



Le Smileys Early Learning Centre

58 Lucas Street,

Gracemere, 4702

Ph: 49 333 553 / 48 370 935

Email: admin@lesmileys.com.au

Thank you for your enquiry about enrolling at Le Smileys Early Learning Centre, we look forward to having your child/ren in our care. We look forward to the opportunity to be part of your child/ren life by sharing and contributing to not only their early childhood journey but assisting in preparing them for their life journey.

Le Smileys is owned and operated by Michelle and Damien O'Rourke, having three children of our own we understand the pressures of modern life and raising children. Our aim is to provide a child focused and family friendly environment where everyone feels welcomed and cared for allowing the children to learn through their play.

We have conducted our staff recruitment process and educators have been selected because they love children and have appropriate qualifications. They all have a diversity of qualifications and experience and look forward to forming a close relationship with you and your child.

Room	Age Grouping of Children	Maximum number of Children in Room	Teacher Qualified or working towards Educator	Diploma Qualified or working towards Educator	Certificate III Qualified or working towards Educator
Wombats	0 – 2yrs	8		Leeanne Miers / Jessica Lennox	Shannon Dodds Leighton Charlton
Koalas	15mths-24mths	12		Megan Howie / Jessica Lennox	Sara-Iyce Beak Shayley Cahill Sally Smith
Bilbys	25mths – 35mths	17		Megan Provost / Louise Donaldson/ Jessica Lennox	(Mary) Fe Parker Jade Lynch
Emus	36months – 4yrs (Pre-Kindy)	24		Lisa Lucas/	Maddison Hock Shanae Taylor
Cockatoos	3.5yrs – 5yrs (Kindergarten)	27	Cara MacPherson Bianca Taylor Peta Robertson Natalie Smith		Emma-Lee Gilewski
Float					Debbie Reynolds
Educational Leader				Amanda Provost	
Centre Director				Cecilia Moger	
Approved Provider				Michelle O'Rourke	

We look forward to your child making lots of friends and being very happy at Le Smileys.

About the Centre:

Please read your Parent Handbook and retain it for your future reference. If there is anything you wish to know that is not covered in the handbook, please ask.

Notices stating current information about groups and staffing are displayed around the centre for your information.

If you require more detailed information than what is contained in the handbook, please do not hesitate to ask about our philosophy about learning, child development, activities and experiences your child will take part in, and how we intend the outcomes will be achieved.

Enrolment Process:

Prior to commencing childcare, you need to:

- Complete the **enrolment form** and return it to Le Smileys.
- Bring along **immunisation records, birth certificate and health care card** to be photocopied.
- Provide Le Smileys with **CRN** (customer reference number) for principal carer and child, to enable us to reduce your fees by your entitlement to Child Care Subsidy. **CRN** can be obtained by contacting **Centrelink** on **136150** or **MyGov account**.
- Complete the **Debit Success** form for payment of fees.

Fee Payment:

All fees are payable weekly or fortnightly using the Debit Success system, B Pay (biller code and reference number found on parent statements) or Centre pay through Centrelink. When using Debit Success, you may nominate which day of the week, what type of account, and the frequency of the payments that you wish to make. If you wish to pay for one off or extra days, or you only attend the centre on a casual basis (e.g., visiting the area on holidays), then payment can be made using the EFTPOS.

What to bring:

Your child will need a bag or backpack containing **lunch box** - Please Note: plastic lunchboxes only. **Water bottle, shady hat, change of clothes, extra underpants**. They will also need a **sheet bag** (a pillow slip is fine) containing a **single bed/cot sheet** for rest time. Please ensure that all items are named. Le Smileys supplies nappies and wipes for all ages.

Regarding food:

Please ensure that you send plenty of healthy food for your child. We have morning tea, lunch, and afternoon tea every day. Some children eat a lot more food at childcare than they do at home, as mealtimes are a very social, enjoyable part of the day. **Please do not send lollies, chips, chocolate bars, cordial, or fizzy drinks**. Foods that contain high amounts of sugar that stick to your child's teeth (e.g., roll ups) are best kept for home where you can clean their teeth after eating. Packaged foods such as yoghurt, custard, muesli bars (not chocolate covered) are fine. If in doubt, please ask. **Please note** that we do have some food allergies throughout the centre so please speak to your child's room teacher regarding food that may cause allergic reactions to other children.

If you have a question:

Please do not hesitate to ask. We are here to help. If you are unsure how it all works, please just ask. We understand that every family and every child is different. If you are concerned during the day about how your child is going, please telephone. It only takes a minute to check with his/her carers, and we can give you an immediate report. This is much better than having you stress all day that your child is upset, when they may well be playing happily! Parents and Grandparents are always welcome at Le Smileys – never feel that your phone call or presence is an inconvenience.

We look forward to getting to know your family, as we realize that this is the best way, we can provide a supportive and consistent environment for your child.

We look forward to meeting your family soon.

If you have any queries, please don't hesitate to contact us on the above number.

Kind Regards,

Michelle O'Rourke

Approved Provider / Owner



Le Smileys Early Learning Centre Enrolment Form and Agreement

58 Lucas Street, Gracemere QLD 4702

07 49 333 553

admin@lesmileys.com.au



Child Details											
Full Name											
Preferred Name:					Child CRN:						
Address:											
Gender:					Start Date:						
D.O.B: / /											
Birth Certificate: <input type="checkbox"/> YES <input type="checkbox"/> NO (Please supply to be copied for file)											
Childs Age on First Day:				Years			Months			Medicare Number:	
Child Identifies as Aboriginal or Torres Strait Island: <input type="checkbox"/> YES <input type="checkbox"/> NO Other Cultural Nationality:											
Gender Identity: (Please circle) Female/Male/Non-Binary/Trans Female/Trans Male/Other _____											
Pronoun: (Please circle) He/Him or She/Her or They/Them or Other _____											
First Parent/Guardian Details (connects to CCS):											
Full Name:					Parent CRN:						
D.O.B:		/ /		Relationship to Child:							
Address:											
Mobile:			Home phone:			Work phone:					
Preferred contact method: Phone Email Other: _____ (Please circle)											
Email:											
Occupation:					Company						
Work Address:											
Best contact during day: Home phone Work phone Mobile (Please circle)											
Health Care Card / Pension / White Card <input type="checkbox"/> YES <input type="checkbox"/> NO					(please bring Card to be copied)			Expiry Date: / /			
Nationality:					Language Spoken:						
Gender Identity: (Please circle) Female/Male/Non-Binary/Trans Female/Trans Male/Other _____											
Pronoun: (Please circle) He/Him or She/Her or They/Them or Other _____											
Second Parent/Guardian Details:											
Full Name:					Parent CRN:						
D.O.B:		/ /		Relationship to Child:							
Address:											
Mobile:			Home phone:			Work phone:					
Preferred contact method: Phone Email Other: _____ (Please circle)											
Email:											
Occupation:					Company						
Work Address:											
Best contact during day: Home phone Work phone Mobile (Please circle)											
Health Care Card / Pension / White Card <input type="checkbox"/> YES <input type="checkbox"/> NO					(please bring Card to be copied)			Expiry Date: / /			
Nationality:					Language Spoken:						
I authorise for the above person to have consent for this child to attend incursions/collect from the centre <input type="checkbox"/> YES <input type="checkbox"/> NO											
Gender Identity: (Please circle) Female/Male/Non-Binary/Trans Female/Trans Male/Other _____											
Pronoun: (Please circle) He/Him or She/Her or They/Them or Other _____											

Court Orders			
Are there any Court Orders or Orders from Government Bodies affecting your child? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please give details (including a photocopy of the order for centres records)			
Marital Status of Parents: (Please circle) Married De-facto Divorced Separated Widow/Widower Single			
Preferred Emergency Contact (this Should be preferably being someone other than the parents/guardians already listed) This Contact is able to collect your child. Or give consent in place of parents when parents are not available. <i>Please keep these details up to date as you are giving authorisation for the following people to collect your child.</i>			
Full Name:			
Address:			
Home phone:		Mobile:	
Relationship to Child:			
I authorise this person to collect my child from the service YES <input type="checkbox"/> NO <input type="checkbox"/> Signature _____			
I authorise this person to be contacted in the event of an emergency where a parent/guardian cannot be reached <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			
I authorise this person to consent to the medical treatment of my child and to authorise the administration of medication to my child <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			
I give consent for this person to authorise an educator to take my child outside the education and care service <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			
I consent to this person to authorise the education and care service to Transport my child or Arrange transport of my child . (please circle) <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			
Additional People for Contacts and Consents Who (other than your child's parents) is able to collect your child. Or give consent in place of parents when parents are not available. <i>Please keep these details up to date as you are giving authorisation for the following people to collect your child.</i>			
Additional Person 1			
Full Name:			
Address:			
Home phone:		Mobile:	
Relationship to Child:			
I authorise this person to collect my child from the service <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			
I authorise this person to be contacted in the event of an emergency where a parent/guardian cannot be reached <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			
I authorise this person to consent to the medical treatment of my child and to authorise the administration of medication to my child <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			
I give consent for this person to authorise an educator to take my child outside the education and care service <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			
I consent to this person to authorise the education and care service to Transport my child or Arrange transport of my child . (please circle) <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			
Additional Person 2			
Full Name:			
Address:			
Home phone:		Mobile:	
Relationship to Child:			
I authorise this person to collect my child from the service <input type="checkbox"/> Yes <input type="checkbox"/> No Signature _____			
I authorise this person to be contacted in the event of an emergency where a parent/guardian cannot be reached <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			
I authorise this person to consent to the medical treatment of my child and to authorise the administration of medication to my child <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			
I give consent for this person to authorise an educator to take my child outside the education and care service <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			
I consent to this person to authorise the education and care service to Transport my child or Arrange transport of my child . (please circle) <input type="checkbox"/> YES <input type="checkbox"/> NO Signature _____			

Individual Information:		Position in the family: _____	
Number of children in the Family: _____			
Details of Brothers/Sisters:			
Name:	DOB:	/	/
	DOB:	/	/
	DOB:	/	/
	DOB:	/	/
Session hours and fee structure			

12 hour session	10 hour session	9 hour session	8 hour session
\$120.00	\$120.00	\$120.00	\$110.00
<input type="checkbox"/> 6.15am-6.15pm	<input type="checkbox"/> 7.00am-5.00 pm <input type="checkbox"/> 7.30am-5.30pm <input type="checkbox"/> 8.00am-6.00pm	<input type="checkbox"/> 6.15am-3.15pm <input type="checkbox"/> 7.00am-4.00pm <input type="checkbox"/> 8.00am-5.00pm	<input type="checkbox"/> 8.00am-4.00pm

Required days	Monday	Tuesday	Wednesday	Thursday	Friday
---------------	--------	---------	-----------	----------	--------

Cultural Recognition:					
Does your child have any religious or cultural requirements? If yes, please provide details:				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child speak a language other than English?				<input type="checkbox"/> YES	<input type="checkbox"/> NO if yes please specify:
Special Cultural/Religious needs (e.g., Diets, Festivals):				<input type="checkbox"/> YES	<input type="checkbox"/> NO if yes please specify:
Any specific request or requirement dietary or otherwise that you require: If yes, please provide details:				<input type="checkbox"/> YES	<input type="checkbox"/> NO

Medical Details: Injuries/Allergies/Illnesses etc					
Does your child have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO		Medications allergies? if yes please specify:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Food Allergies? if yes please specify:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other Substances (allergens) e.g., Grass, pollen, animal, hair etc: if yes please specify:	
Food Intolerance? if yes please specify:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Has your child any diagnosed Asthma or Diabetes or Epilepsy medical conditions <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, then please attach an Allergy / Anaphylaxis/ Asthma/ Diabetes/ Epilepsy Action Plan developed in consultation with your doctor (Action Plan located in Parent Handbook)					
Also complete a Risk Minimisation Plan between centre Nominated Supervisor and parent.					

Is your child on regular Medications? <input type="checkbox"/> YES <input type="checkbox"/> NO if yes please specify:					
Any previous Infectious Diseases? <input type="checkbox"/> YES <input type="checkbox"/> NO if yes please specify:					
Does your Child have any special needs? <input type="checkbox"/> YES <input type="checkbox"/> NO if yes please specify:					

Do you give permission for centre staff to administer a dose of life saving medication (e.g., EpiPen and/or Antihistamine (Zyrtec) or Ventolin) in the case of emergency?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you give permission for Centre staff to administer a dose of Paracetamol in the event of your child having a temperature over 37.5°C, or in the event of pain (such as teething)?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you give permission for centre staff to apply sunscreen and insect repellent and relief at the appropriate times?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you give permission for centre staff to apply Nappy Rash Cream at the appropriate times? For Example: Sudo, Bepanthen, Curash				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are your child immunisations up to date? (Please attach a copy of the Immunisation History Statement Register with your enrolment form)				<input type="checkbox"/> YES	<input type="checkbox"/> NO

A copy of your child's immunisation record (Immunisation History Statement from Medicare) needs to be provided to the centre and always updated. Please note: When a vaccine preventable disease is present or suspected at the service, children who have not supplied a complete record of immunisation may be treated as unimmunised and therefore will be excluded from the service for the recommended period of time. This is to protect the child and to prevent further spreading of the disease, normal booking charges will apply during times of absence.

Child's Doctor:	
Address:	Phone:

If your child has an Allergy, Asthma or other medical illness that requires specific information please complete an Asthma/Allergy Action Plan or supply other relevant health care records for our centre to have on file with in your child's records and to be placed in the area in which your child are being educated and cared for.

Application for Enrolment

I understand and agree to the following information as a condition of enrolment:

In order for Le Smileys to operate for the maximum benefit of children and their parents, it is essential that there is a close co-operation between home and the centre. We ask that parents sign the undertaking and obligation outlined below:

- I/We wish to apply for the enrolment of my child to **Le Smileys Early Learning Centre**
- I/We agree in the case of sudden illness or an accident where parents cannot be contacted the Nominated Supervisor or person in charge shall act as agents for parents. They will assume discretionary powers to seek immediate appropriate medical attention and/or ambulance assistance as deemed necessary. I/we agree to pay medical cost if medical attention is required.
- I/we agree to keep my child home when they are suffering from infectious or contagious illnesses as prescribed in the Parent Handbook.
- I/we understand the Centre's Policies with regards to medication and administering of it.
- I/we agree to promptly notify the Director/Nominated Supervisor as to the reason for any absences.
- I/We agree to give a minimum of **two (2) weeks notice** of my child leaving the centre, or pay two weeks fees in lieu thereof.
- I/We understand the Centre's policy with respect as per the parent handbook and I/we agree to keep fees always paid in to a zero balance and the end of each payment period.
- If fees become outstanding I/we agree to commence a payment plan to pay down the debt incurred. If a payment plans not entered into and the debt is referred to a debt collector, then I/we agree to pay the debit as well as any fees incurred in relation to recouping the debit and any interest that may be applied.
- I /we have read LeSmileys Handbook and agree to abide by policies outlined in it.
- I/We agree that the child will be signed in and out at the appropriate location on each day, for your appropriate session times.
- I/We will ensure that the child is accompanied to and from the centre by an adult person (18+ years) and that the teacher person in charge of the room is notified of arrivals and departures.
- I/We give permission for my child to participate in Fire Drills and Lock Downs held regularly at the centre. I understand that he/she may be required to leave the enclosed playground to assemble in the designated area of the Centre's Evacuation Plan (if applicable)

Consent for Photography

Photographs possible uses in the centre are for observations, pic collages and daily posts that will be shared to other families within the centre through emails and on our closed Facebook page and secret Facebook group. Photograph possible uses for outside of the centre are student learning material, promotional material, newspaper stories and the centre website and advertising.

Do you give permission for your child to be photographed whilst at the centre?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I hereby give permission for LeSmileys Early Learning Centres to include photos of my child/ren in daily posts, pic collages and observations that may be used in student material submitted to universities or colleges for marking.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand that learning stories and photos will be emailed or posted on our closed Facebook page and other families of the room my child is enrolled in will see these photos.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

By signing this form, I acknowledge that I have read, understood, and agree to abide by the information contained in the enrolment form and other forms will be used by the service in the provision of education and care for my child.

First Parent/Guardian Print Name:			
First Parent/Guardian Signature:		Date:	
Second Parent/Guardian Print Name:			
Second Parent/Guardian Signature:		Date:	

Thank you for choosing Le Smileys to Educate and Care for your child/ren.

We would like to know how you found out about us?

Please Tick:

- Recommended by Friends Yellow Pages PDC Local Newspaper Flyer Mail out Morning Bulletin Newspaper Advertisements Other (please state)

Office Use Only

Room Allocated: _____ **Reason for Care** _____

Days Booked	Monday	Tuesday	Wednesday	Thursday	Friday
Session Booked	12 hour <input type="checkbox"/> 6.15-18.15	10 hour <input type="checkbox"/> 7.00-5.00 <input type="checkbox"/> 7.30-5.30 <input type="checkbox"/> 8.00-6.00	9 hour <input type="checkbox"/> 6.15-3.15 <input type="checkbox"/> 7.00-4.00 <input type="checkbox"/> 8.00-5.00	8 hour <input type="checkbox"/> 8.00-4.00	

Debit Success Form Completed: Yes **Details placed on System** Yes Date: __/__/____

Immunisation Statement Received and place on file Yes Date __/__/____

Health Concern _____

Asthma Action Plan Yes No **Date Received** _____

Anaphylaxis Action Plan Yes No **Date Received** _____

Epilepsy Action Plan Yes No **Date Received** _____

Diabetes Action Plan Yes No **Date Received** _____

Medical Risk Minimisation and communication Plan Yes No **Date Received** _____

CWA Agreement completed Yes No **Date Received** _____

Given: Hat **Shirt** **Date** __/__/____ **Signature** _____

Family Pocket Name **Birth Certificate** **HCC** **EF completed in full** **Kindy 4 all** **ASIC** **FTB A/B**