**bonkers playing bongos** Bonkers Beat® Music Kinder & Childcare Aspendale

**Enrolment Application Form 2017**

**Phone: 9587 8786 Fax: 9587 8775 Email:** [**aspendale@bonkersbeat.com**](mailto:aspendale@bonkersbeat.com)**.au**

Dear Parent/Guardian,

Welcome to Bonkers Beat Music Kinder & Childcare Aspendale.

“The Bonkers Beat program is designed to **nurture each individual** and **develop every child’s potential** and **sense of identity** through play and learning. The Bonkers Beat curriculum aims to develop a strong **sense of wellbeing and health**, to develop **confident and active learners**, to create **effective communicators**, to **support creativity through activities such as art, languages, music and movement**, and to **develop every child’s fine and gross motor skills**.

The new concept of the whole program allows a **partnership with the whole family and the community**. A strong **supportive system** offers all staff at Bonkers Beat centres, continuous **training,** as well as **professional and personal development** on a weekly basis.”

**Hours of Operation:** 7.30am – 6.00pm (Monday to Friday)

**Weeks:**  52 Weeks per annum (Closed on Public Holidays & 2 staff development days) \*Please note fees are still charged for these days

**Fee Structure:**

Amount

|  |  |
| --- | --- |
| All Groups | $114.00 per day |
| Part Time | $114 per day |
| Fourth/Fifth day | $109.00 per day |
| Full Time | $560 per week |

**Enrolment Application Process:**

1. Please feel free to make an appointment to be shown around the Centre.
2. Please complete the Enrolment Application Form (over page). We will try our best to accommodate your preferences and will inform you as soon as possible of your start date.

1. Provide this form to the Centre Manager with $150 (non refundable enrolment fee) which provides your Sheet Set, *Bonkers the Monkey* Calico Bag, Bonkers Beat T-shirt, Bonkers Beat Long Sleeve Top and Bonkers Beat Hat.
2. The enrolment fee, and first 2 weeks fees must be paid before your child starts care. This initial payment is to be made by debit or credit card. Bonkers Beat Music Kinder & Childcare is a cashless centre and does not accept cash.
3. All fees are required to be paid by Direct Debit only, through the Ezidebit payment system which directly

debits your fees from your nominated bank account or credit card.

1. Bonkers Beat CD’s, Books and other supporting materials are part of our curriculum and Educational Levy ($75 per year). This applies to all families and will be added to your account mid year. We trust that your child will be enhanced with the range of educational programs at Bonkers Beat® Music Kinder & Childcare.
2. **Child Care Benefit (CCB)** is a means tested subsidy paid directly to child care operators, reducing upfront fees for families. **Child Care Rebate (CCR)** is a up to 50% rebate to help working families with the out-of pocket expenses for CCB approved child care. CCR is paid only if parents have registered for CCB. Both CCB and 50% CCR are administered by the Family Assistance Office. In order to take advantage of government child care subsidies it is important to register for CCB as soon as possible and provide a **Customer Reference Number (CRN)** for both a parent and each child in care. To register for CCB, the Family Assistance Office can be contacted on 13 61 50 or through [www.familyassist.gov.au](http://www.familyassist.gov.au).

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**Please complete this form and return it to Bonkers Beat, 49 Laura Street, Aspendale 3195**

|  |  |
| --- | --- |
| **Child’s** First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Child’s** Surname ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Sex:** Male Female  **Date of Birth:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  **Language/s** spoken at home: | **Family’s C.R.N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child’s C.R.N**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does your child have any **allergies** (Please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does your child have **anaphylaxis**? Yes No |
| **MOTHER**  **Mother’s** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First name Surname  Mother’s Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode\_\_\_\_\_\_\_\_\_\_\_\_ | **FATHER**  **Father’s** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First name Surname  Father’s Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father’s Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode\_\_\_\_\_\_\_\_\_\_\_\_ |

Do you attend a **Government funded kindergarten** program? (Please specify)

.……………………………………………………………………………………… **or** Not applicable

**Do you choose Bonkers Beat as your child’s Funded 4YO program?** Please Tick: YES  NO 

(Minimum 15 hrs/week)

How did you find out about Bonkers Beat®, Aspendale?

Please indicate your preferred sessions/days - with a tick **\*Please note 2 days are minimum for all groups**

**Are you able to change these days if required?** Please write down your comments:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AGE** | **MON** | **TUE** | **WED** | **THU** | **FRI** |
| **2 – 3,5 Juniors** |  |  |  |  |  |
| **3 – 5 Kinder** |  |  |  |  |  |
| **Funded Pre-School** |  |  |  |  |  |

**Partnerships with Parents**: Please let us know how you may be able to contribute to our program by answering the following:

What is your occupation? Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Interests/skills/talents could you share with children & staff to enrich our educational programs?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian **Signature**  …………………………………………….…… Date: ………………………………