



This CWA is between Adelaide Christian Schools Early Learning Centres trading as Sunrise Christian School ELCs (Sunrise ELCs) 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** (circle)

Early Learning Centre Routine Bookings					
	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time					
Departure					

ELC Consent

Please circle if you approve or do not approve the following statements:

- I/We **do/do not** give permission for my child to be photographed for the purpose of observations and general use within the ELC, including newsletters.
- I/We **do/do not** give permission for photos / videos to be used externally, eg, advertising.
- I/We **do/do not** give permission for photos / videos to be used in posts on social media etc.
- I/We **do/do not** give permission for my child to be transported to hospital if the Responsible Person on Duty deems it necessary.
- I/We **do/do not** 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.
- I/We **do/do not** give permission for sunscreen to be applied to my child.
- I/We **do/do not** give permission for insect repellent 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: _____

Government Requirement

Name of the Account holder with Centrelink:

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

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
- Cash (in a sealed, clearly named envelope, handed to the ELC office)
- EFTPOS (to be paid in the ELC office)
- 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.

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.
- I need to follow the Illness Policy when my child is sick and keep my child home within 24 hours of giving them Panadol.

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 on the next page.

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 understand that my / our Credit Card will be debited in accordance with the fortnightly schedule

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

Email Address: _____ Phone number: _____

EYLF PRINCIPLE - PARTNERSHIP

Early Years Learning Framework

Help us to understand your child's current development.

Child: _____ **D.O.B.** _____ **Date:** _____

Family

Mum: _____ Dad: _____

Brothers (age): _____

Sisters (age): _____

Pets: _____

Other significant people in your child's life: _____

Health and Wellbeing

Is your child fully toilet trained?

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

Does your child require a sleep during the day?

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?

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

Does your child speak in sentences?

Are there any phrases or words your child says that would help us to know?

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

Cultural Information

Are there any special cultural events you celebrate?

Any other information