Dear Parents/Guardians,

To re-enroll your child/children in the Wellers Hill School Age Child Care Service (SACCS) for 2014 the following must be undertaken:

To renew an existing enrolment for children already attending SACCS:
• Complete the days care is required (bottom section of this document)
• Read and Sign the Enrolment Agreement 2014 - one per child.
• Complete the Planning Partnership page
• Check the attached details – update any new information (this information will be provided to you as a hard copy)

To enroll new children:
• Complete the Enrolment form – one form per child (all 6 pages). As we build our children profiles and base our program on children knowledge, interest and abilities the completion of the pages about your children is very important. Getting to know the new children and monitoring and recording the learning progress of children already attending SACCS is one of our top priorities.

Return to the SACCS office by 19 October 2013
If no enrolment form is received by this date, SACCS will assume that your family does not required care in 2014.

School resumes on Monday, 28 January 2014. If your child/children will not be commencing at either Before School Care (BSC) or After School Care (ASC) on this date please advice their commencement date at SACCS.

Note:
• Be aware that your family will not be eligible for Child Care Benefits (CCB) before your children physically commence attending ASC and or BSC. Full fees will be charged until your children commence attendances.
• Remember that it is your responsibility to provide a letter from Centrelink with information for yours and your children CCB entitlement.
• It is families responsibility to advise SACCS about their children’s medical condition and to provide us with appropriate details and any medication required ( for further information please refer to our Medication Policy)

SACCS will endeavour to accommodate all existing clients and siblings, however our licence numbers are limited and requests for additional days and placements will be subject to availability.

2014 SACCS Booking confirmations will be issued on finalization of the enrolment process.

Should you have any further questions please contact SACCS

Please indicate bellow your care requirement for existing or new children in 2014:

Child’s Name
1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

Days Care required Booked (circled):

Before School Care: MON TUE WED THURS FRI
After School Care: MON TUE WED THURS FRI
1. I/We agree to notify the Coordinator on the day itself, in writing or by telephone, the name of any other person, other than those already nominated on the Enrolment Form, whom I/we have authorised to collect our child/ren from Wellers Hill State Primary - School Age Child Care Service.

2. I/We agree to notify the Coordinator of any changes to information provided on the Enrolment form.

3. I/We understand and accept that, if, in the case of sudden illness or an accident, the parents cannot be contacted, the coordinator, as agent for the parents, shall have discretionary power to seek and provide immediate medical attention, or to call an ambulance thus removing the child from the centre, but shall be under no obligation to do so. (Refer to sections Illness, Medication and Emergency Procedures of Parent Handbook for information of procedures).

4. I/We authorise the Coordinator, in the case of sudden illness or accident, to seek and provide any medical attention that my/our child/ren should require, and I/We agree to meet any expenses incurred.

5. I/We authorise the Coordinator to use/share the health and other personal information provided by us in connection with the services, delivering the program and complying with the centre’s duty of care to children, employees and other persons.

6. We authorize the Centre to share any relevant information as required by law.

7. I/We agree in the case of our child/ren contacting an infectious/contagious disease to inform the service immediately and withhold the child/ren from attending the centre for the minimum period of exclusion recommended by QLD Department of Health or by a doctor. (For more information see infection diseases policy, Parents Handbook or visit www.health.qld.gov.au)

8. I/We agree to provide our child/ren with sunscreen and suitable hat to ensure sun protection in accordance with the Center’s Sun Protection Policy. In case we fail to do that I/We authorize the Service to provide the child/children with sunscreen and to assist them to apply it. I/We are aware that the brand provided might be different from ours and might cause unwelcome skin reaction.

9. I/We agree to complete the annual interview questionnaire that is attached to the enrolment form that will provide the coordinator with information about our child/ren e.g. - hobby, interest, preferred activities, health and dietary requirement, and to attend (whenever possible) the initial ½ hour orientation interview for parents and children.

10. I/We understand and accept that all fees must be paid in full a week in advance - the week prior attendance, and on a daily basis for casual attendances, unless approved arrangements are made to the contrary (payment by cheque is preferred).

11. We have read in detail the Fees and Charges policy as specified in the Family Handbook and in the Policy and Procedure Manual and understand that: When a fee is overdue, the relevant policy and procedures will be followed. If contact is not made with the Coordinator to make arrangements for immediate payment, the Management Committee reserves the rights to suspend Child Care. Continued default in payment of fees when they are due may also result in a permanent loss of your childcare position/s. In extreme situations, the overdue account will be referred to a debt collector agency (which involves releasing private information).

12. We have read the Wellers Hill School Age Child Care Service Family Handbook and we are aware that the centre’s Policy and Procedures Manual is available for our perusal at the front desk of the centre.

13. All parents/guardians’ concerns or complaints should first be discussed with the Coordinator. If parents are unsatisfied with the outcome, they may address their grievance in writing to the management committee (see Grievance policy).

14. I/We are aware that as a Government regulation it is our responsibility to sign our children in/out of the Service including absences. Please note that CCB is not payable on the first/last not attended days.

15. I/We agree to allow our child/ren to participate in the Australian Active After School Activities Program. (Please note: this program is free of charge and provides children attending After School Care with a broad range of physical activities delivered by external facilitator or SACCS staff.)

16. We do/do not give permission for Wellers Hill After School Care to take and reproduce photos/film or videos of our children for internal and external documentation purposes (e.g. letters to SACCS sponsored child in Vietnam), Activity posters (e.g. Vacation care excursion, activity participation, learning outcomes), SACCS Newsletter, child profiles, children designed comic etc.

Office Use Only

<table>
<thead>
<tr>
<th>Date Started:</th>
<th>/ /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin fee Paid:</td>
<td></td>
</tr>
<tr>
<td>Medical/Special Needs:</td>
<td></td>
</tr>
</tbody>
</table>

Child’s full name _____________________________ Parent/guardian’s name _____________________________

Signature: _____________________________ Date: _____________________________ Witness: _____________________________
### Planning Partnership – Please complete the clear boxes in the table below:

<table>
<thead>
<tr>
<th>Child's name</th>
<th>Date of Birth</th>
<th>Days attending</th>
</tr>
</thead>
</table>

**What are your child interests, hobbies? What do they enjoy doing?**

**What do you expect your child to gain while attending SACCS?**
*(Example: develop positive social interaction with peers, develop confidence, improve their fine gross motor skills, develop skills to deal with different emotions etc.)*

**How can SACCS educators assist your child to become a confident learner?**

**How would you like SACCS to communicate to you our planned successes and challenges?**
*(E.g.: e-mail us your weekly program evaluation, e-mail monthly a summary of weekly evaluations, information displayed near the sign in register for parents to read and express their opinion etc.)*

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This information is very important to allow us to continually improve our services and deliver a holistic program that meets your high expectations and continues to exceed the National Quality Standards.

### SACCS to complete:

<table>
<thead>
<tr>
<th>National Quality Framework learning outcome</th>
<th>Target timeframe</th>
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**Planned experience:**

**Evaluation:**

**Further planning/scaffolding:**