



CMASC - ENROLMENT FORM

Summary of family details

Account holder's Name		(This is the parent/person who is registered with Family Assistance Office to claim reductions for childcare)
Account holder's CRN		
Account holder's DOB	__/__/____	
Home Phone	Mobile Phone	Work Phone
Address		
Email Address	<input type="checkbox"/> Yes, I want to help save paper, please send my invoices and 4 weekly statements via email.	
Primary Language spoken at home		

Parents/Guardian information

Mother	
Residential Address	
Place of work	
Business phone	
Mobile Phone	
Father	
Residential Address	
Place of work	
Business phone	
Mobile Phone	



<u>Child/ren's details</u>			
	Child 1	Child 2	Child 3
Surname			
First name			
Child's CRN			
Residential address if different from parent/guardian.			
Date of Birth	--/--/----	--/--/----	--/--/----
Gender	M F	M F	M F
Has your child been fully immunised? (We need copies for our records please)			
Details of any allergies			
Other medical history we should be aware, such as diagnosed disorders: epilepsy, ADHD			
Is there a protection order or parenting arrangement for your child's safety? If so, please provide a copy or details to director of CMASC			
Special requirements, including e.g. cultural or religious requirements, disability or other additional needs			



Medical Emergency

<u>Medical Emergency</u>	
Family Doctor	
Address	
Telephone	
Medicare number	
Private Health Cover	Yes/ No
Ambulance Cover	Yes/ No

Other Emergency Contacts

	Contact 1	Contact 2	Contact 3
Name			
Address			
Relationship to child			
Contact phone number			
Consent given to collect child from service on parent's behalf.	Yes No	Yes No	Yes No



Parental Consent

(please read all points before initialling)

I give consent for my child/children to:

*be <i>signed in</i> into the Chrysalis Montessori After School Care by a staff member on my behalf.	Yes No _____ Please initial
*be given paracetamol from staff for temporary relief of minor pain. (Staff will attempt to contact a parent for approval over the phone, on the day of your child's discomfort)	Yes No _____ Please initial
*have medical or hospital treatment as my child may require and I agree to meet any expenses as a result of such treatment.	Yes No _____ Please initial
*travel by ambulance in the case of an emergency and I agree to meet any expenses as a result of such an emergency.	Yes No _____ Please initial
*participate in activities offered in CMASC, requesting in writing prior to the event should I not wish my child to participate a specific activity.	Yes No _____ Please initial
*participate in local excursions organised by the centre. E.g. walk to the local park.	Yes No _____ Please initial
* be escorted to and from sport's training sessions or activities outside the service as directed in writing by parent's prior to the activity.	Yes No _____ Please initial
*be given medication as directed in writing. I understand that I must give details of the time of the last dose given to my child and the amount and time of dosage to be given by staff at CMASC.	Yes No _____ Please initial
*be photographed and filmed for the purpose of keeping a visual record of activities and excursions conducted by the centre and for display within the centre only.	Yes No _____ Please initial



After instructing the service to make a permanent booking for your child/children, you will be charged the full scheduled fee for each booking even in the event of your child is not attending the service for the booked session. Please refer to the fees schedule, which is also on the noticeboard at CMASC, before filling out the table of attendance below.

Please tick below, the days your child/children will be attending CMASC each week and the commencement date is _____

After School Care 3.00-6.00 pm

BSC/Early Risers 7.30-8.20 am

Name	Monday	Tuesday	Wednesday	Thursday	Friday



Service Agreement



Please be sure to read the enrolment form before filling it in.



Whilst the service strives to be inclusive, it is also expected that children behave in such a way that any one child does not exhaust staff resources and that safety of and respect for all persons, both working at and enrolled in, is maintained. Any child who continuously absconds from the service, uses inappropriate language/gestures or is violent towards others will be dealt with according to the Chrysalis Montessori After School Care Child Safe Environment Policy which is available for parents at the service.

After reading and completing the Enrolment form, please attach a copy of your child/children's immunisation records, sign and date the form and return it to CMASC. (*We do not have access to School records due to confidentiality regulations and require this information to be on our records*)

Parents Statement

I have read and understood the information in this enrolment form and information given by me is true and correct.

Signature: _____

Parent / Guardian 1

Signature: _____

Parent / Guardian 2

Date: _____

Date: _____



<u>Service Charges per Day</u>		
	Permanent Bookings	Casual Bookings
BSC/Early Risers	\$18.00	\$18.00
After School Care	\$38.00	\$41.00
"3:50" Pick-Up	\$18.00	\$18.00
Holiday Club (Only in July)	\$80.00	\$80.00
Yearly renewal fee/ new family fee (Administration fee)	\$10 per family	
Fee payment reminder call	\$10 per call made to chase up overdue accounts	
Non notification of absence	\$3.00 Per Phone call made to confirm booked child's safety	
Late collection of children	see below under late collection of children	

Information current from Term 2, 2024

Payment of Fees

- **Charges at the full rate will apply to permanent bookings if your child is absent for any reason on booked days.**
- **Casual bookings which are not cancelled at least 24 hours prior to the booked session will be charged.**
- *To keep children safe the Director must be notified of all absences. Charges for phone calls will apply when we are not notified.*
- Payments can be made by cheque or Direct Deposit into our account:
- **ANZ Account 214820215 BSB 016355** Please note that we **do not** provide EFTPOS. Payments are deducted before new invoices are sent out to parents. Cheques should be made payable to Chrysalis Montessori After School Care (CMASC).



- **Family Assistance Office** can be contacted via telephone on **136 150** for information about Child Care Benefits.
- **FAO** should be informed of your intention to use our service if you wish to have a reduction in fees or claim expenditure at the end of the Financial Year through your tax return.

➤ **Non-notification of absences**

- When children are unable to attend the service, we must always be advised. Should we not be notified, we are required to ring parents or other prearranged contacts in order to find out the whereabouts of absentees, for which a charge of **\$3.00** to accommodate the extra administration associated with this procedure will be included on the parent's next invoice. This fee will be enforced to help deter non notification.

➤ **Overdue Fees**

- Fees should be paid in full each week. Fees that require follow up action from the administrator will be charged a **\$10.00** reminder call fee when calls are made to remind clients that they need to pay their outstanding account and a fee of **\$5.00** per week will be charged during the period of time that the fees remain overdue. Owners of accounts where fees are overdue by **more than two weeks will be refused access to the service** until all fees are paid and any further bookings will only be made if they are prepaid.

If anyone has trouble paying accumulated fees, it is always best to discuss the matter with the Director who will discuss then forward the information to the committee.

➤ **Late Fees**

- Carers are paid until 6 pm at After School Care and any time after that requires that two carers are paid overtime. For this reason, it is necessary to charge late fees and recover this added expense.

Late and no notification given	\$30
Late but notification given	\$20