Rebate
- Family Tax Benefit Part A end-of-year supplement

These changes will also affect customers who receive Grandparents Child Care Benefit, Special Child Care Benefit, and Jobs, Education, and Training Child Care fee assistance. Exemptions for vaccination due to personal, philosophical, or religious beliefs will no longer be permitted. Parents and carers with unvaccinated children who do not have a medical exemption will not be eligible for Child Care Benefit, Child Care Rebate, or Family Tax Benefit Part A.

Approved medical exemptions will continue to apply. If there is a medical reason why your child cannot be vaccinated, please consult your general practitioner.

For more information, please visit [Human Services: Proposed Changes to Immunisation Requirements](#).

### **Verification of Immunisation Status**

In accordance with the Public Health Amendment Act 1992, the Director will request verification of the child's immunisation status at the time of enrolment. Parents are also responsible for ensuring that their child continues to receive appropriate immunisations during their attendance at the Centre and must provide proof of immunisation upon request.

If parents choose not to have their child routinely immunised, the child will be excluded from the Centre during any outbreak of an infectious disease for which immunisation protection is available. Full fees will be payable during the period of exclusion.

Please note that if your child's immunisation is overdue, Centrelink may cancel the child's Child Care Benefit (CCB).

### **EMERGENCY CONTACTS / AUTHORISED PERSONS:**

The following persons (other than parents/guardians) are authorised to collect the child under normal circumstances and may also be contacted in an emergency. Contact with these persons will only be required when parent/guardian are unable to be contacted. Emergency contacts must be able to be contacted by phone and be willing and able to collect the child if parent/guardian is unavailable.

#### Contact 1:

|                         |                                 |
|-------------------------|---------------------------------|
| _____<br>Surname:       | _____<br>Given Name (s):        |
| _____<br>Address:       |                                 |
| _____<br>Date of birth: | _____<br>Relationship to Child: |



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Residential Address:

Home phone #:

Mobile phone #:

Email address:

Authorised to collect

Authorised to give permission for medication

Authorised in an emergency

Authorised person to give permission for excursions

**Contact 2:**

Surname:

Given Name (s):

Address:

Date of birth:

Relationship to Child:

Residential Address:

Home phone #:

Mobile phone #:

Email address:

Authorised to collect

Authorised to give permission for medication

Authorised in an emergency

Authorised person to give permission for excursions

**Contact 3:**

Surname:

Given Name (s):

Address:

Date of birth:

Relationship to Child:

Residential Address:

Home phone #:

Mobile phone #:

Email address:

Authorised to collect

Authorised to give permission for medication

Authorised in an emergency

Authorised person to give permission for excursions

**The child will usually be collected by:**

Surname:

Given Name (s):

Surname:

Given Name (s):

Address:

Date of birth:

Relationship to Child:

Residential Address:

Home phone #:

Mobile phone #:



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Email address:

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|                            |                          |   |                          |
|----------------------------|--------------------------|---|--------------------------|
| Authorised to collect      | <input type="checkbox"/> | Authorised to give permission for medication        | <input type="checkbox"/> |
| Authorised in an emergency | <input type="checkbox"/> | Authorised person to give permission for excursions | <input type="checkbox"/> |

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The parent must provide the Centre with the names and address of at least two responsible persons for the Emergency Contacts / Authorised Persons. The person collecting the child must be 16 years of age or over and should be able to produce proof of identity. When requested by the Centre Director or their delegate, the parent, or authorized person nominated by the parent, must go immediately to the Centre to collect a sick or injured child. If a person other than those listed above is to collect the child, the parent's written permission is preferred, but verbal permission will suffice. Unfamiliar persons collecting children will be asked to produce photo identification.



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## AGREEMENT AND AUTHORISATIONS

### Illness, Accident, and Emergency Treatment:

I give permission for the service to seek urgent medical or dental treatment for my child from a registered medical practitioner, dentist, or hospital in the event of an emergency. (At parent's expense)

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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I give permission for my child to be transported by an ambulance service in the case of an emergency. (At parent's expense)

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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I understand that I am personally responsible for any costs incurred in relation to any accident, illness, or incident that occurs while my child is in attendance at the service.

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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### Sunscreen:

I give permission for my child to have sunscreen applied (Cancer Council approved brand).

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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### Nappy Cream

In the event that I have not supplied nappy cream, I give permission for my child to have the Centre's nappy cream applied when necessary. (It is preferable for parents to supply their own cream of choice with written permission for staff to apply.)

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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### Allergy Display:

I give permission for my child's dietary requirements (due to allergy, intolerance, and/or family preference) to be on display in the classroom and kitchen to assist staff in providing appropriate food and products to my child.

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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### Excursions:

I give permission for my child, as part of the educational program of the Centre, to watch a variety of performances or presentations by professionals that visit the Centre.

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

---

### Privacy:

I understand that any personal information gathered by Shooting Stars Early Learning Centre will only be used for the purpose it was collected for. The Centre holds this information, which is only accessed by authorised persons. I am aware that any forms of media, photos, video, or personal comments are not to be shared, emailed, or posted online as this is a breach of the Privacy Act.

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### Shooting Stars Early Learning Centre Agreement Form

This form outlines the general terms and conditions under which the Centre operates. The agreement is valid for the duration of the period that the child is in care, or until the need arises for a new agreement to be formulated and signed.



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## **PAYMENT OF FEES:**

### **1. Daily Fees:**

Parents or guardians are responsible for the timely payment of their child's fees. These fees include four incursions for the children each calendar year, as well as an end-of-year party for children and their families.

Fees must be paid in full unless the parent or guardian has been granted the Child Care Subsidy (CCS). In this case, the payable fee will be the gap between the total fee for care and the CCS. It is the parent's responsibility to contact the Family Assistance Office and complete the necessary Child Care Subsidy requirements prior to enrolment.

Parents who are either ineligible for the Child Care Subsidy or choose not to use it must still notify the Family Assistance Office that their child is in care and complete the required paperwork.

Parents are obligated to inform the Family Assistance Office of any changes in their circumstances that may affect their subsidy status.

### **2. Method of Payment:**

Fees for the first week of care are due on the child's first day. Thereafter, fees are to be paid in advance on the first day of care each week.

The preferred method of payment is direct deposit into our nominated bank account. We also accept cash and EFTPOS.

Fees remain payable even if your child is absent from the service. Parents may be required to provide a medical certificate if the child is absent for more than 42 days within a financial year.

Regular fees are charged for public holidays. The centre does not offer make-up days or swapped days if your normal booked day falls on a public holiday.

### **3. Late Fees:**

A late fee of \$1.00 per minute will be charged for any time after the centre's closing time of 6:00 PM. This fee is implemented to offset staff overtime costs.

## **WITHDRAWAL AND TERMINATION OF ENROLMENT:**

### **1. Fees in Arrears:**



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The Centre Director, in conjunction with Management, has the authority to terminate an enrolment if fees remain outstanding for two weeks or more without an agreed payment plan. Enrolments may also be terminated if a child is absent for two weeks or more without written notice.

If fees continue to be in arrears, the matter will be referred to Management. This may result in the termination of the enrolment and the outstanding fee amount being passed on to a debt recovery agent. Parents or guardians will be liable for any collection costs incurred in recovering the owed amount.

## **2. Withdrawal:**

Two weeks' written notice is required for withdrawal. Please note that if your child is absent on their last day of attendance, in accordance with Centrelink regulations, the childcare subsidy will no longer apply, and full fees will be charged for the period of absence.

## **INCIDENTS:**

### **1. Absence and Illness:**

If a child is to be absent, parents are asked to notify the Centre as soon as possible.

### **2. Exclusion due to Illness:**

A child will not be able to attend the Centre if:

- The child is suffering from a contagious disease or condition.
- A medical practitioner has recommended the child not attend childcare.

The Centre Director requests the child be kept away due to illness that requires care beyond what the Centre staff can provide.

Parents may be required to provide a medical certificate stating that the child is non-contagious or well enough to attend childcare.

### **3. Medication:**

Parents whose child requires medication administration must:

- Complete the appropriate form at the Centre.
- Provide the medication in its original container with a chemist's label stating the child's name, date of birth, and dosage instructions.



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- Provide written authority from a medical practitioner for the administration of non-prescription medication.

Staff are not liable for any allergic reaction or injury caused to the child by the administration of the medication in accordance with the parent's written authority. They are also not responsible for any errors in the written permission or the supply of incorrect medication by the parent.

#### **4. Accident/Emergency**

Every reasonable effort will be made to contact the child's parent or guardian. However, if contact cannot be established, the Director or their delegate may authorize transportation to a hospital and the administration of treatment as recommended by any attending dentist, doctor, ambulance officer, police, or state government officer on behalf of the parent. The parent will be responsible for any costs incurred because of transportation or treatment. Additionally, parents are required to notify the Centre of any changes or developments in the child's medical history.

### **NOTIFICATIONS:**

#### **1. Mandatory Reporting**

As mandatory reporters, Centre staff are obliged to report any suspected incidents of child abuse or mistreatment to the relevant licensing body. Under legislation, the Centre may be required to provide information to, or receive information from, other agencies in relation to the child.

#### **2. Hours of Attendance**

Shooting Stars is open for 11.5 hours per day, from 6:30 AM to 6:00 PM, for which a daily fee is charged. Please indicate the approximate hours that your child will attend the service. This information helps us ensure we operate legally within our licensing regulations.

### **ARRIVAL & DEPARTURE OF CHILD:**

1. Upon arrival at the Centre, it is the parent's responsibility to ensure that a member of the room staff receives the child into care, is aware of their attendance, and that the child is signed in.
2. When picking up the child from the Centre, it is the parent's responsibility to ensure that a member of the room staff is aware that the child is being signed out of care.



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# Quality Early and School Aged Care

## SIGNATURE PAGE

**Commencement Date:** \_\_\_\_\_

**Days:**

- MON: Arrival Time \_\_\_\_\_ / Departure Time \_\_\_\_\_
- TUES: Arrival Time \_\_\_\_\_ / Departure Time \_\_\_\_\_
- WED: Arrival Time \_\_\_\_\_ / Departure Time \_\_\_\_\_
- THURS: Arrival Time \_\_\_\_\_ / Departure Time \_\_\_\_\_
- FRI: Arrival Time \_\_\_\_\_ / Departure Time \_\_\_\_\_

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**Acknowledgement:**

I have read the Shooting Stars Early Learning Centre Agreement Form and understand and will abide by the contents. I have also received a copy of the Parent Handbook.

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Director/Representative Name:** \_\_\_\_\_

**Director/Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_