

# PARENT SHORT TERM GOALS FOR THEIR CHILD/REN

What would be your goals for your child/ren while attending Giggles over the next few months?

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What can we do to help your child/ren achieve these goals while attending the centre?

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What are your child/ren's most prominent interests at the moment?

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What can we do to scaffold and encourage these?

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# ALL ABOUT ME

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Family Origins: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Special Cultural Celebrations: \_\_\_\_\_

\_\_\_\_\_

Do you participate in any community activities outside the service E.g. swimming, play group, sports? \_\_\_\_\_

\_\_\_\_\_

What are your child's favourite:

Songs \_\_\_\_\_

Books \_\_\_\_\_

Cartoons \_\_\_\_\_

Breakfast Foods \_\_\_\_\_

Lunch Foods \_\_\_\_\_

Snack Foods \_\_\_\_\_

Games \_\_\_\_\_

Stuffed Animal \_\_\_\_\_

Outside Activity \_\_\_\_\_

Indoor Activity \_\_\_\_\_

Toys \_\_\_\_\_

What does your child dislike? \_\_\_\_\_

What are they afraid of? \_\_\_\_\_

If your child has trouble sleeping, how can we soothe them? \_\_\_\_\_

\_\_\_\_\_

What else would you like to share about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Welcome to The Giggles Family!

We deliver our curriculum online through a platform called EarlyWorks. On this platform you will be able to view the weekly curriculum plan and daily diaries that your child features in, as well their individual learning stories. If you have any trouble navigating the system, please let us know and we will do our best to help guide you.

**You will receive an invitation to your email that will contain a link. When you click on this link you will be prompted to change/create your password.**

By setting up your account and accessing the Parent Portal, you are officially giving Giggles Day Care Centre permission to take and use your child's photos on this platform.

In addition to this, if you would like to give permission for Giggles Day Care to use photos taken for purposes other than EarlyWorks, please tick the following boxes that apply or leave blank if you would not like your child's photos used.

- ☐ handbooks
- ☐ website
- ☐ newsletters
- ☐ all the above

Preferred email for EarlyWorks: \_\_\_\_\_

I do not have access to an internet provider or email account: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Child's days of attendance: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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



## CENTRE HAT ALLOCATION FEE

To ensure that all children consistently have access to an appropriate sun safe hat, Giggles Day Care Centre provides your child with a hat for the entirety of their enrolment for a compulsory \$10.00 fee. This is to ensure all children are always practicing sun safety. Hats provided by the centre are washed daily and are on a daily rotation. Your child will be given a clean hat upon arrival which will stay with them throughout the day. This hat will then be washed once your child has been collected and a fresh hat will be given on the next attendance day.

By signing below you are agreeing to the compulsory \$10.00 hat fee for your child's enrolment.

Parent/Guardian Name : \_\_\_\_\_

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

**PLEASE NOTE: The individual signing the above agreement must be the Parent/Guardian listed on the first page of the Giggles Day Care Centre Enrolment Form.**

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## PAYMENT OF FEES AGREEMENT

I agree to pay the minimum weekly amount as per my statement per week or fortnight by the close of business each Friday. I will make Management of Giggles Day Care Centre aware of any circumstances where I may not be able to make my weekly payment.

I am aware that if my account falls behind and becomes 2 weeks overdue, I will be given a 2 week notice and if my account is not paid off by the date stated on the notice, my child's position at Giggles Day Care Centre will be suspended immediately.

I agree that if Giggles Day Care Centre has to pass my details onto a Debt Collector or the matter be taken to court in order to recover the funds owed by myself, I am fully aware that any fees and costs involved in this process will be added onto the total amount of my account and I will be responsible for the payment of these.

Parent/Guardian Name : \_\_\_\_\_

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

**PLEASE NOTE: The individual signing the above agreement must be the Parent/Guardian listed on the first page of the Giggles Day Care Centre Enrolment Form.**



81-83 Cuthbertson Drive  
Cooloongup WA 6168  
08 9528 4483

## Recurring Payment Authorisation Form

Schedule your payment to be automatically charged to your Visa or MasterCard. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time)
- Your payment is always on time (even if you're out of town)

### Here's How Recurring Payments Work:

You authorise regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as "Giggles Day Care CNT".

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### Please complete the information below:

I \_\_\_\_\_ authorise Giggles Day Care Centre to charge my credit card  
(full name)

indicated below for \$ \_\_\_\_\_ OR 'Weekly amount on Statement'  
(specific amount) (please circle)

on Monday every week for the payment of my Child Care Fees.

Phone# \_\_\_\_\_

Email \_\_\_\_\_

### Credit Card Details

Name on card \_\_\_\_\_

Card Number \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_

Expiry \_ \_ / \_ \_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorisation will remain in effect until I cancel it in writing, and I agree to notify Giggles Day Care Centre in writing of any changes in my account information or termination of this authorisation at least 7 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case where Giggles Day Care Centre attempts to debit my credit card and there are insufficient funds available for the debit, I acknowledge that a \$3 administration fee will be charged to process the credit card debit again. Giggles Day Care Centre will advise in writing if the credit card details provided decline and I will be responsible of contacting Giggles Day Care Centre to organize another debit from my credit card for that billing week. I certify that I am an authorised user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.



## Zero Tolerance Policy

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Giggles Day Care Centre is implementing a zero-tolerance policy regarding intentional serious incidents involving acute aggression from children towards their peers or Educators. It is up to the discretion of the Nominated Supervisor or Responsible Person in charge at the time of the incident, as to whether the child liable is to be required to be collected from the service immediately.

The Parent/Guardian will be required to sign a serious incident report, and the form will stay on their child's record. It will then be up to the discretion of the Centre Co-Ordinator/Business Manager/Second in Charge as to whether the child liable will be expelled from the service indefinitely with no notice required.

We here at Giggles Day Care Centre, value providing a safe environment for all children, families and our Educators.

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"I, the Parent/Guardian of \_\_\_\_\_, agree to the above terms of Giggles Day Care Centre's Zero Tolerance Policy. I take full responsibility of collecting my child as soon as possible, should I receive a call regarding an intentional serious incident. I agree that my child's position at the service following this incident will be at the discretion of Centre Co-Ordinator/Business Manager/Second in Charge. I agree to help support my child's behaviour and attend a meeting to discuss further behavioural strategies should they be permitted to continue to attend".

Parent/Guardian Name: \_\_\_\_\_

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