

# Mini bambini Form Enrolment Child's Name: \_\_\_\_\_

Please attach a  
passport size  
photo of your  
child here.

**Mini Bambini**

**3 Messina Drive**

**Sinagra, WA 6065**



## Document Checklist

Please ensure ALL of the following documents are attached to this application before submission:

- Care Plan
- Child's Birth Certificate
- Immunisation Record (AIR)
- Photo Identification of both parents and emergency contact

*This information must be completed by one of the child's parents/guardian, who has lawful authority in relation to the child. Please notify us of any change of details, as soon as they arise.*

**Date of Enrolment:** \_\_\_\_\_

### CHILD'S DETAILS:

Child Customer Reference Number (CRN):	
Child's Full Name:	
Last Name:	
Preferred Name:	
Date of Birth:                      /                      /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Commencement Date:	Child's Age at Enrolment:
	Postcode:
Country of Birth:	
Language(s) spoken at home:	
Child Medicare Number:	Expiry Date:
Is your child:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other
Does your child have a developmental delay or disability including intellectual, sensory or physical impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

### Type of Care Required

Daycare     Before School Care     After School Care     Vacation Care

**Attendance Days (please tick )**

Monday	Tuesday	Wednesday	Thursday	Friday
<b>Intended Start Date:</b>				

If you selected Before School Care / After School Care, please provide your child's primary school details below:

Name of the School:	
Address:	Suburb:
State:	Postcode:
Estimated date your child will start primary school:	
School start and end times:	

**PARENT/GUARDIAN DETAILS**

**Primary Parent (Parent 1)**

Customer Registration Number:	
Title:	First Name:
Last Name:	
Relationship to the Child:	
Date of Birth:    /    /	Country of Birth:
Does the child live with you? (Please circle) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Shared Care	
Comments:	
Home Address:	
Postcode:	
Telephone (H):                      (W)	Mobile:
Email:	

Occupation:	
Organisation Name:	
Work Address:	
Primary Language Spoken:	Nationality:
Cultural Background:	Religion:

## Parent 2 Details:

Title:	First Name:		
Last Name:			
Relationship to the Child:			
Date of Birth:	/	/	Country of Birth:
Does the Child live with you? (Please circle)		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> Shared Care
Comments:			
Home Address:			
			Postcode:
Telephone (H):		Mobile:	
Occupation:			
Email:			
Organisation Name:			
Work Address:			
Primary Language Spoken:		Nationality:	
Cultural Background:		Religion:	

## EMERGENCY CONTACTS

*Please attach a copy of legal photo ID of each emergency/authorised person to ensure your child never leaves the premises with someone unauthorised to have them.*

### Emergency Contact 1:

Title:	Full Name:		
Relationship to Child:			
Home Address:			
			Postcode:

Home Phone:	Mobile phone:
Work Phone:	Email:
Please tick <input checked="" type="checkbox"/> to authorise: <input type="checkbox"/> Deliver/collect the child <input type="checkbox"/> Emergency contact <input type="checkbox"/> Consent to medical treatment/authorise administration of medicine.	
Person 1 Signature:	

### Emergency Contact 2:

Title	Full Name:	
Relationship to Child:		
Home Address:		
		Postcode
Home Phone:	Mobile Phone:	
Work Phone:	Email:	
Please tick <input checked="" type="checkbox"/> to authorise: <input type="checkbox"/> Deliver/collect the child <input type="checkbox"/> Emergency contact <input type="checkbox"/> Consent to medical treatment/authorise administration of medicine.		
Person 2 Signature:		

### Emergency Contact 3:

Title:	Full Name:	
Relationship to Child:		
Home Address:		
		Postcode
Home Phone:	Mobile Phone:	
Work Phone:	Email:	
Please tick <input checked="" type="checkbox"/> to authorise: <input type="checkbox"/> Deliver/collect the child <input type="checkbox"/> Emergency contact <input type="checkbox"/> Consent to medical treatment/authorise administration of		
Person 3 Signature:		

## CARE ARRANGEMENTS - COURT and/or CUSTODIAL ORDERS

Name of Primary Carer(s): \_\_\_\_\_

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

YES  NO

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?  YES  NO

Is there anyone legally denied access to the child?  YES  NO. If **yes**, a copy must be provided.

Name: \_\_\_\_\_ Relationship to the child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child \_\_\_\_\_

**Please attach a copy of all relevant documentation. TO ENABLE THE CENTRE TO COMPLY WITH COURT ORDERS A COPY MUST BE PROVIDED.**

## MEDICAL INFORMATION

Child's Full Name: \_\_\_\_\_

*Does your child regularly experience any of the following? Please tick  and provide details in the space provided below. If **yes**, an individual action plan/medical care plan by an authorised medical practitioner may be required.*

<p><b>KNOWN ALLERGIES</b></p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>What causes the allergy? _____</p> <p><input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylactic (Epipen or Anapen must be provided)</p>
	<p>Symptoms: _____</p>
	<p>Please provide details of any allergy management plan.</p>
	<p>Action Plan attached? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><b>DIETARY RESTRICTIONS</b></p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>Special dietary restrictions (Provide details)</p> <p><input type="checkbox"/> Medical <input type="checkbox"/> Personal Choice</p>

<b>INTOLERANCES</b>  <input type="checkbox"/> NO <input type="checkbox"/> YES	What causes the intolerance?	
	<input type="checkbox"/> Mild <input type="checkbox"/> Severe	
	Symptoms:	
	Current Action Plan: (Provide details)	
<b>ASTHMA</b>  <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Mild <input type="checkbox"/> Severe   (Action Plan required)	
	What symptoms does your child present with when experiencing asthma?	
	Asthma Plan Provided? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>HIGH TEMPERATURES</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	Current Action Plan: (Provide details)	
<b>SEIZURES</b>  <input type="checkbox"/> NO <input type="checkbox"/> YES	Known triggers:	
	Date of last seizure and trigger (if known):	
	Current Action Plan: (Provide details)	
<b>DIABETES</b>  <input type="checkbox"/> NO <input type="checkbox"/> YES	First diagnosed:	
	Comments:	
	Current Action Plan: (Provide details)	
Does your child take medication on a regular basis?  <input type="checkbox"/> NO <input type="checkbox"/> YES	For what condition?	
Do you have any queries or concerns regarding your child's development?  <input type="checkbox"/> NO <input type="checkbox"/> YES	Provide details:	
Is your child accessing any specialist support services?	<input type="checkbox"/> Speech Therapy:	
	<input type="checkbox"/> Occupational Therapy:	

<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Hearing:
	<input type="checkbox"/> Vision:
	<input type="checkbox"/> Mobility:
	<input type="checkbox"/> Other:
Does your child present with any additional needs or have a diagnosed disability?  <input type="checkbox"/> NO <input type="checkbox"/> YES	Provide details: (attach doctor's certificate or relevant medical information)
Any other relevant health management information (e.g. premature birth)	Provide details:

## IMMUNISATION RECORD

Is your child fully immunised?     YES     NO        Date: \_\_\_\_\_

- A copy of your child's immunisation record must be sighted by a member of the Mini Bambini team and a copy of the record is to be attached to this form.
- Please ensure you notify the Centre Manager each time your child receives a new immunisation, and please provide an updated record.

Hepatitis B	<input type="checkbox"/> YES <input type="checkbox"/> NO	Rotavirus	<input type="checkbox"/> YES <input type="checkbox"/> NO
Measles/Mumps/Rubella	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pneumococcal	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diphtheria,tetanus & pertussis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Whooping Cough	<input type="checkbox"/> YES <input type="checkbox"/> NO
Polio	<input type="checkbox"/> YES <input type="checkbox"/> NO	Varicella	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Meningococcal ACWY	<input type="checkbox"/> YES <input type="checkbox"/> NO
Haemophilus influenzae type b	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**If a child's vaccination record is incomplete the parent/guardian will need to contact ACIR (Australian Childhood Immunisation Register) on 1800 653 809 to obtain current information. Please ensure the Centre is provided with updated records as your child is immunised. If your child's immunisation status is not up to date, the enrolment process may not proceed.**



## Medical Contact Details

Family Doctor:	
Clinic or Medical Centre Name:	
Address:	
	Postcode
Contact Phone:	
Family Dentist:	
Clinic or Dental Surgery:	
Address:	
	Postcode
Contact Phone:	
Medicare Number:	
Health Insurance ( <i>please circle</i> )      YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health Insurance Fund Name:	
Health Insurance Number:	Dependent Code:
Ambulance Cover:      YES <input type="checkbox"/> NO <input type="checkbox"/>	

## Medical Consent Statement

- I/We authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency. I/We give permission for staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment. I/We understand every effort will be made to contact me/us in the event of any illness or incident.
  
- On enrolling my/our child/ren, I/we understand the service is unable to care for children who are sick or who have a contagious illness. I/We further acknowledge a medical clearance may be necessary before my/our child is able to return.
  
- I/We understand legislation requires the service to hold generic medication for anaphylaxis and asthma emergencies. This medication can be administered to my child in an emergency.

- I/We understand the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed (e.g. antibiotics) and non-prescribed medication (e.g. paracetamol).
- Prescribed medication, including asthma and anaphylaxis, will only be administered when it is accompanied by written instructions from the child's medical practitioner, is in the original container and the service medication form is completed.
- I/We agree to complete the service medication form detailing the dose, time and date of last dose of any medication given to my/our child so as to reduce the risk of overdosing.
- I/We give permission for first aid qualified staff to administer first aid and/or medication to my/our child as required.

Primary Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ALL ABOUT ME:

### Getting to know your child

CHILD FULL NAME :

## Child's Living Arrangements

Family structures vary. To assist us in understanding your child's routine, experiences and environment, please provide the following information.

Do you live in a house/unit/share house/other?

Please provide the name and ages of your child's siblings:

Who else is in the household? (include shared care arrangements)

Are there any other significant people in your child's life? (e.g grandparents, other family members)

## Dietary Requirements

Does your child have any special dietary or cultural dietary requirements, or particular food dislikes or likes? *Please note, Mini Bambini is not able to accommodate the purchasing of specific food items due to the number of food allergies and requirements there are. The Centre Director or Assistant Director can provide you with information relating to you providing certain foods if required.*

Please list any other details that could help us in providing your child with the most suitable dietary options:

## Dietary Plans / Routines

What are the approximate times or frequency of your child's meals and drinks?

What are you currently feeding your child? Breast milk, breast milk in bottle, formula, milk (what type?)

If your child is on solid food, please provide the following details:

What foods do they like?

Are there any foods you have not yet given to your child?

Are there any foods they particularly dislike?

What level of puree is your child currently eating?

What utensil and self-help skills does your child utilise at meal times?

What is their usual setting for eating? (e.g. high chair, table, floor, sofa)

What kind of cup does your child drink from? Bottle/ Cup with 2 handles/ Cup with handle/sipper cup with lid?

Are there any dietary considerations you want us to follow? (e.g allergies, special needs)

*Please ensure to keep us informed about new foods you introduce to your child.*

## Sleep and Rest

Does your child usually sleep during the

For how long?

Where does your child usually sleep? (e.g. cot or bed)

Please describe your child's sleep day and night routines:

## Toileting

Does your child require assistance with toileting?

If yes, please provide details including what stage your child is at.

What assistance do you give your child at toilet time?

Do you assist your child onto the toilet?

Do you assist your child in cleaning their bottom?

How would you like staff to assist your child towards becoming independent in toileting?

To understand your child's needs we will endeavour to use the language you and/your child use for:

Urination:

Bowel movement:

Toilet:

Is there any other information about your child's toileting practices we should be aware of?

***Should your child's toileting needs change during the year please notify our Educators so we can ensure consistency from the home to the Centre.***

## **Cultural Connection and Family Traditions**

What is your cultural background?

Does your family observe any particular cultural practices that are significant to your child?

Are there any special occasions or celebrations you would like to share with us? If so, please provide details so we can include them into our learning programs if/when applicable.

What family traditions do you celebrate together?

## **We Support Your Role as Parent**

What are your hopes and goals for your child whilst at the Centre?

How can we support you in your parenting role?

To assist staff in planning activities and experiences to develop and enhance your child's potential, tell us about your child, their likes and dislikes, fears, pets etc.

### **Your Child's Routines - COMFORT**

Does your child have a comforter? (e.g. blanket, teddy, pacifier). If yes, please provide details.

What does he/she call this item?

Are there any preferences for when your child would like to use this comforter?

### **Communication**

Do you or your child speak another language other than English? If yes, what is the language?

Please provide us with some words to help us to communicate with your child.

Does any of your family use different methods of communication or speak another language?

What is your child's favourite storybook and/or character?

### **Educational Programme and Practice**

Here at Mini Bambini we use an online platform called Kindyhub to update you on what your child has been up to throughout the day. Throughout this platform you will be provided with photo's of your child, a report on what they have done in their classroom throughout the day, and also their daily eating and sleeping routines and also their nappy changes. You can also send the educators in the classroom messages and updates on this platform via the communication tab.

Kindyhub is also used for the educational program throughout each room, to implement and plan for activities to extend on the children's interests, learning and development. We use our 'Aspiration guides" to collaboratively work alongside our families to ensure that children are given endless opportunities for development and growth whilst in our care at Mini Bambini. To support the Educational Programme and Practice we follow the Early Years Learning Framework and the National Quality Standards.

Please fill in the relevant 'Aspirations Guide' according to your child's age group. What is documented are examples but is not limited.

### **Our Centre Philosophy**

At Mini Bambini, we build caring, responsive relationships between educators and children, families and our community to create learning environments which provide rich opportunities for play and develop each child's competence, capacity and potential and to allow for personal growth.

Our program is a combination of play-based activities and reflective intentional teaching activities. The program will acknowledge children's contributions and extend their curiosity and creativity. We believe that allowing children to actively explore, investigate and engage in creative problem-solving, is critical for their physical and mental health and well-being.

Play is their platform for curiosity, courage and exploration. We strongly believe in the value of allowing children to take educated risks within their play. We foster a purposeful play-based learning environment supported through provision of excellent indoor- and outdoor play spaces for each age group. Our classroom setup enables stimulation, physical movement, repeated exposure to material and a comfortable environment for learner participation.

The service is dedicated to reflecting the principles that support the National Law, Regulations and Standards and also to implement the Early Years Learning Framework.

Mini Bambini recognises that every child, family and staff member has a right to access our Centre. Our service aims to provide opportunities for children and staff to develop positive attitudes towards themselves as well as others to ensure our service cultivate awareness, acceptance and mutual respect towards diversity of culture, language and identity.

Our educators and staff are caring, encouraging, and nurturing so that each child feels safe and comfortable to explore and engage. Children's needs and welfare at the service are the primary concern and focus of staff practice. By playing with children and not just watching them, the quality educators at Mini Bambini provide meaningful and interesting learning experiences on a daily basis that enable the children to gain independence and be involved in their own learning.

At Mini Bambini, Parents are Partners. We believe that children learn about themselves and construct their identity within the context of their families and communities. We therefore liaise with families to provide the best care for each child and encourage them to be involved in ways that reflect their interests, skill and traditions and to attend our special events.

In addition, Mini Bambini seeks to engage and build reciprocal relationships with communities as a fundamental part of creating a proactive positive and supportive environment.

Our Service recognises its responsibility to protect and preserve the environment to ensure a sustainable future. Mini Bambini seeks to nurture an ongoing commitment in our children to care for and respect all living things.

Mini Bambini is a learning community centred on Christian values. We base our values upon the Fruit of the Spirit: love, joy, peace, patience, kindness, goodness, gentleness, faith, self-control. These values are taught and upheld by all staff in a safe and supported open enrolment environment. We strive to ensure our learners have the best opportunities to achieve their full potential, through a caring and stimulating environment, within a Christian framework.

## *Aspirations Guide - Baby tots*

### *6 months -18 months*

Working alongside families to incorporate family input, having available resources from each development milestone in the children's environment as well as scaffolding individual child's learning to achieve aspirations chosen. The options below correlate alongside children's developmental milestones.



Cognitive	
Is able to coordinate looking, hearing and touching, will search for partly hidden object, bangs two objects held in hands together, listens with pleasure to sound making toys and understands gestures/ responds to 'bye bye'	
Physical	
Fine Motor	Gross Motor
Turns head to sound of voices, watches activities across the room – eyes move in unison, can pick up and pokes small objects with thumb and finger, reach and grasp an object to investigate	Can roll from back to front, reaches for and grasps for object or person, crawling movements using both hands and feet, can sits without support, stands by pulling themselves up using furniture
Language	
Smiles and babbles at own image in mirror, can respond to own name, copies sound, babbles and repeats sounds, imitates hand clapping, actions and sounds, says words like 'dada' and 'mama'	
Social & Emotional Development	
Responds to own name, can recognise familiar people, and stretches arms to be picked up. becoming more settled in eating and sleeping patterns and happy to see faces they know	
Intellectual & Sensory Development	
Can identify self in mirror, using tongue to move food around in their mouth, tolerating a range of different textures of food, becoming curious of textures and senses	

Development Focuses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

*Aspirations Guide – Toddler one*

*18 months – 2.5 years*

Working alongside families to incorporate family input, having available resources from each development milestone in the children’s environment as well as scaffolding individual child’s learning to achieve aspirations chosen. The options below correlate alongside children’s developmental milestones.

Cognitive	
Can recognise some body parts, can call self by name, uses ‘I’, ‘mine’, ‘I do it myself’, is capable to build tower of 5 to 7 objects, begins to count with numbers and imitates rhythms and animal movements	
Physical	
Fine Motor	Gross Motor
Can feed themselves, can scribbles with pencil or crayon held in fist, can drink from a cup and tries to use spoon/fork.	Dances in place to music, can roll large ball using both hands and arms as well as kicks and throws a ball, attempts to balance on one foot
Language	
Comprehends and follows simple questions/commands, can say many words (mostly naming words), can reciprocate imitation of another toddler: will imitate each other’s actions, refers to self by name and often says ‘mine’, like listening to stories and books	
Social & Emotional Development	
Begins to play alongside other toddlers, doing what they do but without seeming to interact (parallel play), is curious and energetic, but depends on adult presence for reassurance, can plays with other children, seeks comfort when upset or afraid, begins to show guilt or remorse for misdeeds	
Intellectual & Sensory Development	
Begins imitating gestures – responds to facial expressions, enjoying messy play and will confidently investigate different textures, tolerating a range of textures in different foods and is able to distinguish between edible and inedible objects.	

Development Focuses: \_\_\_\_\_  
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 \_\_\_\_\_  
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## Aspirations Guide – Toddler two

### 2.5 years – 3.5 years

Working alongside families to incorporate family input, having available resources from each development milestone in the children’s environment as well as scaffolding individual child’s learning to achieve aspirations chosen. The options below correlate alongside children’s developmental milestones.

Cognitive	
Begins using symbolic play (e.g., uses a block as a car), can recognise and identifies common objects and pictures by pointing, enjoys playing with sand, water, dough; explores what these materials can do more than making things with them and becoming aware of space through physical activity.	
Physical	
Fine Motor	Gross Motor
Self feeds using utensils and a cup, begins using pencil to draw or scribble in circles or lines, holds crayon with finger, begins to confidently manipulate larger objects	Walks, runs, climbs, kicks and jumps easily, can squats to play and rises without using hands, attempts to balance on one foot and can get dressed with assistance.
Language	
Refers to self by name and often says ‘mine’, begins to copy words and actions, enjoys making music, singing and dancing, will sit and will sit and listen to stories and books for short periods of time.	
Social & Emotional	
Beginning to self-regulate emotion and recognise self-emotions, children begin parallel play, creating simple make-believe play.	
Intellectual & Sensory Development	
Can point to 5-6 parts of a doll when asked, tries solving problems with trial and error, can match circles and squares, enjoying messy play and will confidently investigate different textures.	

Development Focuses: \_\_\_\_\_  
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## Aspirations Guide – Kindy

### 3.5 years – 5 years

Working alongside families to incorporate family input, having available resources from each development milestone in the children’s environment as well as scaffolding individual child’s learning to achieve aspirations chosen. The options below correlate alongside children’s developmental milestones.

Cognitive Development	
Understands opposites (e.g., big/little) and positional words (e.g., middle, end), can use objects and materials to build or construct things (e.g., block tower, puzzle, clay, sand and water), can follow simple instructions, engages in dramatic play, taking on pretend roles and can match and name some colours	
Social & Emotional Skills	
Developing a sense of right and wrong, capable of playing independently, initiate group play, begins to compare themselves with others, acknowledges others feelings, developing friendships & being imaginative play.	
Physical	
Fine Motor	Gross Motor
Correct hand grasps, undo and redo buttons, pull up zippers, manipulating small objects.	Balancing confidence, completing complex body movement & changing it, sports
Intellectual & Sensory Development	
Creating opportunities to experience lots of new things, and gain life skills like cooking, woodwork, group sports, etc.	
Literacy Development	
Letter recognition, name recognition, reading skills and writing skills (i.e., full name), can mimic and make sounds of letters & begin to make rhymes with words.	
Numeracy Development	
Number recognition & counting skills (set counting goals).	

Development Focuses: \_\_\_\_\_

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## Aspirations Guide – After School Care

### 5 years – 10 years

Working alongside families to incorporate family input, having available resources from each development milestone in the children’s environment as well as scaffolding individual child’s learning to achieve aspirations chosen. The options below correlate alongside children’s developmental milestones.

Cognitive Development	
Understands opposites (e.g., big/little) and positional words (e.g., middle, end), can use objects and materials to build or construct things (e.g., block tower, puzzle, clay, sand and water), can follow simple instructions, engages in dramatic play, taking on pretend roles and can match and name colours	
Social & Emotional Skills	
Developing a sense of right and wrong, capable of playing independently, initiate group play, begins to compare themselves with others, acknowledges others feelings, developing friendships & being imaginative play.	
Physical	
Fine Motor	Gross Motor
Correct hand grasps, undo and redo buttons, pull up zippers, manipulating small objects.	Balancing confidentiality, completing complex body movement & changing it, sports
Intellectual & Sensory Development	
Creating opportunities to experience lots of new things, and gain life skills like cooking, woodwork, group sports, etc.	

## Literacy Development

Letter recognition, name recognition, reading skills and writing skills (i.e., full name), can mimic and make sounds of letters & begin to make rhymes with words.

## Numeracy Development

Number recognition, counting skills (set counting goals), simple addition and subtraction.

Development Focuses: \_\_\_\_\_

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## Payment & Fees

### Payment Information

- Mini Bambini require all payments for childcare fees, to be made through the Ezi Debit service. Please speak to our Centre director if you have any questions or concerns.
- Mini Bambini reserves the right to change its payment provider at any time by giving parents at least 7 days' notice.
- Fees are to be paid 2 weeks' in advance (ie. The current week + two weeks' in advance) upon commencement at Mini Bambini.
- Mini Bambini works on a weekly billing cycle. Parent accounts and statements will be emailed on a weekly basis.
- Two weeks written notice must be given if your child will be ceasing attendance. If this is not done then two weeks will be added to your final account to compensate this period.
- Casual days off, sick days and public holidays are still payable, for all permanent positions.
- Any accounts outstanding more than 2 weeks may be passed on to a debt collection agency and your child's position will immediately be suspended until paid. You will be personally liable for all debt collecting and legal costs incurred for the retrieval of the outstanding debt.
- Families' non-compliance with any part of our fee & centre's policy may result in immediate cancellation of the child's position.

**A detailed Fee Schedule is attached to this form.**

## **MINI BAMBINI ENROLMENT AGREEMENT**

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING, AND ASK QUESTIONS IF YOU DO NOT UNDERSTAND ANYTHING IN THIS DOCUMENT.

By ticking  the following statements, you acknowledge your agreement to the statement.

### **General:**

I/we give permission for our child to:

Participate in outings to places of interest (more information and permission slips will be issued prior to any outings. You will have the opportunity to decide on your child's attendance at particular outings prior to each outing): **YES  NO**

Have SPF30+ (or higher) sunscreen applied prior to sun exposure (If not, please provide a letter releasing the centre of any Liability): **YES  NO**

Have Band-Aids or sticking plasters applied when necessary: **YES  NO**

Have educators apply nappy cream to my child at change time (creams to be supplied by parents): **YES  NO**

Have educators apply teething gel if required (Teething gel to be supplied by parents) YES  NO

Have educators apply insect repellent if required (Repellent to be supplied by parents) YES  NO

I/We understand photos, videos and digital images are an integral part of the service's program and my/our child's surname will not be displayed with the images taken.  YES  NO

I/We give permission for photos of your child to be displayed in daily journals and observations. (Daily journals and observations are used to show the progression of your child whilst they are at Mini Bambini.)  YES  NO

I/We give permission for photos and videos of your child to be posted on the Mini Bambini website and other internet purposes, such as advertisement and used in company's resources. (The Mini Bambini website and other forms of advertising also include images of children who have attended Mini Bambini and have given permission via this form, for their images to be used).  YES  NO

I/We give permission for images of my/our child to be used for service newsletters, service noticeboard displays, learning journals, day books, digital frames etc.  YES  NO

**If there are child protection or custody issues in relation to the display of media, please see the Coordinator/Director**

### **Transitioning Your Child To Other Care Rooms**

As your child develops and ages, Mini Bambini endeavours to ensure we are providing them with the most appropriate learning activities, program and learning environment. Your child's environment is balanced with opportunities for your child to further develop and practice skills they are yet to establish. Environments have a positive balance of challenges, risks and care practices to ensure every opportunity is given to your child to develop meaningful relationships with educators, and provides your child with the ability to develop at a pace unique to them. By signing below, you give permission for your child to transition through to other rooms as required, according to their development and based on their needs. Any proposed changes or transitions will be communicated and explained to you, by your child's educators. Educator to child ratios may change, depending on what room your child is transitioning to.

I/We \_\_\_\_\_

Primary Parent/Guardian & Parent 2

1. Have viewed the Mini Bambini Early Learning Centre (hereafter called the Centre) and consent to the enrolment of the child detailed in this form (hereafter referred to as the child).
2. Agree to ensure all details that change, in relation to our child and/or this enrolment form, will be communicated in writing with the Centre.
3. Understand that the person/s nominated as parent or guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child.
4. Agree to comply with all Government requirements in relation to the Centre and its service.



5. Agree that in the case of accident or injury, the Centre will attempt to contact me or us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child. I/we agree to meet any cost incurred.
6. Are aware that my child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition.
7. Understand that in relation to the above clause, my child will be accepted back into the Centre upon provision of a clearance certificate for the child from a medical practitioner.
8. Are aware that the Centre may require presentation of a medical certificate or supporting documents, should my child be diagnosed with a disability.
9. Agree to provide the Centre with all information regarding the health of my/our child.
10. Understand that the Centre may be used as a training and observation centre by students studying to work with young children.
11. Are aware that the Centre may occasionally have visitors, or volunteers at the Centre, and consent to my/our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision.
13. Agree to pay the Booking fee to Mini Bambini before your child's start date unless otherwise agreed.
14. Agree to pay to Mini Bambini all Childcare Fees for the booked sessions from the start date until the end date by providing the Centre or its appointed representative with permission to direct debit fees from my/our bank account.
15. Agree to pay any surcharges and other fees and charges that apply to your payment method, including credit card surcharges and dishonour or overdrawn fees and charges and to pay any dishonoured amount within 7 days of notice of dishonour.
16. Are aware that to cancel child care we are required to give notice in writing two weeks prior to the date of withdrawal; otherwise fees will continue to be charged. During this period we are aware that if our child does not attend we are liable to pay full fees.
17. Are aware that fees for public holidays are payable if the day is a usual day of attendance.
18. Are aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays, and that I cannot reduce my booked days prior to a period of absence, or for the purpose of avoiding payment of all booked days. If I do reduce my booked days (not prior to a period of absence), I understand I must give two weeks' notice, and I may not be able to increase my days or make changes if the operation of the centre cannot accommodate the increase or change.
19. Are aware and acknowledge that Mini Bambini may from time to time change its fees and charge structure and holiday discount policy, including introducing new fees and charges payable under this agreement by providing at least 14 days' notice to all parents.
20. Acknowledge that if your account is in arrears for more than 14 days, Mini Bambini reserves the right to pursue any outstanding amounts, including through the use of a collection agency and you agree to indemnify Mini Bambini for all costs incurred in recovering any amount owing.
21. Are aware that Mini Bambini Early Learning Centre is a learning community centred on Christian faith and values. We are aware that these values are taught and upheld by all staff in a safe and supported open enrolment environment.

22. Understand that a system of payment for late collection operates at the Centre, to cover overtime payments to staff, and that I/we are obliged to drop off and pick up the child as negotiated with the Centre and within the opening hours. Any late collection of my/our will result in a fee being charged.
23. Understand that you may end this written arrangement at any time provided at least 14 days' written notice is provided to Mini Bambini. Should you not provide at least 14 days written notice, you agree to pay all Childcare fees for the booked sessions during those 14 days even if your child does not attend the Centre.

I/we read, understand and agree to abide by the conditions of this contract.

\_\_\_\_\_  
Parent 1/Guardian Signature

\_\_\_\_\_  
Parent 2 Signature

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Centre Director/Assistant Director Signature

Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Mini Bambini Fee Schedule 2020

#### Mini Bambini Long Day Care Service

DAILY FEES	Full session 0 -5 yrs:	\$118.00
	Half session: 0-5 yrs	\$86.00
AFTER SCHOOL FULL SESSION:	3.00pm – 6.00 pm	\$46.00
VACATION CARE SESSION	\$96.00 [plus bus levy of \$5.00 when applicable]	
NEW ENROLMENT REGISTRATION FEE (NON-REFUNDABLE)	\$30.00 per child	
BOND FEE (REFUNDABLE)	\$50 (1-3 days) / \$100 (4+days)	
ABSENCE SESSION	100% of Session Fee apply	
HOLIDAY DISCOUNT (T&C apply)	25% discount [subject to terms and conditions]	

**PAYMENT OF FEES:**

- Fees are paid fortnightly in advance and works on a weekly billing cycle.
- Session fees will be reduced by any CCS or ACCS as assessed by the Department of Human Services.
- Bookings may be cancelled for overdue accounts. Should you leave the Centre with money owing the account will be placed in the hands of a collection service and you will be charged collection and other legal fees.

**Thank you for choosing Mini Bambini for your child care needs! We look forward to supporting your family by providing quality care and education in a playful, stimulating environment.**

Business  
De Hoff Pty Ltd



ABN 34 695 554 584  
APLA ID 518486 | AFSL 388256

## Direct Debit Request

### Customer Details

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>		
Email Address:	<input type="text"/>		

### Payment Details

Payment Amount:	<input type="text"/>
Payment Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 Weekly <input type="checkbox"/> Monthly
Day of the week/month:	<input type="text"/>

### Direct Debit from Bank Account, Building Society Or Credit Union

Details of the Account to be debited (All Details must be supplied):	
Financial Institution:	<input type="text"/>
Account Name:	<input type="text"/>
BSE Number:	<input type="text"/>
Account Number:	<input type="text"/>

 I/we authorise you until further notice to debit my/our account with all amounts which Debitsuccess Pty Limited, the registered issuer of the above Authorisation Code may be initiated by Direct Debit. I/we acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Authorisation: I confirm that I have authority over this bank account and that it can be operated severally  If yes, tick here

### Credit Card

Please charge my payments to my:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Card number:	<input type="text"/>
Expiry Date:	<input type="text"/>
Name on Card:	<input type="text"/>

By signing this form I/we authorise Debitsuccess Pty Limited, contracted by and acting on behalf of the Business to collect payments due by me/us pursuant to the Agreement (defined below), to debit payments from my specified Credit Card above, and I/we acknowledge that Debitsuccess will appear as the merchant on my credit card statement. I/we authorise Debitsuccess to vary the amount of the payments upon instructions from the Business and where such instructions from the Business are received by Debitsuccess Pty Limited, I/we do not require Debitsuccess Pty Limited to notify me/us of such variations to the debit amount.

### Signature

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request and the provided DDR Service Agreement which follows, and I/we have read and understood the same

Authorising Signature (s)	Date
<input type="text"/>	<input type="text"/>

## DDR Service Agreement

### DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This DDR Service Agreement is designed to explain what your obligations are when undertaking a direct debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request and should be read in conjunction with your Direct Debit Request.

#### INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 554 584) (Debitsuccess) APCA User ID 523466 to make periodic debits on behalf of the "Business" as indicated on Direct Debit Request.

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the Direct Debit Request, administration/setup, variation, reversal, delinquent, or processing fees may also apply and be debited under the Direct Debit Request as instructed by the Business.

#### RELATIONSHIP

I/We acknowledge that Debitsuccess has been contracted by the Business to collect the payments due under the agreement that I/We have entered into with the Business pursuant to which I/We have agreed to pay for goods/services provided by the Business (Agreement). All payments due by me/us to the Business shall be made to Debitsuccess.

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has an express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business. I/We acknowledge that Debitsuccess sole responsibility is to make periodic debits as set out in the Direct Debit Request.

#### CLEARED FUNDS

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment (Day to Debit) to enable the direct debit to be honoured on the Day to Debit. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available when the debit is attempted, I/We agree that I/We will be responsible for any fees and charges that may be charged by my/our Financial Institution and by the Business.

#### VARIATIONS TO DEBIT TERMS

I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/We do so: require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess or the Business is to provide 24 days' notice if varying the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

#### CANCELLING THESE DEBIT TERMS

I/We understand that I/We are able to cancel this DDR Service Agreement by requesting this of the Business or my/our Financial Institution, and I/We acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/We have agreed to.

#### NON WORKING DAY

When the Day to Debit falls on a weekend or public holiday the debit will be initiated on the next working day.

#### NON SUFFICIENT PAYMENTS

I/We acknowledge that:

- if a debit is returned by my/our Financial Institution as unpaid, I/We will be responsible for any fees and charges charged by the Business as a result, in addition to any Financial Institution charges and collection fees; and
- Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

#### ACCURACY OF INFORMATION

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the Direct Debit Request are correct and that Debitsuccess is not liable to the extent that any such details are incorrect and this causes a required payment to be missed. In addition, where I/We are paying the required payments by credit card and have entered the details of the credit card on the Direct Debit Request, I/We agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this DDR Service Agreement to the extent that the credit card has expired, and that it is wholly my/our responsibility to provide details of any replacement credit card to Debitsuccess via the Business.

#### DISPUTES

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/We understand that I/We are to direct any such dispute to my/our Financial Institution.

#### OTHER AUTHORISATIONS

I/We authorise:

- Debitsuccess to verify details of my/our account with my/our Financial institution; and
- The Financial Institution to release information allowing Debitsuccess to verify my/our account details.
- Any notices to be given to me/us by electronic mail to the email address on the Direct Debit Request (or any other email address notified in writing by me/us).

I/We acknowledge that:

- This DDR Service Agreement will remain in force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death/bankruptcy or other revocation of this DDR Service Agreement until actual notice of such event is received by the bank.
- Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the bank except in so far as the direct debit has not been paid in accordance with this DDR Service Agreement. Any other dispute lies between me/us and the Business.

#### INFORMATION SECURITY

We are collecting your personal information for the sole purpose of completing this direct debit arrangement. Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the Direct Debit Request (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. You may request access to, and correction of, any personal information held by Debitsuccess by writing to Debitsuccess at the address below. You acknowledge that your personal information will be collected, used, held and disclosed in accordance with the Debitsuccess Limited Privacy Policy found at:

<https://www.debitsuccess.com.au/privacy-policy>

Debitsuccess will only disclose information that we have about you:

- to the extent specifically required by law;
- to Financial Institutions participating in the direct debit payment system in connection with a claim made on it relating to an alleged incorrect or wrongful debit; or
- for the purposes of this Agreement (including disclosing information in connection with any query or claim).