



Enrolment Form

Which centre are you applying for:

Little Learners – Truganina

Address:

2 Perennial Drive, Truganina, Vic. 3029

Phone:

(03) 8360 5467

Email:

info@lldc.com.au

Hours of Operation: 6:30am to 6:30pm

Little Learners – Tarneit

Address:

591 Tarneit Road, Hoppers Crossing, Vic. 3029

Phone:

(03) 8417 1090

Email:

info@tn.lldc.com.au

Hours of Operation: 6:30am to 6:30pm

In regards to your application to enrol your child at the Little Learners Day Care Centre, Early Childhood Education and Care Service, you need:

To finalise your child's application to enrol we are required to sight the following:

1. A birth certificate
2. Proof of address
3. Proof that your child's immunisations are up to date for their age. (NOT THE GREEN BOOK)

Evidence of up to date immunisation must be provided prior to your child commencing at our service.

An **Immunisation History Statement** from the Australian Childhood Immunisation Register can be used as evidence of up to date vaccination. An **Immunisation Status Certificate** from a medical doctor or a local council immunisation service may also be used.

Other immunisation records, such as 'homeopathic immunisation' or a statutory declaration from you are not acceptable.

Immunisation History Statements are available on request at any time by contacting Medicare:

- By telephone on 1800 653 809
- By email on acir@medicareaustralia.gov.au
- Online at www.humanservices.gov.au/customer/services/medicare/medicare-online-accounts
- In person at your local Medicare service centre.

If you are experiencing difficulties accessing vaccinations or required related documents, please contact us for assistance as soon as you are able. In some cases children can commence at the service while the required documents are obtained.

Please complete a separate form for each child.

This Enrolment Form is about your child and your family. It is important that we have up to date information, so that we can provide individual care and support for the child. Each child is individual, and has different needs, routines and cultures.

HAVE YOU COMPLETED THE CHILD CARE SUBSIDY ASSESSMENT? (Please circle) Yes No

Which type of Arrangement are you claiming regarding the Child Care Subsidy:

- Compliant Written Arrangements (CWA) for eligible families claiming Child Care Subsidy
- Relevant Arrangements (RA) for families who are not eligible or will not be claiming the Child Care Subsidy.

12hr Session \$142.00 per day

10hr Session \$141.00 per day (7.30am – 5.30pm.) *** applies to 10hr session only

*** A 15-minute grace period applies before and after these times.

*** A \$20 early drop off /late pickup fee will automatically be charged outside of each grace period.

Child's Details

First name: Other name:.....

Middle name:

Surname: Gender: Male Female Other

Date of birth: / / CRN:

Child's Address

Street address:

Suburb: State: Post code:

Is your child of Aboriginal or Torres Strait Islander background?

Not Indigenous Aboriginal Torres Strait Islander Both

Days Required

Mon Tue Wed Thu Fri Preferred Start Date:

Cultural Background

Cultural background: Religion:

Language spoken at home: Does your child understand English? : Yes No

Living and Care Arrangements

Yes No Are there any Court Orders or other Directives in place that name your child?

Yes No Are there any applications before the court that are ongoing, and relate to parenting issues regarding the child?

Yes No Are the parents / guardians of the child separated?

Yes No Does anyone else have parental responsibility for the child, either day to day, or in relation to long term issues, whether they live with, or have contact with the child or not?

Immunisation

As of the 1st January 2016, all children attending Childcare are required to be fully immunised in accordance with the Victorian Government Immunisation Legislation, named 'No Jab, No Play'.

Is your child fully vaccinated for their age? Yes No

Proof of Immunisation is required prior to booking confirmation.

Immunisation History Statement provided Yes No

Immunisation History Statements are available on request at any time by contacting Medicare:

- By telephone on 1800 653 809
- By email on acir@medicareaustralia.gov.au
- Online at www.humanservices.gov.au/customer/services/medicare/medicare-online-accounts
- In person at your local Medicare service centre.
- my.gov.au

Please see example of Immunisation Statement below



Immunisation history statement				
As at:	<input type="text"/>			
For:	<input type="text"/>			
Date of birth:	<input type="text"/>			
Immunisation status:	up to date			
Schedule	Immunisation	Date given	Brand name given	Provider type
2 months	Diphtheria Tetanus Pertussis Hepatitis B Polio Hib Pneumococcal Rotavirus	03 May 2014	Infanrix Hexa Prevenar 13 RotaTeq	GP
4 months	Diphtheria Tetanus Pertussis Hepatitis B Polio Hib Pneumococcal Rotavirus	25 Jun 2014	Infanrix Hexa Prevenar 13 RotaTeq	GP
6 months	Diphtheria Tetanus Pertussis Hepatitis B Polio Hib Pneumococcal Rotavirus	06 Oct 2014	Infanrix Hexa Prevenar 13 RotaTeq	GP
12 months	Meningococcal C Hib Measles Mumps Rubella	01 Apr 2015	Menitorix MMR II	GP
18 months	Measles Mumps Rubella Varicella	24 Sep 2015	Priorix-Tetra	GP
Other	Influenza	25 Jun 2015	Vaxigrip Junior	GP
Next immunisation/s due				Date due
Diphtheria Tetanus Pertussis				<input type="text"/>

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Office use only: I declare that I have sighted the Immunisation History Statement:

Name: Date:

Child's Information

Name of Child: Date of Birth:

Siblings:

My child likes: (eg: painting, trains)

Personality. Is your child confident? Do certain things upset/worry your child?

Toileting. Is your child: Toilet trained? Toilet training? Using nappies?

Please provide detailed information which will assist us to support your child in their toileting

Sleeping and Resting

Please provide detailed information indicating your child's sleep routines, and any information which may help us to assist with your child's sleep / rest times.

Does your child have a comforter? Yes No Details:

If your child has a favourite sleep blanket or sleep comforter, please bring this in, to assist in your child's sleeping

Meals

Is your child currently on: Solids Breast milk Formula Milk Bottle Cup

What is your child's approx. feeding times:

Does he/she like to be nursed while bottle feeding? Yes No Does he/she have reflux? Yes No

Does your child feed themselves? Yes Needs help No

Details:

Other

Please provide any relevant information, which may assist our Educators in understanding your child:

Any information you share with us will contribute to your child's learning, and experiences at our centre.

Dietary Requirements - Cultural or Medical (NOT FOOD PREFERENCES)

Does your child have any specific dietary requirements or restrictions? No Yes

Details:

If you answered yes, please see the Centre Director for a Dietary Requirement Management Plan

Medical Conditions

Has your child ever been diagnosed with:

Anaphylaxis, or being at risk of anaphylaxis?

Yes No Details:

Asthma?

Yes No Details:

Diabetes?

Yes No Details:

Epilepsy?

Yes No Details:

Allergy or intolerance?

Yes No Details:

Other Health / Medical condition?

Yes No Details:

Is your child Undergoing Assessment?

Yes No Details:

If you answered yes to any of the above, please see the Centre Director for a Medical Management Plan to be completed. You will also be asked to provide an Action Plan and/or relevant documentation, from your Doctor.

Medicare

Child's Medicare No:

Doctor

Doctor's Name: Phone:

Address: Suburb:

Medical Centre Name:

Birth Certificate

Please provide your child's Original Birth Certificate, Australian Citizenship Certificate, or Passport

Office use only: I declare that I have sighted the original Birth Certificate.

Name: Date:

Family Details

Primary Account Holder (This is the person registered for Child Care Subsidy - CCS, where applicable.)

Parent Guardian

First Name: Surname:

Home Address:

Street address:

Suburb: State: Post code:

Postal Address – If different

Street address:

Suburb: State: Post code:

Mobile: Home:

Email:

Male Female Other Relationship to Child:

Date of Birth: / / CRN:

Work Details:

Organisation: Phone during work hours:

Secondary Account Holder (This person would be Parent, Guardian, person with parental responsibilities)

Parent Guardian

First Name: Surname:

Home Address:

Street address:

Suburb: State: Post code:

Postal Address – If different

Street address:

Suburb: State: Post code:

Mobile: Home:

Email:

Male Female Other Relationship to Child:

Date of Birth: / / CRN:

Work Details:

Organisation: Phone during work hours:

Emergency Contacts – Other than parent / guardian (At least 2 contacts needed)

In the unlikely event of an Emergency, please nominate the people you would like us to contact. You may also nominate people who you would like to pick your child up, from the centre. Photo ID will be required.

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

Emergency Contact No 1 (Not Parent)

First Name: Surname:

Home Address:

Street address:

Suburb: State: Post code:

Mobile: Home: Work:

Male Female Other Relationship to Child:

This person is over 18, and is authorised to collect my child from the centre.

This person is authorised to consent to medical treatment, and can sign incident reports for my child.

This person can authorise excursions for my child.

Emergency Contact No 2 (Not Parent)

First Name: Surname:

Home Address:

Street address:

Suburb: State: Post code:

Mobile: Home: Work:

Male Female Other Relationship to Child:

This person is over 18, and is authorised to collect my child from the centre.

This person is authorised to consent to medical treatment, and can sign incident reports for my child.

This person can authorise excursions for my child.

Emergency Contact No 3 (Not Parent)

First Name: Surname:

Home Address:

Street address:

Suburb: State: Post code:

Mobile: Home: Work:

Male Female Other Relationship to Child:

This person is over 18, and is authorised to collect my child from the centre.

This person is authorised to consent to medical treatment, and can sign incident reports for my child.

This person can authorise excursions for my child.

Emergency Contacts – Other than parent / guardian (At least 2 contacts needed)

In the unlikely event of an Emergency, please nominate the people you would like us to contact. You may also nominate people who you would like to pick your child up, from the centre. Photo ID will be required.

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

Emergency Contact No 4 (Not Parent)

First Name: Surname:

Home Address:

Street address:

Suburb: State: Post code:

Mobile: Home: Work:

Male Female Other Relationship to Child:

This person is over 18, and is authorised to collect my child from the centre.

This person is authorised to consent to medical treatment, and can sign incident reports for my child.

This person can authorise excursions for my child.

Emergency Contact No 5 (Not Parent)

First Name: Surname:

Home Address:

Street address:

Suburb: State: Post code:

Mobile: Home: Work:

Male Female Other Relationship to Child:

This person is over 18, and is authorised to collect my child from the centre.

This person is authorised to consent to medical treatment, and can sign incident reports for my child.

This person can authorise excursions for my child.

Emergency Contact No 6 (Not Parent)

First Name: Surname:

Home Address:

Street address:

Suburb: State: Post code:

Mobile: Home: Work:

Male Female Other Relationship to Child:

This person is over 18, and is authorised to collect my child from the centre.

This person is authorised to consent to medical treatment, and can sign incident reports for my child.

This person can authorise excursions for my child.

Terms of Agreement / Consent

I give Little Learners Day Care Centre (LLDC) the authority to:

- Apply Sunscreen to my child in accordance with the recommendations from the Anti-Cancer Council of Victoria.
- Observe my child, to assist in developing an appropriate Educational Program.
- Take photos of my child, to be used in conjunction with providing programs to assist in the development of my child
- Allow my child to participate in Emergency Evacuation Drills.
- Allow the appropriate Nominated Contacts to collect my child from the childcare centre.
- Seek appropriate Medical treatment from a registered Medical Practitioner, Hospital or Ambulance Service.
- Transport my child by an Ambulance, in the event my child requires medical treatment.
- I agree to pay all / any medical / transport costs incurred.

I understand that:

- I must keep **LLDC** informed of any changes to my child's, or family details.
- I must notify **LLDC** if my child has been unwell, or has been given any Medication before attending care for the day.
- I must notify **LLDC** of any illness / infectious disease contracted by my child.
- My child is unable to attend while ill. **LLDC** reserves the right to exclude the child, in accordance with the 'Staying Healthy in Childcare' recommendations.
- My child must wear a hat at all times, as per the **LLDC** policy (Hat provided by **LLDC** if child is over 1 yr old)
- I must abide by all policies of **LLDC**, relevant to my child.
- 2 weeks written notice is required for the intention to cancel my child.
- **LLDC** will only use or disclose my personal information, for the purpose it was intended.
- Personal information of parents, guardians, and children, may be disclosed, for the purpose of providing early childhood education and care services, information relevant for advocating the wellbeing, protection, and development of the child.
(Parent permission may be required for external services)

Primary Account Holder

Name:

Signature: Date:

Secondary Account Holder

Name:

Signature: Date:

Orientation

- It is our recommendation that all children attend at least 2 Orientation visits, prior to their booked days, to ensure that children, families and Educators are able to begin to develop a relationship with the child and parent/s. These are usually a 1 hr session. This time is also used to communicate with parents, regarding the needs of the child, and how we can provide the best care possible, for the benefit of the individual child.

Payments and Fees:

- A Non Refundable booking fee of \$100.00 per family to be paid when you submit your child’s enrolment forms. This is to help support the administration costs of the enrolment.
- Fees are payable 2 weeks in advance at all times, (3 weeks in advance if opting to pay fortnightly) (Current week plus 2/3 weeks) as per Direct Debit terms, which is inclusive of LLDC’s fee policy.

**** Cancellation of care may occur, if fees are in arrears. ****

- In the event that CCS has not been approved prior to the child’s first date of attendance, the parent will be charged full fees until the formal approval has been sent though to LLDC.
- Fees will apply for all booked days that the child does not attend due to illness, holidays or Public Holidays.

(LLDC does not operate on Weekend and Public Holidays.)

- **A late fee of \$20.00 (up to, and Inclusive of the first 15 minutes.) and then \$2 per min after this time, will be charged for children who have not been collected by closing time.**

LLDC Direct Debit Terms:

- All accounts are to be paid via the Debit Success accounts system, as per LLDC’s policy
- **I understand that I will be charged a \$20 fee by LLDC if my Direct Debit is declined.**

****Please note that you will also be charged a fee from Debit Success****

- I/We (the parent/guardian) acknowledge that a surcharge amount (inc GST) at a rate listed below will be applied to the direct debit payment amount.
- Direct Debit (Bank Account): **0.95 cents per transaction.**
- Credit Card (Visa/Mastercard): **2.47% per transaction.**

If you child does not attend care on their last booked day / days, CCS cannot be applied to your account for those days. This is in accordance with Federal Government policy. In accordance with this policy, account holders will be charged full price for these days by LLDC.

**** Little Learners Day Care Centre reserves the right to adjust childcare fees. ****

Primary Account Holder

Name:

Signature: Date:

Secondary Account Holder

Name:

Signature: Date:

Family Code of Conduct

Family Code of Conduct Agreement

By reading and signing this form, you agree to follow Little Learners Day Care Centre code of conduct, while accessing the Centre's services.

Families Will:

- Treat all children at the service equally and respectfully.
- Treat all staff at the service equally and respectfully.
- Report any suspicions Management or Senior staff member on duty when at the service.
- Respect the rights', dignity and worth of every person, regardless of their abilities, gender, religion or cultural background.
- Respect the decision of the employees and teach children to do likewise.
- Focus on encouraging children's efforts and learning.
- Support all efforts to remove any form of abuse in the service and encourage a safe and supportive service environment.
- Not consume alcohol or use illicit substances while on the service's premises and will not come to the service while under the influence of alcohol or illicit substances.
- Not smoke on the services premises (including carpark)

In relation to children, you will support and encourage your child to:

- Respect other children and adults at LLDC.
- Cooperate and will follow our classroom rules/limits.
- Listen to our Educators instructions and follow them.
- Control our temper and talk to an educator if we are feeling upset.
- Have a say in what activities we are involved in.
- Speak to an educator if we are worried or concerned about something.
- Not bully other children.
- Tell an educator if we see a child bullying another child.
- We will raise any issues or concerns with educators or the Nominated Supervisor
- We will respect the decisions of the Service's staff and teach children to do likewise

Date.....

Family Name:.....

Signature.....

***NB: While only one signature is required, all family members need to adhere to LLDC 'Code of Conduct'.**

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"/> <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 <i>(default)</i>	<input type="checkbox"/> Fortnightly	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"/>
BSB 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 initiator 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: Visa MasterCard

Card number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <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

 /

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: 095 551 584) (Debitsuccess) APCA User ID 548466 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, dishonour, 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 no 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 authorize 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 not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/or the Business is to provide 14 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.

DISHONOURD PAYMENTS

I/We acknowledge that:

- a) 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
- b) 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:

- a) Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- b) The Financial Institution to release information allowing Debitsuccess to verify my/our account details.
- c) 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:

- a) 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.
- b) 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:

- a) to the extent specifically required by law;
- b) 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
- c) for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact

Debitsuccess Pty Ltd.

PO BOX 5567, Stafford Heights QLD 4053

Phone: 1800 956 959

E-mail: childcare@debitsuccess.com

Photographs and Video Consent

I (Name) as the parent / guardian of a child / children at Little Learners Day Care Centre, agree to the following:

- I understand that my child / children – listed below, may be photographed during normal daycare hours, excursions, or other centre activities.
- I understand that these photographs / video may be used for the purpose of observing the child, to understand what the child is learning, and show the development of the child.
- I understand that these photographs / video may be used in promoting the child care service, either in print, on our website, on Instagram, or on our Facebook page.

In accordance with our Photographs and Video Recording Policy, we will only use photographs of children, where we have parental permission.

Little Learners Day Care Centre will take all necessary measures to ensure these images are used solely for the purposes they are intended.

Parent / Guardian Name:		Relationship to Child
Child 1 Name:	Child 2 Name:	
Child 3 Name:	Child 4 Name:	
Address:		
Suburb:	State:	Postcode:
Parent / Guardian Signature:		Date:

We have a centre Facebook page, and Instagram account to allow families to see what their children have been participating in.

If you do not want photos of your child to be uploaded to Facebook or Instagram, please sign the box below:

NO FACEBOOK / INSTAGRAM – Parent / Guardian Signature:	Date:
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FEE SCHEDULE

Little Learners – Truganina

Address:

2 Perennial Drive, Truganina, Vic. 3029

Phone:

(03) 8360 5467

Email:

info@lldc.com.au

Hours of Operation: 6:30am to 6:30pm

Little Learners – Tarneit

Address:

591 Tarneit Road, Hoppers Crossing, Vic. 3029

Phone:

(03) 8417 1090

Email:

info@tn.lldc.com.au

Hours of Operation: 6:30am to 6:30pm

We offer 2 sessions to our families.

12hr Session \$142.00 per day (Child/ren can attend any time between 6.30am and 6.30pm)

A \$20 late fee will automatically be applied if child is picked up after 6.30pm

10hr Session \$141.00 per day (7.30am – 5.30pm.) *** applies to 10hr session only

*** A 15-minute grace period applies before and after these times.

*** A \$20 early drop off /late pickup fee will automatically be charged outside of **each** grace period.

The Department of Human Services Licenses Little Learners Day Care Centre,
D.H.S. is The statutory body responsible for child care regulations.

The telephone number of your closest Department of Human Services office is (03) 92757036.

Illness Exclusion Periods

Please see below information regarding illnesses, and whether your child can attend childcare or not.

Also note a medical clearance letter may be required for your child to return to childcare – see below

Please call us to notify the centre, if your child has been confirmed with an infectious illness.

Infectious illness:	Exclusion	Medical clearance required
Slap Cheek	Not needed	No
German Measles (Rubella)	Yes – For at least 4 days after the appearance of the rash.	Yes
Head lice	Yes – Until an effective treatment is used, and all lice are dead.	No
Chicken pox	Yes – Until all of the blisters have dried completely.	Yes
Influenza	Yes – Until the child is feeling well.	Yes
Measles	Yes – For at least 4 days after the appearance of the rash.	Yes
Mumps	Yes – For at least 9 days after the onset of swelling.	Yes
Gastroenteritis	Yes – Until the diarrhoea/vomiting has stopped for at least 24 hrs	Yes
Diarrhoea	Yes- Until diarrhoea has stopped for at least 24 hrs since last motion	No
Vomiting	Yes- Until vomiting has stopped for at least 24 hrs since last vomit	No
Whooping cough	Yes – Until the child has taken 5 days of antibiotics.	Yes
Hand, foot and mouth	Yes – Until all blisters have completely dried.	Yes
Conjunctivitis	Yes – Until all discharge from the eyes has stopped.	Yes

Thank you for helping to keep our children, educators and our centre, a safe and healthy environment for everyone.

Recommended minimum exclusion periods

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Condition	Exclusion of case	Exclusion of contacts*
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours ^a	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours ^a	Not excluded
Diarhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^a	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours ^a	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus (EBV) infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Rotavirus	Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^a	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours ^a	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours ^a	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Vaccinia (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours ^a	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

* The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.
^a If the cause is unknown, possible exclusion for 48 hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.
 Adapted from SA Health Communicable Disease Control Branch: <http://www.dhs.gov.au/pubs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SNGs) where available.

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