

SUNRISE CHRISTIAN SCHOOL
EARLY LEARNING CENTRE

COMPLYING WRITTEN AGREEMENT



SUNRISE
Christian School
EARLY LEARNING CENTRES

COMPLYING WRITTEN AGREEMENT

This CWA is between Adelaide Christian Schools Early Learning Centres trading as Sunrise Christian School ELC (Sunrise ELC) and I, _____ request the following days for my child _____, to be booked into the Early Learning Centre commencing on: ____/____/____, in the: **3 year old room** **4 year old room**

Early Learning Centre Routine Bookings

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time					
Departure					

ELC Consent

Please tick yes or no to the following statements:

YES NO

- YES NO I/We give permission for my child to be photographed or filmed for the purpose of observations and general use within the ELC, including newsletters.
- YES NO I/We give permission for photos and videos to be used externally, for example, advertising.
- YES NO I/We give permission for photos and videos to be used in posts on social media etc.
- YES NO I/We give permission for staff to administer first aid and call an ambulance, if the Responsible Person on Duty deems it necessary.
- YES NO I/We give permission for my child to be involved in activities conducted on the school grounds. This is classified as an excursion within the school grounds. Please note: any excursion that requires leaving the school grounds will have specific permission sought from families.
- YES NO I/We give permission for sunscreen to be applied to my child.

Parent 1 signature: _____

Parent 2 signature: _____

Date: ____/____/____

EMERGENCY CONTACT INFORMATION

It is very important that you tell these people you have nominated them. In nominating them, you give them the authority to act on the child's behalf if neither parent can be contacted to pick up the child in an emergency and care for the child until they can be returned home.

Name: _____ Relationship to Child: _____

Contact Priority: _____ Home Telephone: _____

Work Telephone: _____ Mobile: _____

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Contact Priority: _____ Home Telephone: _____

Work Telephone: _____ Mobile: _____

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Contact Priority: _____ Home Telephone: _____

Work Telephone: _____ Mobile: _____

GOVERNMENT REQUIREMENT

Name of the **Account holder** with Centrelink:

Centrelink account holder name here

CRN numbers:

Child CRN:

Account Holder CRN:

Expected Child Care Subsidy Percentage: _____ %

Parents DOB: Father: _____ / _____ / _____ Mother: _____ / _____ / _____

Are your child's immunisations up to date? Yes No

A copy of our MyGov immunisations record has been provided Yes No

FEE AND PAYMENT INFORMATION

Below lists the numerous ways in which you can pay your fees for ELC. Please select which option you will be paying your fees, and return this form to the ELC office at your earliest convenience.

- Credit Card - ELC Preferred method
- EFTPOS (to be paid in the ELC) (Morphett Vale and Whyalla only)
- Direct Deposit into the ELC bank account

BSB: 035-212

Account: 320 698

Reference: Payments must be clearly marked with your **Surname** and **Centre Location** and a remittance email sent to: elc.accounts@sunrise.sa.edu.au

This payment agreement will remain in place for the duration of time you continue to have a debt with Sunrise Christian School ELC.

Fee and Payment Statements of Agreement

Please sign the statements below.

I/We understand that:

- Fees are charged on a weekly basis.
- Accounts are payable within 7 days of being invoiced.
- Two week's notice is required when cancelling care at any time. At time of cancellation I will still be charged for two weeks if appropriate notice is not given.
- Two week's notice is required when changing or cancelling bookings.
- Accounts are still charged for my bookings if my child is absent.
- All fees for Sunrise ELC paid in full prior to the end of Term 4, before commencing Reception at Sunrise Christian School.
- I need to follow the Infectious Disease and Exclusion Policy when my child is sick and keep my child home within 24 hours of giving them pain relief (such as paracetamol, ibuprofen etc).

Parent 1:

Parent 2:

Date: _____ / _____ / _____

CREDIT CARD AUTHORITY

Name of Customer(s) giving the Credit Card Request

I/ We

Authorise you, SUNRISE ELC, to arrange for funds to be debited from my/ our Credit Card identified below.

Details of the card to be debited

Name of cardholder:

Card number:

Type of Credit Card: **Visa / MasterCard** (circle)

Signature of Card Holder/s:

Date:

CCV Number (3 digits on back):

Card Number Expiry Date:

/

Payment details

I/ We request that you debit my/ our Credit Card in accordance with the following directions:

Fortnightly

Concession cards

Please tick if you hold one of the following cards:

Heath Care Card Pensioner Card Department of Veteran Affairs Gold Card

A copy of the card must be provided with your application for enrolment.

Agreement Details

This credit card agreement will remain in place for the duration of time you continue to have a debt with Sunrise ELC.

Contact Details (Required)

Parent 1

Name:

Phone number:

Email Address:

Home Address:

Parent 2

Name:

Phone number:

Email Address:

Home Address:

EYLF PRINCIPLE - PARTNERSHIP

Early Years Learning Framework

This helps us to understand your child's current development.

Child: preferred name _____ D.O.B. _____ Date: _____

Family

Mum: preferred name _____ Dad: preferred name _____

Brothers (age): _____

Sisters (age): _____

Pets: _____

Other significant people in your child's life: _____

Which School are you planning for your child to attend? _____

Health and Wellbeing

Is your child fully toilet trained? _____

Please provide details on their current progress. _____

Does your child feed themselves independently? _____

Does your child have any special dietary requirements (please use extra info space on the back if necessary)? _____

What are your child's interests and favourite toys?

What are you hoping for your child this year?

Has your child attended day care? If yes,

How old were they when they first attended?

How often do they attend?

Does your child separate from you easily?

Does your child use a comforter? If yes, what?

Does your child have any health issues? Have you provided the ELC with a relevant health care plan? Yes No

Do you have any concerns about your child's development?

Is there anything that you want the ELC staff to know about your child or your family?

Are there any important celebrations, festivals or events that you share as a family?

Do you have any special skills or activities that you would like to volunteer at ELC?

Is there anything that worries your child or are they sensitive about? (loud noises, brights, darkness etc.)

Speech and Language

Do they speak in sentences?

Do other people understand what they say?

What is/ are the language(s) your child speaks and understands at home?

Extra Information

ADDITIONAL PERMISSION

Permission to Inspect for Head Lice Checks

The South Australian Health Commission recommends that everyone checks their hair every week for headlice.

Checking and treating children's hair is BY LAW A PARENT'S RESPONSIBILITY. Infestations do occur throughout the year.

When a family notifies us of head lice, all families will be notified that there is a case in the centre. When this happens, it is important that you check your child's/children's hair. If we have received your 'permission to check your child's hair' this will be done. If you have not signed the 'permission for us to check your child's hair' below, we will contact you to check for head lice.

These strategies have been designed to support the ELC to break the recurrence of head lice. If live lice or eggs are found, we will contact you to see if you are available to collect your child and treat them. Further information can be obtained from the ELC Office.

Please tick the appropriate boxes.

- I understand and accept that if my child is found to be infested, they will be asked to avoid close contact with other children in the group. I understand that you will contact us to see if we are available to collect our child and treat them.
- I give permission for a staff member to check my child's hair for headlice. I understand any such check will be conducted sensitively and discreetly.

or

- I do not give permission for the ELC to check my child's hair for headlice. I will do this. I understand that my child will be asked to avoid close contact with other children in the group where infestation is suspected. I understand it is my responsibility to come and check my child's hair when notified and if possible, to collect my child and treat them.

Initials: _____ Parent/ Guardian signature _____

Initials: _____ Parent/ Guardian signature _____

Sunrise Fullarton ELC

95 Wattle Street
Fullarton, SA 5063
P 0438 857 344
E fullarton.elc@sunrise.sa.edu.au

Sunrise Paradise ELC

4 Crowle Road
Paradise, SA 5075
P 0409 568 982
E fullarton.elc@sunrise.sa.edu.au

Sunrise Marion ELC

292 Sturt Road
Marion, SA, 5043
P 0499 118 722
E marion.elc@sunrise.sa.edu.au

Sunrise Morphett Vale ELC

70-74 Pimpala Road
Morphett Vale, SA 5162
P 0406 797 911
E morphettvale.elc@sunrise.sa.edu.au

Sunrise Whyalla ELC

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