



Jump

Carey Early
Development



Enrolment Form



Please complete one form per child

Enrolling for: 2020 2021 2022

Child Details

Child's Full Name: _____ Male Female D.O.B: ____/____/____

Class Room (OSHC): _____ Child's CRN: _____ Home Language: _____

Address: _____

Parent/Guardian 1 PARENT REGISTERED WITH CENTRELINK FOR CHILD CARE SUBSIDY

Parent/Guardian Name: _____ Parent CRN: _____

D.O.B.: ____/____/____ Address: _____

Work Name and Address: _____

Home Phone: _____ Mobile Number: _____ Work Number: _____

Email: _____

Family Culture: _____ Main Home Language: _____

Would you prefer documents translated into your home language? Yes No

Parent/Guardian 2

Parent/Guardian Name: _____

D.O.B.: ____/____/____ Address: _____

Work Name and Address: _____

Home Phone: _____ Mobile Number: _____ Work Number: _____

Email: _____

Family Culture: _____ Main Home Language: _____

Would you prefer documents translated into your home language? Yes No

Custody Information

Are there any Family Court Orders regarding the day-to-day or long term care, welfare and development of your son/daughter, or limiting or restricting access of certain persons to your son/daughter?

Yes No *If 'Yes', a copy of the court order must be provided to Jump.*

Is there any other information not stated on this form which may be helpful in catering to your son/daughter's needs?

Emergency Contacts

In the unlikely event of an emergency, please nominate the people you would like us to contact.

Please notify us of any changes to these details. It is important for us to maintain up-to-date contact details at all times so we can provide the best care for your child.

Emergency Contact 1 Parent/Guardian/Person with Parental Responsibility

Name: _____ Relationship to child: _____

Street Address: _____

Suburb: _____ State: _____ Postcode:

Home Phone: _____ Mobile Number: _____ Work Number: _____

Emergency Contact 2 Parent/Guardian/Person with Parental Responsibility

Name: _____ Relationship to child: _____

Street Address: _____

Suburb: _____ State: _____ Postcode:

Home Phone: _____ Mobile Number: _____ Work Number: _____

Parents/Guardian (above) are always the first point of contact, but at least one emergency with all permissions is required below.

Emergency Contact 3 Other than parent/guardian. Must be over 18 years of age.

Name: _____ Relationship to child: _____

Street Address: _____

Suburb: _____ State: _____ Postcode:

Home Phone: _____ Mobile Number: _____ Work Number: _____

Please tick all statements that apply to this contact:

This person is an authorised nominee to collect my child from Jump, and to give permission to another person to collect my child from Jump.

This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child.

This person is authorised to give permission to an educator to remove my child from Jump for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Emergency Contact 4 Other than parent/guardian. Must be over 18 years of age.

Name: _____ Relationship to child: _____

Street Address: _____

Suburb: _____ State: _____ Postcode:

Home Phone: _____ Mobile Number: _____ Work Number: _____

Please tick all statements that apply to this contact:

This person is an authorised nominee to collect my child from Jump, and to give permission to another person to collect my child from Jump.

This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child.

This person is authorised to give permission to an educator to remove my child from Jump for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Emergency Contact 5 other than parent/guardian. Must be over 18 years of age.

Name: _____ Relationship to child: _____

Street Address: _____

Suburb: _____ State: _____ Postcode:

Home Phone: _____ Mobile Number: _____ Work Number: _____

Please tick all statements that apply to this contact:

This person is an authorised nominee to collect my child from Jump, and to give permission to another person to collect my child from Jump.

This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child.

This person is authorised to give permission to an educator to remove my child from Jump for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Medical Authorisation

I give the permission for an Early Childhood Educator who is a holder of a current first aid qualification, permission to administer first aid as they have been trained. In the event of any emergency, I hereby give Jump Early Development Services permission to seek medical advice and agree to pay any expenses incurred for medical treatment or ambulance transportation as required.

Parent Signature: _____

Immunisation Record

A copy of your child's current immunisation record has been given to the Jump administration:

Yes No Date: ___/___/___

Birth Certificate

A copy of your child's birth certificate has been sighted by the Jump administration:

Yes No Date: ___/___/___

Health Details

Medicare Number: _____ Medical/Hospital Fund Name (if applicable): _____

Member Number: _____ Ambulance Cover? Yes No

Has the student got any known medical conditions?

Heart Condition Diabetes Epilepsy Black Outs Sleep Walking Migraine
 Travel Sickness Bed Wetting

Please provide further information regarding known conditions and provide Specialist Report:

Has the child got asthma?* Yes No

Has the child got any allergies?* Yes No

Is the child anaphylactic?* Yes No

If yes, a copy of the ASCIA care plan must be provided to Jump.

- To provide appropriate care for your child Jump requests that an Emergency Action Plan be provided for any known medical conditions or allergies. This plan must be drawn up in consultation with your doctor.
- Jump can only administer prescribed medication by prior arrangement. To arrange for the administration of medication, please obtain and complete a Prescription Medication Form that is available at Jump.
- In all other cases, standard first aid procedures will be followed.
- In receiving, approving and implementing any Emergency Action Plans or Medication Forms, Jump is intending to meet its duty of care to the child and is not seeking to take greater responsibility medically than is appropriate for an education and care service.

Please write the family's Doctor or best medical contact:

Name of Doctor/Medical Centre: _____

Street Address: _____ Suburb: _____

State: _____ Postcode: Phone: _____

Dietary Requirements

Please tick and provide details for any requirements below.

Cultural: _____

Health: _____

Other: _____

Please note any other relevant information relating to your child:

Parent Skills and Talents

We encourage all parents to participate in our Jump program. Please contact us if you would like to share your skills or talents or contribute the program.

Vacation Care

Please note that in addition to this enrolment form, Vacation Care requires a separate booking form to be completed for each school holiday program and all excursions signed for with current emergency contacts.

Fee Payments

We are a direct debit service. The company we use for this service is Ezidebit. After Orientation, you will need to enable automatic payments by logging on to Xplor and entering your bank details. Payments will then be debited from your Bank Account or Credit Card weekly.

Parent/Guardian Acknowledgement

I _____ am the authorised person who consents to the following:

- All enrolments for all bookings at the service are understood to be on a permanent, continuous and regular basis. Fees are payable for public holidays, holidays, for sickness and non-attendance days and two weeks cancellation in writing is required.
- All childcare fees are to be paid two weeks in advance at all times.
- Before your child attends Jump, two weeks fees are payable for confirmation of enrolment. If you withdraw from the program or refuse the position offered, this payment is non-refundable. If we are unable to place your child, the money is returned to you. This fee becomes the fee payment for the first two weeks of enrolment.
- Your child must be collected from Jump by 6:00pm. A late fee of \$5.00 per minute will be charged after this time, for each child.
- A charge of \$50.00 will be charged to your account, if your account is in arrears at the end of each month.
- If you do not meet these requirements and your childcare fees are overdue, you must agree to pay any expenses. This includes the costs of disbursements (incurred by recovering or attempting to recover any outstanding money including debt collection agency fees and/or solicitor costs). You are also liable to pay for fees charged for returned cheques.
- Fees may be reviewed during the year. Two weeks notice will be given for any changes.
- It is the parent/guardian's responsibility to register for the Child Care Subsidy with Centrelink. Full fees will be charged until Jump receives notification from Centrelink regarding the % allocation for the family.
- I agree to abide by the above fee policy for the Jump Early Development Services.
- I give permission for my child's photo to be taken, artwork and photos displayed for your child's learning journey and program purposes.
- I understand that on occasion photographs of children, might be included on Jump website, publications and social media platforms. Images will always reflect Jump values and limited identifying information will be included. In situations where a child is used for high profile promotional purposes or for use by third parties, specific permission will be sought.

I consent to the use of my child's photograph for:

- Observations on Xplor visible by Jump families and educators Yes No
- Jump Carey Early Development display and marketing purposes Yes No

- I give permission for staff to use observations for my child, whilst respecting Jump's confidentiality policy, for the purpose of completing units of study relating to childcare or teaching courses.
- I give permission for my child to participate in any excursions within Carey Baptist College campus boundaries.
- *If my child will be attending Carey Baptist College for Kindy/Pre-Primary, I give permission for my child's developmental and health records to be given to Carey Baptist College and give permission for management to have discussions with the College for the purpose of the child's smooth transition to Carey Baptist College.

Parent/Guardian Signature: _____ Date: ____/____/____

Deposit Payment

This is a once off transaction to process my enrolment deposit and I understand card details supplied will be erased immediately after the transaction.

Please debit my credit card as follows:

Card Number: _____ Exp: ____ / ____ CCV: _____

Deposit Amount: \$ _____ (two weeks full fees) Card Type: Mastercard Visa Bankcard

Cardholder's name: _____ Cardholder's Signature: _____

Bookings Required

Services Required	Monday	Tuesday	Wednesday	Thursday	Friday
JJ1					
JJ2					
JJ3					
JJ4/Pre-Kindy					
Pre-Kindy/Kindy					
Harrisdale OSHC	Before School Care				
	After School Care				
Forrestdale OSHC	Before School Care				
	After School Care				

Care may be provided on a casual/flexible basis under the arrangement in addition to routine days set below.

Please note, Vacation Care is booked on a separate form.

Requested Start Date: ____ / ____ / ____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Director: _____ Date: ____ / ____ / ____

OFFICE USE ONLY

Commencement Date: ____ / ____ / ____

Orientation Date: ____ / ____ / ____

Notes:

Attempt the Extraordinary



Jump

Carey Early
Development

Jump Carey Early Development

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