

2022 Imagination Enrolment Form

Complying Written Arrangement

It is a legal requirement that this form is to be completed annually. This form must be fully completed and returned before care can commence in 2022.

Primary carer name	Secondary carer name

Email address of primary carer	Email address of secondary carer

<p>Family details and CCS</p> <p><input type="checkbox"/> I am ineligible / do not want to claim CCS (Relevant Written Arrangement - RWA)</p> <p><input type="checkbox"/> I am eligible and want to claim CCS - (Complying Written Arrangement - CWA)</p> <p>To claim the Child Care Subsidy (CCS), a Centrelink Customer Reference Number (CRN) and a date of birth for both the <u>primary carer</u> and all children is required.</p> <p>Imagination select 'flexible sessions' (routine and casual) for CCS enrolments. This is to allow regular attended days to be altered within the written agreement requirements.</p>

	Telephone (Mobile)	Telephone (Work)	Caregiver Date of Birth	Caregiver CRN
Primary Carer Name				
Secondary Carer Name				

Child Name	Gender	Class	Child CRN	Child Date of Birth	Service Required (circle if needed)
					BSC / ASC / VAC
					BSC / ASC / VAC
					BSC / ASC / VAC

Other persons who may collect your child/children		
Name	Relationship	Contact details

Emergency Contacts (other than Primary or Secondary Carer)		
Name	Relationship	Contact details

Medical Information
<p>If your child has a medical condition, you will need to obtain a current medical action plan from your medical practitioner to give to Imagination educators and complete an Imagination risk minimisation plan. Please ensure that all medication required is in its original packaging with a label with your child's name, date of birth, and dosage. If your child requires medication to be administered at Imagination, please complete a medication agreement form.</p>
<p>Please indicate if your child/ren has/ have any medical conditions</p>

Medical action plan, medication agreement, risk minimisation plan attached?

YES or NO

If you have answered NO, please ensure that this information is provided before the first day of attendance. If this information and medication is not provided, your child will not be able to attend Imagination.

Does your child have any dietary requirements?

Yes or No

If yes, please detail:

Imagination Consents

Please tick if you approve

- agree to adhere to the Imagination policies and procedures, including arrival & pickup procedures, and correct booking policies. These policies can be found at Imagination.
- am / are aware the policies are reviewed fortnightly and available for parents to view and comment within the Centre.
- have read and understood the requirements as per the current Parent Information Handbook, which is available on the Good Shepherd Lutheran School Para Vista website or can be obtained at Imagination.
- permission for my child to be photographed for the purpose of observations (Seesaw) and general use within the Imagination.
- permission for my child's image to be shared within other children's Learning Stories published on Seesaw.
- permission for photos/videos to be used externally for advertising
- permission for 50+ sunscreen to be applied to my child in accordance with the Imagination's SunSmart Policy

Parent Signature: _____ Date: _____

Fees and Payment Information

Imagination will be using the online system 'Fully Booked' for invoicing fees. An email with log in details will be sent to you to enter in your child's details, Centrelink and banking details. Payments will be made via Ezidebit which will require credit or debit card details for collecting fees. Please note that there is no CASH or EFTPOS service available for the payment of fees.

	Before School Care	After School Care	Vacation Care
Opening hours	7:00 – 8:20am	3:05 – 6:00pm	7:00am – 6:00pm
Cost	\$12.00	\$20.00	Bronze \$60.00 Silver \$70.00 Gold \$80.00

Please sign the statements below as an indication of your consent / approval

I/we understand that:

- Fees are charged on a fortnightly basis.
- Accounts will be automatically paid via Ezidebit, with the Imagination covering the costs of account keeping fees.
- An Ezidebit dishonour fee of \$14.80 will be charged to any transaction that declines and will be reflected on our next fortnightly invoice.
- A 24-hour cancellation period will apply to all bookings. That being, all bookings not cancelled prior to 7:00am for Before School Care and 3:05pm for After School Care on the day prior to the booking will be charged half of that session fee amount.
- A late fee charge of \$1 per minute for the first 10 minutes and \$5 per minute thereafter will apply after 6:00pm.
- Families with accounts in excess of \$500 can be refused care.
- I/we must follow the Illness Policy when my/our child is sick and keep them home until their symptoms are no longer affecting their general wellbeing.

Parent Signature: _____ Date: _____

Office Use Only

(1) CRN / DOB (2) CCS Enrolment (3) Booking (4) Class (5) OSHC Medical Action Plan Received (if necessary)

(6) OSHC Risk Minimisation Plan completed (if necessary)

Coordinator's signature

Date