



# Berkeley Vale Neighbourhood Centre Inc. Out of School Hours Care being Tuggerah Before & After School Care and Berkeley Vale Vacation Care

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Please Cross on what basis this child will be attending:

**PERMANENT**

Means your child/ren attends on a regular basis eg Mon Tues Wed and you will be charged for this attendance even if your child/ren are unable to attend.

**CASUAL**

Means you require care for your child/ren at short notice. You need to contact the centre to book your child/ ren for the day required. Payment is also required on the same day. 24 hours for cancellation otherwise fee will be charged.

**School Attending**.....

**Date to Commence:-** .....

	Mon	Tues	Wed	Thurs	Frid
Morning					
Afternoon					

**Please place a cross on the days and sessions your child/ren will be attending.**

**Signature**.....

Child/ren's Surname	Given Name	M/F	D.O.B	Child/ren's CRN	Country of Birth

**PARENT OR CARER INFORMATION – please provide as many contact details as possible and inform us immediately if any of them change –**

1. Name .....	2. Name .....
D.O.B.....	D.O.B.....
Relationship to child.....	Relationship to child.....
Address .....	Address .....
.....	.....
Occupation .....	Occupation .....
Place of employment.....	Place of employment.....
CRN .....	CRN .....
Phone (h).....	Phone (h).....
(w).....	(w).....
(m).....	(m).....
Email Address: .....	Email Address: .....

**EMAIL ADDRESS OF PARENT FOR INVOICES:** .....

**PARENT OR CARERS CULTURAL BACKGROUND**.....

**LANGUAGES SPOKEN AT HOME**.....

Please tell us if there are any religious/cultural requirements that need to be observed while your child is at our centre:

.....

.....

Does your child/ren celebrate Christmas? YES / NO

Does your child/ren celebrate Easter? YES / NO

Does your child/ren celebrate Birthdays? YES / NO

**Please circle family status (all information kept by centre is strictly confidential)**

Two parent family	One parent family
Both parents working	One parent working
Both parents studying/training	One parent studying/training

**EMERGENCY CONTACTS** *(These are required in case parents/carers cannot be contacted in an emergency – Please provide at least 2)*

Name .....

Relationship to child.....

Address .....

.....

Phone(h).....

(w).....

(m).....

Name .....

Relationship to child.....

Address .....

.....

Phone (h).....

(w).....

(m).....

**AUTHORITY TO COLLECT CHILDREN** *(written authority is necessary before a child is allowed to leave with someone other than their parent – please ask staff if you want to authorize more than 2 people to pick up your child)*

Persons aged 16 years+ allowed to collect my child are (please note that staff will assess the suitability and maturity of the person before releasing children) –

Name .....

Relationship to child.....

Address .....

.....

Phone(h).....

(w).....

(m).....

Name .....

Relationship to child.....

Address .....

.....

Phone (h).....

(w).....

(m).....

**Please note:** We will check the identity of any new person collecting your child, so please ask them to bring some form of personal identification with them.

**LEGAL RESTRICTIONS**

Are there any court orders, custody papers affecting the family?      Yes/No

Outline of terms and conditions:

.....

.....

.....

.....

**(Please supply a copy of these papers to the service before your child attends. The original papers will need to be sighted by our staff).**

**Please Note: Without copies of the legal papers staff cannot carry out these instructions**

**LOCAL EXCURSIONS**

My child(ren) ..... have my permission to leave the premises while under the supervision of Berkeley Vale staff for supervised activities within the local community. (Parents will need to sign a separate form for excursions not in the local area). Whilst I realize all possible care will be taken I accept full responsibility.

\_\_\_\_\_  
Parent/Carer Signature

\_\_\_\_\_  
Date

**EMERGENCY MEDICAL CARE CONSENT**

In the event of an accident or illness requiring medical treatment, every effort will be made to contact the parents before such treatment is sought. However if this should prove impossible, parents are asked to complete this consent to allow us to seek emergency medical attention/treatment for their child.

**I, ..... (your full name) hereby give permission for the staff at Berkeley Vale to seek medical attention for my child(ren) in the event of an accident/emergency and for First Aid to be administered by a suitably qualified person where considered necessary.**

_____		_____	
Parent/Carer Signature		Date	
Family Doctor's Name .....			
Address .....		Postcode .....	
Phone No. ....		Medicare No.....	
		Expiry Date.....	

**MEDICAL RECORD**

Is your child's immunisation up to date? Yes / No

Does your child suffer from:	Yes	No	If yes, please state child's name & explain condition.
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	..... .....
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	..... .....
Behaviour Disorders	<input type="checkbox"/>	<input type="checkbox"/>	..... .....
Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	..... .....
Any History of ill health	<input type="checkbox"/>	<input type="checkbox"/>	..... .....
Special Diet or Medication	<input type="checkbox"/>	<input type="checkbox"/>	..... .....
Any other current or past medical conditions..... ..... .....			

**Does your child/children have any physical/sensory impairment that staff need to be aware of? If yes please complete enrolment form 'B'.**

**PERMISSION TO PUBLISH PHOTOGRAPHS**

I hereby authorise Berkeley Vale Care to use, any photograph(s) produced of my child/ren, for general publication in the Berkeley Vale Care scrapbook, newsletter or monthly reports, I acknowledge that I will not be remunerated or further notified of the use of any photograph(s) used by the Berkeley Vale Care.

I give my consent for the photographs to be used for newspaper, website or public articles if required.

\_\_\_\_\_  
Parent/Carer Signature & name (Please Print)

\_\_\_\_\_  
Date

**PERMISSION FOR PANADOL**

I give permission for my child/ren to be administer the recommended dose of PANADOL if your child has a temperature over 38degrees.

\_\_\_\_\_  
Parent/Carer Signature & Name (Please Print)

\_\_\_\_\_  
Date

**PERMISSION TO APPLY SUNCREAM**

I give permission for my child/ren to apply sun cream when necessary.

\_\_\_\_\_  
Parent/Carer Signature & Name (Please Print)

\_\_\_\_\_  
Date

**CENTRE POLICIES**

The attached Parent Handbook briefly outlines the policies and procedures that direct the way we operate. It is important that you are aware of these. We therefore request that you read the Parent Handbook carefully and ask us if you have any questions. Our policy folder is also displayed at the centre for you to have a look at.

I have received, read and understood the Parent Handbook and agree to abide by all the centres policies and procedures.

\_\_\_\_\_  
Parent/Carer Signature & Name (Please Print)

\_\_\_\_\_  
Date

**AGREEMENT**

**I agree to pay and keep my child/ren’s fees one week in advance.**

I understand that to keep my child/ren’s place, whenever they are absent from the Centre, fees are still required to be paid.

This is an Agreement between .....and the Coordinator.

Signed .....(Parent/Guardian)

Date .....

Signed .....(Coordinator)

Date .....

**Please note all sections must be completed before enrolment forms can be accepted. All families and children require a CRN even if paying full fees.**

**PRIVACY STATEMENT**

Our Centre maintains records of children’s attendance, health, family financial matters, such as fees, payments and the developmental records of each child/ren as required by regulations. All information is confidential and is only available to parents/guardians of the children concerned and by the request of DOCS, NCAC and FAO.

Special requirement records will be kept, if notified by a parent, which may relate to a child’s culture or religion if the child has a disability or other special need. The specific needs of all children will be recorded.

**I HAVE READ THE INFORMATION BOOKLET PROVIDED AND UNDERSTAND THE CONDITIONS SET OUT IN SUCH.**

.....  
SIGNATURE OF PARENT/GUARDIAN

.....  
DATE

I have read and understood the attached EC Credit Control basic clauses and understand that if I fail to pay any fees owing within 30 days after the school holiday period this enrolment applies to I am liable for all costs involved in collection of these fees.

This is an agreement between .....and  
Berkeley Vale Neighbourhood Centre

Signature of parent/guardian: ..... Date.....

(Please note failure to sign this clause will result in our refusal of your enrolment unless all fees are paid in advance (by cash, EFT or credit) prior to care commencing.)

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## 1. Goods and/or Services

1.1 The Goods and/or Services shall be as described on the invoices, quotation, work authorisation, sales order or any other work commencement forms as provided by the Seller to the Buyer.

## 2. Price and Payment

2.1 The Price shall be as indicated on invoices provided by the Seller to the Buyer in respect of Goods and/or Services supplied.

2.2 Time for payment for the Goods and/or Services shall be of the essence and will be stated on the invoice, quotation, or any other order forms. If no time is stated then payment will be due seven (7) days following the date of the invoice.

2.3 The Price shall be increased by the amount of any GST and other taxes and duties which may be applicable, except to the extent that such taxes are expressly included in any quotation given by the Seller.

## 3. Default & Consequences of Default

3.1 Interest on overdue invoices shall accrue daily from the date when payment becomes due, until the date of payment, at a rate of two and one half percent (2.5%) per calendar month (and at the Seller's sole discretion such interest shall compound monthly at such a rate) after as well as before any judgment.

3.2 If the Buyer defaults in payment of any invoice when due, the Buyer shall indemnify the Seller from and against all the Seller's costs and disbursements including on a solicitor and own client basis and in addition all of the Seller's nominees costs of collection.

## 4. Title

4.1 It is the intention of the Seller and agreed by the Buyer that property in the Goods shall not pass until:

(a) the Buyer has paid all amounts owing for the particular Goods; and

(b) the Buyer has met all other obligations due by the Buyer to the Seller in respect of all contracts between the Seller and the Buyer, and that the Goods, or proceeds of the sale of the Goods, shall be kept separate until the Seller shall have received payment and all other obligations of the Buyer are met.

## 5. Privacy Act 1988

5.1 The Buyer agrees for the Seller to obtain from a credit-reporting agency a credit report containing personal credit information about the Buyer in relation to credit provided by the Seller.

5.2 The Buyer agrees that the Seller may exchange information about Buyer with those credit providers named in the Application for Credit account or named in a consumer credit report issued by a reporting agency for the following purposes:

(a) to assess an application by Buyer;

(b) to notify other credit providers of a default by the Buyer;

(c) to exchange information with other credit providers as to the status of this credit account, where the Buyer is in default with other credit providers; and

(d) to assess the credit worthiness of Buyer.

5.3 The Buyer consents to the Seller being given a consumer credit report to collect overdue payment on commercial credit (Section 18K(1)(h) Privacy Act 1988).

5.4 The Buyer agrees that Personal Data provided may be used and retained by the Seller for the following purposes and for other purposes as shall be agreed between the Buyer and Seller or required by law from time to time:

(a) provision of Goods and/or Services;

(b) marketing of Goods and/or Services by the Seller, its agents or distributors in relation to the Goods and/or Services;

(c) analysing, verifying and/or checking the Buyer's credit, payment and/or status in relation to the provision of Goods and/or Services;

(d) processing of any payment instructions, direct debit facilities and/or credit facilities requested by Buyer; and

(e) enabling the daily operation of Buyer's account and/or the collection of amounts outstanding in the Buyer's account in relation to the Goods and/or Services.

5.5 The Seller may give, information about the Buyer to a credit reporting agency for the following purposes:

(a) to obtain a consumer credit report about the Buyer; and or

(b) allow the credit reporting agency to create or maintain a credit information file containing information about the Buyer.