Bonkers Beat® Music Kinder & Childcare Aspendale

**Enrolment Application Form 2017**

 **Phone: 9587 8786 Fax: 9587 8775 Email:** **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 | $120.00 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 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 SurnameFather’s Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_\_\_\_\_\_\_ |

Do you attend a **Government 4YO funded kindergarten** program? (Please specify)

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

Are you planning to attend a **Government 3YO kindergarten** program? (Please specify)

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

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

To fulfill the government funded program requirements, your child must attend kinder **at least 15 hours per week**

(a minimum of two days per week Monday to Thursday or three days per week of your choice.)

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**

***\*As we have a high demand for 4YO kinder in 2017, we will give preference to those children who are choosing our kindergarten for their Funded 4YO kinder year.***

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 occupation/interests/skills/talents you could share with children to enrich our educational programs?

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